MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/2008

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

in a _____ (Type of Burial Container) Funeral, date, time Tues, April 1st @ 10am

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 11 Section 2 Blk/Row _____ Lot 5 Grave 9

Grave space & Care Fund	E-20417	
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes		
Total Due		
Paid receipt number _____		
Balance due		

VOID

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20700

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/2008

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

in a _____ Funeral, date, time Tues/April 1st 11am

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 11 Section 2 Blk/Row _____ Lot 5 Grave 9

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

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

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

PD

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 20701

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/08

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

in a _____ Funeral, date, time Tues, April 1st / 10am
Type of Burial Container

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 _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

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

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

VOID
See E-20674

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 20702

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-1-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Levell Smith 219360

in a Double-Depth A (Type of Burial Container) Funeral, date, time Thurs. April 3rd, 12:30

Church, Chapel, Graveside Mt. Erie Baptist : Bishop Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 16 Grave 10

Grave space & Care Fund	1,132.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266 50
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	41.77
Total Due	2,465.77
Paid receipt number AP02371 Mastercard	2,465.77
Balance due	Ø

PAID
APR 1 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.

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

X Billy R. Smith
Signature

fax 466-4461

Billy R. Smith 219146
Print Name

1734 Sherbrooke
Address

San Diego, Ca. 92139
City Zip Code

619-475-2606
Telephone

Invoice # _____

Work Order # E 20703

Acct. # _____

REA-104 (3-04) LOW INCOME

This information is available in alternative formats upon request.

Printed on recycled paper

E-20703

61215

OFFICIAL RECEIPT

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

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

pin 219146

Date: October 6, 2008

From: Billy R. Smith Address:

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

in full Payment of Setting fee for Levell Smith. pin 219360

Div 11 Sec 2 Blk/Row Lot 16 Grave 10

Invoice No. E-20703

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge APH 977283
☐ Check

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

PAID

OCT 6 2008

MOUNT HOPE CEMETERY

ISSUED BY Paul

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	$	178.00

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

See R-61214

Fax 619 466-4461

E-20703

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 03/18/08

CALL TAKEN BY: Paulette Gwen

RECEIVED CALL FROM:

- [x] MORTUARY NAME: Bishop Mortuary
- [ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON:

TELEPHONE NO: ret. 1985

In Hospice

NAME OF ~~DECEASED~~:

LAST NAME: Smith 80yrs

FIRST NAME: LAVELL

DOD: DOB: Mable Smith

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: Low Income 2d. crypt $2,465.77

$900.00 a month 266.50 + 32.50 299.00

E-20703

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: Levell Smith

Interment Date: 4/3 Time: Thurs. Apr 3 12:30

Div: 11 Sect: 2 Blk/Row: ____ Lot: 16 Grave: 10

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-20703

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: Levell Smith

X Address: 209 Roxview Dr.

X City: S.D. 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	____	(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 Billy R. Smith — Signature / Son — Relationship / X 04-01-08 — 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 — 4/1/08 Date

Current _____ Documents verified on: _____

Approved By _____

Date _____

DIVERSITY

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

E-20703

SOCIAL SECURITY ADMINISTRATION

Date: March 20, 2008
Claim Number: 437-40-1223A

LEVELL SMITH
209 REXVIEW DR
SAN DIEGO CA 92114-4538

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, may send them this letter.

Information About Current Social Security Benefits

Beginning December 2007, the full monthly
Social Security benefit before any deductions is.....$ 1078.00

We deduct $96.40 for medical insurance premiums each month.

The regular monthly Social Security payment is.....$ 981.00
(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

Medicare Information

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

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

23,544.

E-20703

CALIFORNIA
DRIVER LICENSE
EXPIRES 08-25-07
J0542762
CLASS:C
LEVELL SMITH
209 REXVIEW DR
SAN DIEGO CA 92114
SEX:M
HT:5-08
HAIR:BLK
WT:234
EYES:BLK
DOB:08-25-27
12/27/2002 212 DL FD/07

E-20703

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
LEVELL	-	SMITH	06/12/1928	03/27/2008	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	BILLY SMITH, SON 1734 SHERBROOK STREET SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶ Katrina Lamar	04/02/2008

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	04/02/2008	▶ WILMA WOOTEN, MD

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

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
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 4/3/08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Callier	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need
Ashes in top "B"

Date 04/01/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aubrey Fay Ø 207838

in a double-depth "B" Funeral, date, time Weds Apr 2 1:00
Type of Burial Container

Church, Chapel, Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 17 Blk/Row _____ Lot 20 Grave 7

Grave space & Care Fund E12906 / C5693	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	Ø
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	Ø
Sales taxes	—
Total Due	—
Paid receipt number N/A	—
Balance due	—

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

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

Aubrey Fay Jr.
Signature

Aubrey Fay JR.
Print Name

3863 "Z" STREET
Address

San DIEGO CA 92113
City Zip Code

619
Telephone

Invoice # _____

Work Order # E 20704

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20704

~~MT. HOPE~~ CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/20/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Aubrey Fay~~ Elverter Fay 11:00

in a Double Depth Crypt Funeral, date, time Fri, May 24, 96

Church, Chapel, Graveside (Vault/Liner) church & graveside Ragsdale 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. X Aubrey E. Fay Sr.

War time veteran _____

Lot 20 Grave 7 Row _____ Section 17 Division/Block 7

Grave space & Care Fund Pre-need # C-5693 Ø

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ 375. 358. 750.00 ~~375.00~~

Burial Container 380.00

Handling Fees 320.00

Flower vases – Marker setting fee _____

Recording and filing fee 2 @ 45. 90.00

Sales taxes 29.45

PAID IN FULL 6-4-96

Total Due 1,569.45

Paid receipt number R-47416 392.00

Balance due 1177.45

Mr Fay

I hereby certify I am the X Hasban of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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 A. E. Fay Sr.
Signature

X 3843 National ave
Address

X San Diego Calif 92113
City Zip Code

X 619-262-0640
Telephone

Invoice # 269831

Acct. # 089133

Work Order # E 12906

PY-593 (Rev. 8-92)

E-20704

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: Mon Jan 28, 08

CALL TAKEN BY: David

RECEIVED CALL FROM:

- [x] MORTUARY NAME: Anderson Lagsdale
- [ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON:

TELEPHONE NO:

NAME OF DECEASED: Div. 7 Sec. 17 Lot 20

LAST NAME: Fay Grave 7 DD #B

FIRST NAME: Aubrey SR.

DOD: DOB:

VETERAN [ ] BRANCH OF SERVICE:

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [ ] CHURCH [ ] CHAPEL [ ] GRAVESIDI

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-12908

E-20704

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Wife (Elverter Fay)

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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 8"

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Aubrey Fay

Interment Date: Weds 4/2 Time: 1:00 GS

Div: 7 Sect: 17 Blk/Row: ____ Lot: 20 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

E-20704

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

83

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AUBREY	EUGENE	FAY SR	11/22/1924	01/25/2008	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	AUBREY E. FAY JR, SON 3863 "Z" STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person making permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Glenn Kathryn	2/4/08

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	02/04/2008	▶ 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
CR/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/1/08	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	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/1/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ramon Rivera 231522

in a Liner (Type of Burial Container) Funeral, date, time Friday, Apr 4 @12pm

Church, Chapel, Graveside ____ ; Aztlan Mortuary.

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

will be applied and billed to undersigned. ____

Division 12 Section 2 Blk/Row ____ Lot 150 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 R-60797	3358.93
Balance due	0

PAID
APR 02 2008
MOUNT HOPE CEMETERY

Mortuary to Pay

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

231521

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

Signature

Alma Beltrán
Print Name

4493 48th St apt 3
Address

San Diego Ca. 92115
City Zip Code

(619) 436-3552
Telephone

Invoice # ____

Work Order # E 20705

Acct. # ____

REA-104 (3-04) VOC

This information is available in alternative formats upon request.

Printed on recycled paper

N
W | E
S

E-20705

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

			Steinel James			
		Rokop Agnes	X	Carranza Osvaldo		
		Quezada Elizabeth				

Flagged Yes ✓ **No** _____

Blind check Initiated by: MARIA Date: 4/2/08

Interment space for: Ramon Rivera

Interment Date: 4/4/08 Time: 1pm

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

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-20705

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
RAMON	-	RIVERA	01/12/1989	03/31/2008	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	ALMA BELTRAN, MOTHER 4493 48TH 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.	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
		[signature]	04/03/2008

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	04/03/2008	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
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 4-4-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Fuegua	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2-08

231527

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DEBORAH MURDOCK & WITH REBECCA MURDOCK

in a ASH VAULT (Type of Burial Container) Funeral, date, time 4-10 THUR 11:00 AM

Church, Chapel, Graveside _____ : FEATHERLINGILL Mortuary.

All Funeral cars 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 673 Grave 1

Grave space & Care Fund (C: 6444 12-7-1968)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-60798	510.06
Balance due	Ø

PAID
APR 02 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.

Janice W. Lane
Signature

JAN LANE
Print Name

2705 Paradise Rd
Address

Carlsbad, Ca. 92009
City Zip Code

706-603-1924
Telephone

Invoice # _____

Work Order # E 20706

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20106

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Rebecca Ann Murdock

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

Interment Date: AYD Time: _____

Div: 8 Sect: 3 Blk/Row: ____ Lot: 673 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-20106

HOLMAN'S FUNERAL SERVICE

SINCE 1854

2610 S.E. HAWTHORNE BLVD.
PORTLAND, OR 97214-2998
(503) 232-5131
FAX: (503) 232-5134

September 5, 2007

Featheringill Mortuary
6322 El Cajon Boulevard
San Diego, California 92115-2641

Dear Sir or Madam,

Today I have mailed to you via the United States Postal Service the cremated remains of Deborah Lynn Murdock as instructed by her family. Ms. Murdock died in Portland, Oregon on August 14, 2007. It is our understanding that you are aware of the death of Ms. Murdock and have agreed to receive her cremated remains.

The cremated remains have been sent by certified mail and will require a signature by a representative of your firm upon their arrival. If you have further questions or require additional assistance, please do not hesitate to call upon us at any time. Thank you for your assistance in this matter.

Most sincerely,

Gregory A. Matteucci
Director

DEBORAH LYNN MURDOCK
E-20706

Kori

Batesville
A HILLENBRAND INDUSTRY
Making Every Funeral Meaningful™

Out of state (CR / Interment w/ sister)

Portland - Oregon

(2)

=Mt. Hope=

GREGORY
503
232 5131

39

Jan Lane

760-603-1924

Wants prices for Refile of Burial Permit

-ashes being sent to Mt. Hope-

Refiled this permit

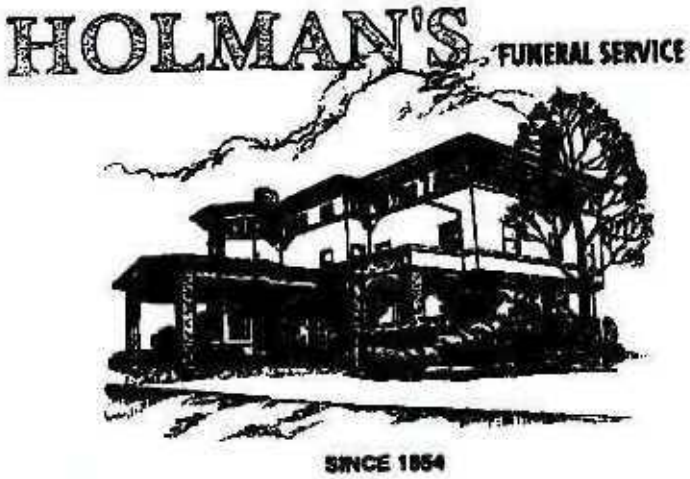
Ask Kori whom it should go to.

I called Jan (sister) & she didn't know?

Talked to fh. 8/29/07
they are waiting for him.
to give them permission
to send ashes to us
for BU. Am

8/28/07

 E-20706



FACSIMILE COVER SHEET

DATE: August 23, 2007

PAGES SENT (INCL. COVER): 2 (two)

TO: Kori Truesdale/Featheringhill Mortuary

FAX NUMBER: 619-583-7038

FROM: Gregory Matteucci

FAX NUMBER: 503-232-5134

COMMENTS: Please find attached working copy of Certificate of Death for Deborah Murdock, who died on August 14, 2007 in Portland, Oregon.

$39.00

Jan Lane - 760-603-1924
Deborah Lynn Murdock

Gregory 503-232-5131

IF THIS FACSIMILE IS INCOMPLETE OR ILLEGIBLE, PLEASE CONTACT THE SENDER IMMEDIATELY AT 503-232-5131. THANK YOU.

Holman's Funeral Service • 2610 SE Hawthorne Boulevard • Portland, Oregon 97214-2998
503/232-5131 • 503/232-5134 (fax)

E-20706
DHS 163702

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DEBORAH	LYNN	MURDOCK	05/04/1955	08/14/2007	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PORTLAND	OREGON	JANICE LANE (SISTER) 2705 PARADISE RD. CARLSBAD, CA 92009

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT	8B. DATE SIGNED
FEATHERINGILL MORTUARY: 6322 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1083	▶ M. Domingo	08/24/2007

9. ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant for the proposed disposition described herein, use of the information contained herein as required by Section 103040 of the Health and Safety Code, and non-authorized pursuant to Section 7050.5 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT DOES NOT ASSURE DISPOSAL RIGHTS IN CALIFORNIA

9A. AMOUNT OF FINE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	08/24/2007	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 ITEM(S)

- [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 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.

Refile B.P.
Ship In of ashes from Oregon
8/24/07 @ 12:55 p.m.
(1 of 2)

2701311

TYPE OR PRINT IN PERMANENT BLACK INK

H60271 I.D. TAG NO.

E-20706

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name (Include AKAs, if any) First: Deborah Middle: Lynn Last: MURDOCK Suffix:
2. Death Date (MON DD YYYY): August 14, 2007
3. Sex (M/F): Female
4a. Age – Last Birthday: 52
4b. Under 1 Year: Months: Days:
4c. Under 1 Day: Hours: Minutes:
5. Social Security Number: 547-98-9068
6. County of Death: Multnomah
7. Birthdate: May 4 (MON DD YYYY) 1955
8a. Birthplace (City/Town, or County): Davenport
8b. (State or Foreign Country): Iowa
9. Decedent's Education: Master's Degree
10. Was Decedent of Hispanic Origin? (Yes or No, If yes, specify.): No
11. Decedent's Race(s): White
12. Was Decedent Ever in U.S. Armed Forces? ☐ Yes ☒ No
13. Residence: Number and Street (e.g., 234 SE 5th Street, Apt. No.): 1511 SW Park Avenue, Apt. 1006
14. City/Town: Portland
15. Residence County: Multnomah
16. State or Foreign Country: Oregon
17. Zip Code + 4: 97201-
18. Inside City Limits? ☒ Yes ☐ No ☐ Unknown
19. Marital Status at Time of Death: Never Married
20. Spouse's Name (If married or widowed, give name prior to first marriage.):
21. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE "RETIRED"): Governmental Relations
22. Kind of Business/Industry (DO NOT USE COMPANY NAME.): Public Education
23. Father's Name (First, Middle, Last, Suffix): James Richard Murdock
24. Mother's Name Prior to First Marriage (First, Middle, Last): Vergene Avis Renwick
25. Informant's Name: Janice - Lane
26. Telephone Number: (760) 603-1924
27. Relation to Decedent: Sister
28. Mailing Address (Number & Street, City/Town, State, Zip + 4): 2705 Paradise Road Carlsbad CA 92009-
29. Place of Death: Hospital/Inpatient
30. Facility Name: Providence Portland Medical Center
31. Location of Death (Give address.): 4805 NE Glisan Street
32. City/Town or Location of Death: Portland
33. State: OR
34. Zip Code + 4: 97213-2933
35. Method of Disposition: Cremation
36. Place of Disposition (Name of cemetery, crematory, or other place): Oregon Crematory
37. Location: Portland, OR 97213-6758
38. Name and Complete Address of Funeral Facility (Number & Street, City/Town, State, Zip + 4): Holman's Funeral Service 2610 SE Hawthorne Blvd., Portland, OR 97214-2998
39. Date of Disposition (MON DD YYYY): August 16, 2007
40. Funeral Director's Signature: ▶
41. OR License Number: FS 0322
42. Registrar's Signature: ▶
43. Date Received (MON DD YYYY):
44. Local File Number:
45. Record Amendment:

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner? ☐ Yes ☒ No
47. Autopsy? ☐ Yes ☒ No
48. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No
49. Time of Death: 7:15 PM

CAUSE OF DEATH (See instructions and examples.)

50. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT ENTER TERMINAL EVENTS such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Approximate Interval: Onset to Death
Final disease or condition resulting in death →	IMMEDIATE CAUSE ↓ a.	
Sequentially list conditions, if any, leading to the cause listed on line a.	Due to (or as a consequence of) ↓ b.	
ENTER THE UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death).	Due to (or as a consequence of) ↓ c.	
	Due to (or as a consequence of) ↓ d.	

51. Other significant conditions contributing to death, but not resulting in the underlying cause given above:
52. Manner of Death: ☐ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
53. If Female: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 42 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death
54. Did tobacco use contribute to death? ☐ Yes ☐ Probably ☐ No ☐ Unknown
55. Date of Injury (MON DD YYYY):
56. Time of Injury:
57. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area):
58. Injury at Work? ☐ Yes ☐ No ☐ Unknown
59. Location of Injury (Number & Street, City/Town, State, Zip + 4):
60. Describe how injury occurred.
61. If transportation injury, specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
62. Name and Address of Certifier (Number & Street, City/Town, State, Zip + 4): James Kern 5050 NE Hoyt, Portland, OR 97213
63. Name and Title of Attending Physician if Other than Certifier:
64. Title of Certifier: MD
65. License Number: OR 12625
66. Date Certified (MON DD YYYY):
67. Medical Certifier— To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ▶
68. Medical Examiner— On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ▶
69. Record Amendment:

ORIGINAL - VITAL RECORDS COPY

E-207006
52

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DEBORAH	LYNN	MURDOCK	05/04/1955	08/14/2007	F

5A. CITY OF DEATH: PORTLAND

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

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: JANICE LANE (SISTER) 2705 PARADISE RD. CARLSBAD, CA 92009

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: FEATHERINGILL MORTUARY: 6322 EL CAJON BLVD. SAN DIEGO, CA 92115

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1083

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 08/24/2007

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID: $11.00

9B. DATE PERMIT ISSUED: 08/24/2007

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2701311 M. DOMINGUEZ ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: –

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR 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: 8-10-07	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

E-20707

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/3/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert L. Peterson 231532

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

Church, Chapel, Graveside _____ : Salas Bros Funeral Mortuary.

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

will be applied and billed to undersigned. _____

Division GAR Section 3 Blk/Row _____ Lot 83 Grave 3

Grave space & Care Fund (B-7780 1961)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number R-60806	1,454.82
Balance due	Ø

PAID
APR 08 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.

231531

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

Signature: Monica Lindsey

Print Name: Monica Lindsey

Address: 3853 Cameo Ln.

City: San Diego, CA Zip Code: 92111

Telephone: 858-715-0901

Invoice # _____

Work Order # E 20707

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20707

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

E S W N

BAUTISTA		Peterson	X	TILLMAN	EDDINGTON	
				Sparl		James
		Kate Sessions				

Flagged Yes ✓ No _____

Blind check Initiated by: Maria Date: 4/8/08

Interment space for: Robert Peterson

Interment Date: 4/11 Time: 10 am

Div: GAR Sect: 3 Blk/Row: ____ Lot: 83 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-20707
Salls

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: _____

CALL TAKEN BY: Voice mail

RECEIVED CALL FROM:

☐ MORTUARY NAME: Salls Bros/Modesto

☐ FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Kerry 2'

TELEPHONE NO: 209 523-5646

NAME OF DECEASED:

LAST NAME: Peterson

FIRST NAME: Robert L.

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: GAR SECT: 3 BLK/ROW: ____ LOT: 83 GRAVE: 3

☒ 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:

Monica Lensy / Daughter 858 345-0806

E-20707
82

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	LEROY	PETERSON	06/24/1925	03/30/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TURLOCK	STANISLAUS	MONICA LINDSEY, DAUGHTER 3853 CAMEO LANE 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
SALAS BROTHERS FUNERAL CHAPEL, 419 SCENIC DRIVE MODESTO, CA 95350	FD782	▶ SBrother	04/04/2008

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	04/04/2008	JOHN WALKER, MD ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
STANISLAUS HEALTH DEPARTMENT 820 SCENIC DRIVE MODESTO, CA 95350	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

10. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
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 4/11/08	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.)

EIGHT CHAIRS & COVER + $65

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-3-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WALTER F. BUTLER 231534

in a DD (Type of Burial Container) Funeral, date, time APRIL FRI, 11:30 ARRIVE

Church, Chapel, Graveside SEE 10:00 : 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 171 Grave 5

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	--
Opening/Closing & Setup	533.00
Burial Container	~~538~~ 539.
Handling Fees	454
Flower vases – Marker setting fee	165.
Recording/Filing/Transfer Fees	
Sales taxes	41.77
Total Due	3896.77
Paid receipt number R608000	3896.77
Balance due	0

PAID APR - 3 2008 MOUNT HOPE CEMETERY

Marines

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.

231533

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

Martha Butler
Signature

Martha B. Butler
Print Name

4155 Spillman Dr.
Address

San Diego, 92105
City Zip Code

(619) 264-2382
Telephone

Invoice # _____

Work Order # E 20708

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20708

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

				MAYS		
	Parker		X			
				Casey	LANE	

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: MARIA Date: 4/8/08

Interment space for: WALTER F. BUTLER

Interment Date: _____ Time: _____

Div: 11 Sect: 1 Blk/Row: _____ Lot: 171 Grave: 5

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E-20708

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
WALTER	FRANKLIN	BUTLER	07/15/1926	04/02/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MARTHA BUTLER, WIFE 4155 SPILLMAN DRIVE SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Glennka Fryer	4/7/08

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	04/07/2008	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 4-11-08	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 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 _____

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division _____ 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 20709

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division _____ 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 20710

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/7/2008

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

in a _____ Funeral, date, time Tues, April 8 @ 10am
Type of Burial Container

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 _____ 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 _____

Cancel! Buried Holy Cross

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 20711

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 lots

Date 4/8/2008

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 24 Grave 41,45,46,47

Grave space & Care Fund 4 @ $ 426.00 -	1,704.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	1,704.00
Paid receipt number Charge MC	340.80
AP 0 Y 2528 Balance due	1,363.20

PAID
APR 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 Jen Chang
CDL A6670172
2010

PAUL CHANG
JENNY CHANG
Print Name
10674 Briarlake Woods Dr.
Address
San Diego, CA 92130
City Zip Code
(858) 523-9526
Telephone

Invoice # _____

Work Order # E 20712

Acct. # _____

4-9-08
Coupons Marked

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

858-523-9526

E-20712

P 01635

OFFICIAL RECEIPT

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

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

Date: February 9, 20 09

From: Jenny Chang Address: on file

Thirty-six and 80/00 Dollars ($ 36.80)

in part Payment of Pre-need payment lots.

Div 11 Sec 2 Blk/Row Lot 24 Grave 41,45,46, & 47

Invoice No. E-20712

Acct. No.

W.O.

BALANCE DUE $ 815.42
Balance

☑ Pre-Need Lot
☐ Pre-Need Trust

☐ Money Order
☒ Charge AP 05480B
☐ Check

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

PAID
FEB 9 2009
MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	36.80
Pre-Need Trust	63033 77186	
TOTAL PAID	$	36.80

AC-212 (2-08)

Payment was taken for $36.80 SHOULD BE $56.80 She will pay 76.80 next mos

E-20712

OFFICIAL RECEIPT

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

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

P 01194

Date: Apr. 18, 20 08

From: Jenny & Paul (Chang) Address: on file

Eleven hundred fifty and 92/00 Dollars ($ 1,150.92)

in part Payment of Pre-need lots & trust on Mother's cremation burial

Div 11 Sec 2 Blk/Row Lot 24 Grave 40, 41, 45, 46, 47

Invoice No. E-20712/E-20713

Acct. No.

W.O.

BALANCE DUE $0 - on pre-need
E-20713
$1,363.20 on pre-need

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☑ Charge 11072576
☐ Check

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

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

PAID

APR - 8 2008

E-20712
MOUNT HOPE CEMETERY

ISSUED BY Gallitti

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	469.32
Trust	77186	
100%		681.60
77184		
TOTAL PAID	$	1,150.92

E-20713

$384.12
$426.00
810.12

63033

100/77184

E-20712

85.20
255.60
340.80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot/trust

Date 4-8-2008

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 24 Grave 40

Grave space & Care Fund	426.00
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	810.12
Paid receipt number Charge MC AP072578	810.12
Balance due	Ø

PAID
APR 08 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: Jey Chang

Print Name: PAUL CHANG 231525
JENNY CHANG 231524

Address: 10674 Briarlake Woods Dr.

City: San Diego, CA Zip Code: 92130

Telephone: (858) 523-9526

Invoice # _____

Work Order # E 20713

Acct. # _____

REA-104 (3-04) 4/8/08 Deed mailed

This information is ava

Printed on recycled paper

Hold Stone Until Burial

E-20713

OFFICIAL RECEIPT

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

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

P 01194

Date: April 8, 20 08

From: Jenny & Paul Chang Address: on file

Eleven hundred fifty and 92/00 Dollars ($ 1,150.92)

in part Payment of Pre-need lots & trust on mother's cremation burial

Div 11 Sec 2 Blk/Row Lot 24 Grave 40, 41, 45, 46, 47

Invoice No. E-20712/E-20713

Acct. No.

W.O.

BALANCE DUE $0 - on pre-need E-20713
$1,363.20 on pre-need E-20712

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☑ Charge A/072570
☐ Check

AC-212 (11-06)
This information is available in alternative formats upon request

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

PAID

APR - 8 2008

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	469.32
Trust	77188	
100%		681.60
77184		
TOTAL PAID		$ 1,150.92

E-20713

$384.12
$426.00
810.12

63033

100/77184

E-20712

85.20
255.60
340.80

Pre-need
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/8/2008

Pin # 209528

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bacilisa Garcia Jennings

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 62 Grave 6

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-01195	899.00
Balance due	3595.77

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

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

Basilisa G Jennings
Signature

Bacilisa Garcia Jennings
Print Name

1516 32nd St
Address

San Diego CA 92102
City Zip Code

Telephone

Invoice # _____

Work Order # E 20714

Acct. # _____

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

4-10-08 Mailed Coupons

Printed on recycled paper

E-20714 entered contract

OFFICIAL RECEIPT

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

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

P 01195

Date: April 8, 20 08

From: Bacilisa G. Jennings Address:

Eight hundred Ninety Nine Dollars ($ 899.00)

in _____ Payment of Downpayment on Preneed Lot & trust

Div 12 Sec 2 Blk/Row _____ Lot 62 Grave 6

Invoice No. E-20714

Acct. No. _____

W.O. _____

BALANCE DUE 3,595.77

☐ Pre-Need Lot ☒ Money Order

☒ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (11-06)

This information is available in alternative formats upon request.

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

PAID

APR 09 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria C.

CREDIT	67007	452	80
20% Sales Care	77184		
Pre-Need	63033		
Trust	77186		
100/77184		446	20
TOTAL PAID	$	899	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need
Low-Income

Date 4-10-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Danta Mitcham 231542

in a Liner (Type of Burial Container) Funeral, date, time Weds April 16th 1:00

Church, Chapel Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 15 Grave 9

Grave space & Care Fund	1,132.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R60817	1,679.47
Balance due	1,679.47

PAID
APR 15 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.

231537

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

X Rosa Mitcham
Signature

X Rosa M Mitcham
Print Name

Shoodwood DR
Address

X San Diego CA 92114
City Zip Code

619-466-6594
Telephone

Invoice # _____

Work Order # E 20715

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Rosedale
E-20715

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

		Greer	Ayala		Richardson	
	Charles		X		Davis	

Flagged Yes ✓ No

Blind check Initiated by: Paulette Date: 4/14/08

Interment space for: Donta Mitcham

Interment Date: 4/16/08 Weds Time: 1:00 pm G.S.

Div: 11 Sect: 2 Blk/Row: Lot: 15 Grave: 9

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☒ No ☐

Agrees with Map: Yes ☒ No ☐

Blind Check & Verified By: Earl Date 4.15.08

Cremains were placed at: _____ of grave

E-20715

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

32

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DONTA	L.	MITCHAM	10/03/1975	04/09/2008	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	ROSA L MITCHUM, MOTHER 7732 SHOREWOOD 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 – requesting permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Siemukatma	4/15/08

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	04/15/2008	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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 04-16-08	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.)

E-20715

619) 4666594

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: Donta L. Mitcham

Address: 7732 Shore wood DR

City: San Diego State CA Zip Code 92114

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
____	(1) $14,400	X	(4) $ 39,980
____	(2) $ 23,590	____	(5) $ 47,180
____	(3) $ 32,390	____	(6) $ 55,180

35,354

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.

Rosa Mitcham + Mother + 4/11/08

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 Dorendy 4/11/08

Approved by Date

Current SS/CM Works Documents verified on: 4/11/08

Approved By MFD

Date 4/11/08

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-20715

SOCIAL SECURITY
2530 E PLAZA BLVD
NATIONAL CITY CA 91950

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: November 26, 2006
Claim Number: 551-39-4459 BI

435 B091,M4E,126,012040 000029540 01 AT 0.308

DONTA MITCHAM
7732 SHOREWOOD DR
SAN DIEGO CA 92114-6047

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

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

Information About Your Payments

- The amount due you beginning January 2007 will be $921.00. This amount includes $298.00 from the State of California.
- The amount due you is being raised because the law provides for an increase in Supplemental Security Income payments in January 2007 if there was an increase in the cost-of-living during the past year.

Information About Other Benefits

We can sometimes pay more than just SSI payments. You may be able to receive benefits from your parent's Social Security record if you meet the following rules:

- you were disabled before age 22, and
- you are unmarried, and
- at least one of your parents worked long enough under the Social Security program.

If you think you meet the above rules, please contact any Social Security office to file an application for childhood disability benefits.

See Next Page

11/26/2006

16483

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."

Things To Remember

- Your payments may change if your circumstances change. Therefore, you are required to report any change in your situation that may affect your Supplemental Security Income payment. For example, you should tell us if you move, if anyone else moves from or into your household, if your marital status changes, if income or resources for you or members of your household change, if your medical condition improves or if you go to work.
- This information is also being sent to your representative payee.
- You may use this letter when you need proof of your SSI payment amount for other assistance programs such as rent subsidies, energy assistance, medical assistance, bank loans, or for other purposes. However, if you get another letter saying your SSI payment is changing again, use that letter instead.
- We may share information about you with other government agencies that pay benefits. Agencies use such information to see if a person qualifies for benefits. We sometimes use computer matching to share information and compare our records with those of other Federal, State, or local government agencies. The law allows us to use computer matching even if you do not agree.

If You Disagree With The Decision

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

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

 E-20715

11/26/2006

How To Appeal

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

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

- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

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

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

If You Have Any Questions

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

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

11/26/2006

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

16482

Jo Anne B. Barnhart

Jo Anne B. Barnhart
Commissioner
of Social Security

E-20715

11/26/2006

HOW WE FIGURED YOUR PAYMENT FOR January 2007 THROUGH February 2007

Your Payment Amount

The most Federal SSI money the law allows us to pay	$623.00
We didn't subtract (-) any income from Federal SSI money	- 0.00
Federal SSI money	$623.00
Plus (+) the most State SSI money the law allows us to pay	+298.00
We didn't subtract (-) any income from State SSI money	- 0.00
Total Monthly SSI Payment for January 2007 through February 2007	$921.00

United States Treasury 15-51/000 S 472,493,539

Check No.

04 01 08 30 KANSAS CITY, MO 4027 24660498

4027 24660498 28040004 W K

Pay to the order of ROSA L MITCHAM FOR 98 SSI FOR APRIL

DONTA MITCHAM
7732 SHOREWOOD DR
SAN DIEGO CA 92114-6047

$****935*00

REGIONAL DISBURSING OFFICER VOID AFTER ONE YEAR

454

Pay a Bill

ATE PAYMENT INCLUDED

⑈40271⑈ ⑆000000518⑆ 246604985⑈ 110408

E-20715

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		Box 2. Beneficiary's Social Security Number
ROSA L TOBLER		445-32-4766
Box 3. Benefits Paid in 2007	**Box 4. Benefits Repaid to SSA in 2007**	**Box 5. Net Benefits for 2007** *(Box 3 minus Box 4)*
$15,642.00	NONE	$15,642.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$14,520.00
Medicare Part B premiums deducted from your benefits	$1,122.00
Total Additions	$15,642.00
Benefits for 2007	$15,642.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

ROSA L TOBLER
7732 SHOREWOOD DRIVE
SAN DIEGO CA 92114-6047

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

445-32-4766A

Form **SSA-1099-SM** (1-2008) **DO NOT RETURN THIS FORM TO SSA OR IRS**

CU1001817-11A41001321

CU1001817-11A41001321

E-20715

FIRS
U.S. I
HAI

Hartford Life

Hartford Life Insurance Companies
PO Box 64582
St. Paul, MN 55164-0582

ADDRESS SERVICE REQUESTED

Hartford Life Insurance Companie
Proud winners of the prestigious DALBAI
Customer and Broker Services since

0002523 02 MB 0.485 **AUTO T6 0 5813 92114 1 0000003

IER: DONTA L MITCHAM
% ROSA L MITCHAM
7732 SHOREWOOD DR
SAN DIEGO CA 92114-6047

SERVICING A

E-2071S

CalWIN

File GoTo Simulation Web Links Window Help

Inquire on Case Information

Case

Number: B734028 Name: Mitcham, Nathifa Programs

Status: Open Status Date: 02/26/2007 Pending Alerts: 32 Archived? QR Cycle

Case Detail | Programs | Application List | Case Members | Case Payee | Case Special Indicator

Program	Status	Beginning Date of Aid	Total Aid Paid	Denial / Discontinuance Date	Case Name	Case Loc
Medi-Cal	Approved	05/30/2000	$.00	00/00/0000	Mitcham, Nathifa	SO12
KinGAP	Discontinued	05/30/2000	$42,493.00	07/31/2006	Mitcham, Nathifa	PTXX
CalWORKs	Discontinued	02/26/2007	$5,152.00	02/29/2008	Mitcham, Nathifa	SO12
Expedited Food St	Denied	00/00/0000	$.00	02/26/2007	Mitcham, Nathifa	SO12
Food Stamps	Approved	02/26/2007	$3,508.00	00/00/0000	Mitcham, Nathifa	SO12
FSET	Discontinued	00/00/0000	$.00	02/29/2008	Mitcham, Nathifa	SO12
Cal-Learn	Discontinued	00/00/0000	$.00	02/26/2007	Mitcham, Nathifa	S9XX
WTW	Discontinued	00/00/0000	$441.50	02/29/2008	Mitcham, Nathifa	5EAB

CMSP Reapplication... Paper Case... Program Members... Denial Reasons... Discontinuance Reasons...

Claim Summary... Issuance Summary...

San Diego 007302 04/11/2008 01:34 PM

Marcar

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-8-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WALTER KUDUMU 231544

in a DD CRYPT (Type of Burial Container) Funeral, date, time 4-17 THUR 12:00

Church, Chapel, Graveside (11:00) : 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 G Section 1 Blk/Row _____ Lot 1 Grave 84

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 1st	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3896.77
Paid receipt number R-60810	3,896.77
Balance due	Ø

PAID

APR 15 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

Maistra Kudumu 231543
Print Name

5540 Mira Flores Dr.
Address

San Diego CA 92114
City Zip Code

(619) 262-6954
Telephone

Invoice # _____

Work Order # E 20716

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20716

Service Number E020716

PIN 231544 | Kudumu, Walter

Service Information | **Property Information**

Service Type Code 0 | Interment - Body | Contract # | Dept # 01

Scheduled Date 04/17/2008 | Actual Service Date 04/17/2008 | Time of Service 12:00

Place of Service

Service Provider 04 | Anderson-Ragsdale | Permit FD1329

Comments | Group ID

02/23/2009 -- Maisha (wife 818-262-6954) called to get a copy of the interment order depicting her DD Crypt for her records. She also complained that no vase was there; only a hole in the ground. She will come in tomorrow to pick up the document copy and get a Mt. Hope information handout.

02/24/2009 -- Maisha came in today and advised that she wants to be notified before any action is taken on this site. Cell 819-634-1244. WO6807 to check location of ground trion. She is planning on an upright monument or perhaps a bench. (which would have to be approved by the manager).

E-20716

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 _____ ↑ S

			JOHN CURRY	X	EDNA HANSON	
		X	KUDUMU X	X	SARA MCDONALD	[illegible]
		X	X			[illegible] HANSON

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: WALTER KUDUMU

Interment Date: _____ Time: _____

Div: 6 Sect: 1 Blk/Row: ____ Lot: 1 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

E-207116

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

68

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WALTER	-	KUDUMU	07/27/1939	04/08/2008	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	MAISHA KUDUMU, WIFE 5540 MIRA FLORES 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	▶ Siemnke R	4/14/08

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		11.00	04/14/2008	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 TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, 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 4/17/08	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.)

Pre-need LOTS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/21/08

Pin: 231529 Pin 231530

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melchor and Obdulia Balderas

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 159 Grave 1 & 2

Grave space & Care Fund ..... 2 Lotes @ $2,264 each	4,528.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	4,528.00
Paid receipt number R-01199	906.00
Balance due	3,622.00

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: Melchor Balderas

Co-purchaser Obdulia Balderas

Print Name: MELCHOR BALDERAS

Address: 3359 Roland ave

City: San Diego Ca Zip Code: 92102

Telephone: (619) 702-74-32

Invoice # _____

Work Order # E 20717

Acct. # _____

REA-104 (3-04) 4-22-08 This information is available in alternative formats upon request. mailed Coupons

Printed on recycled paper

E-20717

OFFICIAL RECEIPT

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

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

P 011

Date: 4/10 20 08

From: Melchor V. Balderas Address: 3359 Island Ave

Nine hundred Six Dollars ($ 906.00)

in _____ Payment of Pre-need lots

Div 12 Sec 2 Blk/Row _____ Lot 159 Grave 142

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 2148

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

APR 10 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	906 —
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
100/77184		~~454~~ — MFD
TOTAL PAID	$	906 —

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/11/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn A. Jones

in a Liner (Type of Burial Container) Funeral, date, time ~~Weds April 16th~~ 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary Elcajon

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 88 Grave 6

Grave space & Care Fund E-19333	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 N/A	0
Paid receipt number	0
Balance due	0

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

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Alice Watson
5282 Auburn Drive
daughter: SD
CA 92105
619-584-4659

Invoice # _____

Work Order # E 20718

Acct. # _____

VOID Service Cancelled

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20718

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot + trust

Date 8/23/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn A. Jones 229441

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 88 Grave 6

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-59105	1833.20
Balance due	Ø

PAID AUG 23 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.

x Evelyn A. Jones (Signature)

x Evelyn A Jones (Print Name) 229441

4058 Hamilton ST (Address)

San Diego CA 92104 (City, Zip Code)

(619) 574-5807 (Telephone)

Paulette CDL verified address

Invoice #

Work Order # E 19333

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20718

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

	CRUZ		X			
			MORROW			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Evelyn A. Jones

Interment Date: Weds 4/16 Time: 11:00 Chapel

Div: 12 Sect: 2 Blk/Row: W Lot: 88 Grave: 6

Grave Laid out by: Norman & Ken

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

Agrees with Map: Yes [X] No [ ]

Blind Check & Verified By: Earl Date 4.14.08

Cremains were placed at: _____ of grave

AT need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-11-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of YOLANDA YVETTE KNOX Pin # 231553

in a DD ★ (Type of Burial Container) Funeral, date, time 4-18 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 7 Section 16 Blk/Row _____ Lot 21 Grave 10

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 1	178.
Recording/Filing/Transfer Fees 2 @ 66-	130-
Sales taxes	41.77
Total Due	4672.77
Paid receipt number EG0813	4672.77
Balance due	Ø

PAID

APR 17 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.

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

David A Knox
Signature

x DAVID A KNOX 231552
Print Name

c 13421 SPARREN CT
Address

p SAN DIEGO CA 92129
City Zip Code

x (858) 538-4428
Telephone

MORTUARY TO PAY

Invoice # _____

Work Order # E 20719

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-2079.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 45

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
YOLANDA	YVETTE	KNOX	07/23/1962	04/10/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DAVID A. KNOX, HUSBAND 13421 SPARREN COURT SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Steve R	4/14/08

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	04/14/2008	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 TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, 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 4-18-08	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.)

E-20719

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: Yolanda Y. Knox

Interment Date: 4/18th Time: 11:00 Fri. 18th

Div: 7 Sect: 16 Blk/Row: ____ Lot: 21 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

Preneed
Lot & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/14/08

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

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

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup $533 x 2	1066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees $65 x 2	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number R-01203	4,494.77
Balance due	0

Cancelled

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

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

_____
Signature

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20720

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LIONEL MATHIS MILLER Q

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

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 _____ Section _____ Bld/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 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.

DEBORAH MILLER
Print Name

Address

City Zip Code

760-761-0941
Telephone
CELL 949-338-9718

Signature

E020733

Invoice # _____

Work Order # E 20721

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 4-14-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GARRETT, KAREN 231514

in a BELL (Type of Burial Container) Funeral, date, time Friday 4/25 @ 10:30

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

(10:00)

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 88 Grave 7

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 Calo. vase w06143	33.09
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	$ 3392.02
Paid receipt number R60829	$ 3398.52
Balance due	overpd 6.50

PAID
APR 23 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

Darrell Bursey 231573
Print Name

4405 Mayberry St
Address

San Diego 92113
City Zip Code

(619) 269-5833
Telephone

MORTUARY TO PAY

Invoice # _____

Work Order # E 20722

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-20722

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: Karen Garrett

Interment Date: 4/25/08 Time: 2:30

Div: 12 Sect: 2 Blk/Row: 8 Lot: 88 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

E-20722

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

48

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KAREN	ANN	GARRETT	04/05/1960	04/09/2008	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 DIEGO	SAN DIEGO	DARRELL BURSEY, SON 4405 MAYBERRY STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ Sienna Burse	4/16/08

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	04/16/2008	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 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 4-25-08	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

Date 4-14-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stella Green Pin# 229901

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Thursday April 17th 12:30

Church, Chapel, Graveside _____ : Bishop Mortuary

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 2 Grave 3

Grave space & Care Fund E-19540	—
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 R60820 CHK 2689	598-
Balance due	0

PAID APR 16 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

See attached
Signature

Almarie Taylor 231545
Print Name

232 54th Street Apt 3
Address

San Diego 92114
City Zip Code

Telephone

Invoice # _____

Work Order # E 20723

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20723

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

68

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
STELLA	REA	GREEN	12/04/1939	04/11/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	ALMARIE TAYLOR, DAUGHTER 232 54TH ST. APT.3 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
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673	▶ Katrina Lamar	04/16/2008

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	04/16/2008	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 MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/17/08	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-20723
Bishop

— MARKER on grave —

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH James Green

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

	Mixon		X	Sanders		
	Cooper				Rouse	

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

Blind check Initiated by: Paulette Date: 4/14/08

Interment space for: Stella Green

Interment Date: Thurs. 4/17th Time: 12:30 GS Church

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

Low Income ✓ E-2072

AT-Need (Res)
OK 1/5/06 MFD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-5-06

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Nelson Green 229900

in a DD Crypt A (Type of Burial Container) Funeral, date, time Friday Jan 6, 06 1:00p

(Church) Chapel, Graveside : Bishop Mortuary.

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

Division 11 Section 2 Blk/Row Lot 2 Grave 3

Grave space & Care Fund	$1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container DD crypt	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	0
Recording/Filing/Transfer Fees	32.50
Sales taxes	41.77
Total Due	$2,465.77
Paid receipt number R-59528	$2,465.77
Balance due	0

PAID
JAN - 5 2006
MOUNT HOPE

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

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

X
Signature

X see attach
Print Name
X for signature
Address
X
City Zip Code
X
Telephone

Invoice #

Work Order # E 19540

Acct. #

This information is available in alternative formats upon request.

MT. HOPE CEMETERY → 9469461

E-20723

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-2008

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

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Thursday April 17th 12:30

Church, Chapel, Graveside ; Bishop Mortuary

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

will be applied and billed to undersigned _____

Division 11 Section 2 Blk/Row _____ Lot 2 Grave 3

Grave space & Care Fund E-19540	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533-
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65-
Sales taxes	—
Total Due	598-
Paid receipt number	
Balance due	

I hereby certify I am the 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.

Almarie Taylor (Signature)

Almarie Taylor (Print Name)
232 54th St.
San Diego 92114
619 264-3302

Invoice # _____

Work Order # E 20723

Acct. # _____

REA-184 (3-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/14/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose de Jesus Hernandez 231549

in a TS VAULT (Type of Burial Container) Funeral, date, time Friday April 18 @ 1:00 pm

Church, Chapel, Graveside _____ : Aztlan Mortuary.

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

will be applied and billed to undersigned. _____

Division MASON Section A Blk/Row _____ Lot 20 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 $608.22	3,507.51
Paid receipt number cc# 0051302773 0075306928	3507.51
Balance due	-0-

PAID APR 16 2008 MOUNT HOPE CEMETERY

X 427 41st SD
CA 92102

I hereby certify I am the wife/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 Hernandez 231548
Print Name

545 N. Mollison Ave #18
Address

Ch CA Jun 92021
City Zip Code

(619) 922-1622
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20724

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20724

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: Jose de Jesus Hernandez

Interment Date: 4/18/2008 Time: _____

Div: MASON Sect: A Blk/Row: ____ Lot: 20 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-20724

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
JOSE	DE JESUS	HERNANDEZ-MARTINEZ	03/19/1963	04/13/2008	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	FRANCISCA HERNANDEZ, WIFE 545 N. MOLLISON AVE APT 9 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
FUNERARIA AZTLAN MORTUARY SVC, 7856 LA MESA BLVD LA MESA, CA 91941	FD1658

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

8A. SIGNATURE OF APPLICANT – Person in charge of permit: [signature] 8B. DATE SIGNED 04/16/2008

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	04/16/2008	▶ 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 ST, SAN DIEGO,CA 92102	11B. DATE BURIED 4/18/08	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 NCGD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-15-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of INEZ STOREY Ø 223279

in a ASH VAULT (Type of Burial Container) Funeral, date, time 6-10-08 TUE 11:30

Church, Chapel, Graveside SHORT SVC ; HANSEN'S MORTUARY ~~PHOENIX BRIZ~~ Mortuary

All Funeral cars 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 4 Blk/Row _____ Lot 78 Grave 7

Grave space & Care Fund (E16645 9-27-01)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	Ø
Burial Container	Ø
Handling Fees	Ø
Flower vases – Marker setting fee	$237
Recording/Filing/Transfer Fees	Ø
Sales taxes	Ø
Total Due R60961	237.00
Paid receipt number CHK 1158	237.00
Balance due	Ø

PAID JUN 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.

Pin 231671 (BETSY - DAUTHTER IN LAW)

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

by phone Norman C Storey
Signature

WILL TRANSPORT CREMAINS W/ BURIAL PERMIT.

NORMAN STOREY
Print Name

3937 E ALTADENA AVE
Address

PHOENIX, AZ 85028
City Zip Code

602-996-9383
Telephone

Invoice # _____

Work Order # E 20725

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-20725

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: Inez Storey Ø

Interment Date: 6/10/08 Time: 11:30 am

Div: 4 Sect: 4 Blk/Row: ____ Lot: 78 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

(This copy must accompany body to final destination)

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

DISPOSITION - TRANSIT PERMIT

FILE NO. 7135

IDENTIFICATION OF DECEASED

NAME OF DECEASED	A. FIRST	B. MIDDLE	C. LAST	SEX	AGE	RACE/ETHNICITY
1.	Inez	Bacholdt	Storey	2. Female	3. 99	4. White

DATE OF DEATH	PLACE OF DEATH	A. TOWN OR CITY	B. COUNTY	C. STATE
5. March 26, 2008	6.	Phoenix	Maricopa	Arizona

CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)

7. Alzheimer's Dementia

MANNER AND PLACE OF DISPOSITION

8. ☒ BURIAL ☐ CREMATION ☐ REMOVAL ☐ OTHER (SPECIFY) of Cremated Remains

FUNERAL HOME	A. NAME	B. STREET ADDRESS	C. CITY AND STATE
9.	Desert Hills Mortuary	6500 E. Bell Rd.	Scottsdale, AZ 85254

FUNERAL DIRECTOR'S SIGNATURE		DATE SIGNED
10. Duane L. Moore	Duane L. Moore	11. 5-27-2008

PLACE OF BURIAL OR OTHER DISPOSITION	A. NAME	B. STREET ADDRESS	C. CITY AND STATE
12.	Mount Hope Cemetery		San Diego, California

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.

REGISTRAR'S SIGNATURE	REGISTRATION DISTRICT	DATE SIGNED
14. Nichols Castaneda-Martin, Deputy	15. 0708	16. 5-27-2008

DISPOSITION OF BODY

17. BODY WAS: ☐ BURIED ☐ CREMATED ☐ OTHER (SPECIFY)

CEMETERY OR CREMATORY	A. NAME	B. STREET ADDRESS	C. CITY AND STATE
18.			

DATE OF DISPOSITION	CEMETERY MANAGER'S SIGNATURE
19.	20.

STATE REGISTRAR USE

DATE RCV'D IN STATE OFFICE	REGISTRAR'S SIGNATURE	TITLE
21.	22 A.	22 B.

VS-7 REV. 10/04

CEMETERY MGR.: MAIL TRANSIT COPY IN 10 DAYS TO VITAL RECORDS, P.O. BOX 3887
DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA 85030

E-20725

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

79

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

E-20725

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
INEZ	BACHOLDT	STOREY

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	09/28/1928	03/26/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
PHOENIX	ARIZONA

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
NORMAN C. STOREY	SON	GREENWOOD MORTUARY 4300 IMPERIAL AVE, SAN DIEGO, CA 92113 NIA GOOD	FD 843 2800955

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3937 E. ALTADENA AVENUE
PHOENIX, AZ 85028

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 06/10/2008

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	06/10/2008	▶

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
3851 ROSECRANS STREET
SAN DIEGO, CA 92110

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 6-10-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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

At need

Date 4-15-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul H. Blackwood 231559

in a Liner (Type of Burial Container) Funeral, date, time Friday April 18 1:00 pm

Church, Chapel, Graveside: Featheringill Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section J Blk/Row _____ Lot 23 Grave 3

Grave space & Care Fund	
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	1,272.93
Paid receipt number R-60818	1272.93
Balance due	0

PAID
APR 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.

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

Signature

Victoria L Fulton
Print Name

831 Salem Ct
Address

San Diego Ca 92109
City Zip Code

858-488-5831
Telephone

Invoice # _____

Work Order # E 20726

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-20726
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
PAUL	HUGH	BLACKWOOD	06/22/1926	04/14/2008	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	VICTORIA L. SUTTON, DAUGHTER 831 SALEM CT. 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
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Dunn	04/16/2008

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	04/16/2008	▶ 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 4-18-08	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 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-20726

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: Paul H. Blackwood

Interment Date: Friday 4-18-2008 Time: 1:00 pm

Div: MAS Sect: J Blk/Row: ____ Lot: 23 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 4-15-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARL SEBASTIAN EVANS JR. 231556

In a T.S. VAULT (Type of Burial Container) Funeral, date, time SAT. APRIL 19th 10AM

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 161 Grave 5

Grave space & Care Fund E-8975	0
Overtime/Late Arrival Fees SAT. FEE	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	2094.51
Paid receipt number #AB 08028	2094.51
Balance due	0

PAID

APR 15 2008

MOUNT HOPE CEMETERY

VISA

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

Hartwell W. Ragsdale III
Print Name

on file
Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20727

Acct. # _____

REA-104 (3-04)

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E-20727

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
CARL	SEBASTIAN	EVANS JR	02/19/1955	04/10/2008	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	RACHEL EVANS, DAUGHTER 4333 COLLEGE AVENUE #12 SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sienna Ramos	4/16/08

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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVE NO RIGHT OF 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	04/16/2008	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
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 4-18-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Lewis	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need
NON-Resident

City of San Diego

Date 4-16-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY SPENCER Pin # 231555 11:00

in a Liner (Type of Burial Container) Funeral, date, time Friday April 18th

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 264 Grave 4

Grave space & Care Fund	3,011.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	22.82
Total Due	4,465.82
Paid receipt number AP664433	4465.82
Balance due	Ø

PAID
APR 17 2008
MOUNT HOPE CEMETERY

Visa

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.

Valerie Oliver

Signature

Valerie Oliver Pin # 231554
Print Name

8426 Avenida Angulia
Address

Spring Valley 91977
City Zip Code

(619) 479-7217
Telephone

Invoice # _____

Work Order # E 20728

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20728

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

Franklin	shorter	Duffey	X	Hernandez		
Turner						

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Pauvette Date: 4/17/8

Interment space for: Mary Spencer

Interment Date: 4/18/08 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 264 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-20728
74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARY	-	SPENCER	11/17/1933	04/08/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	VALERIE OLIVER, DAUGHTER 8426 AVENIDA ANGULIA 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
PREFERRED CREMATION & BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Jenkins	4-16-08

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	04/16/2008	▶ 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
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 4-18-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Tom Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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AT PRE-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-17-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mac Gohari ~~ø~~ 231551

in a ~~ASH~~ Type of Burial Container Funeral, date, time 4-24-08 ~~THUR~~ 2:00

Church, Chapel, Graveside _____ ; PREFERRED Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 53 Grave 1

Grave space & Care Fund	426.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	640.00
Paid receipt number R60827	640.00
~~[illegible]~~ 045548	
Balance due	-0-

PAID APR 17 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.

231568

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

x [signature]
Signature

x Afshin Maleki
Print Name

x 2228 Bancroft ST.
Address

x San Diego CA 92104
City Zip Code

x (619) 501-5516
Telephone

Invoice # _____

Work Order # E 20729

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

RE: Monument Marker Size

Maleki, Alex

Sent: Friday, April 18, 2008 4:51 PM

To: Brown, Tom

Great thanks. Tom, would it be possible to have the burial appointment on Thursday, 4/24 at 2:00PM?

From: Brown, Tom
Sent: Friday, April 18, 2008 2:15 PM
To: Maleki, Alex
Subject: RE: Monument Marker Size

Alex,

Cremation Grave Flat Marker Standard Size - 12" x 24" x 3".

Tom

From: Maleki, Alex
Sent: Friday, April 18, 2008 12:03 PM
To: Brown, Tom
Subject: Monument Marker Size

Hi Tom,

Thanks again for your help yesterday. Can you please tell me what size of a flat marker I need to purchase for the cremation plot 8-4-53-1I purchased yesterday?

Thanks,
Alex Maleki
Systems Analyst
City of San Diego
Environmental Services Department
Office: (858) 627-3337

E-20729
63

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MAC	-	GOHARI	10/31/1944	03/06/2008	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	AKHTAR GOHARI, SISTER 5041 COLLEGE GARDENS CT SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
PREFERRED CREMATION & BURIAL, 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746	▶ Mark Jenkins	04/21/2008

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	04/21/2008	▶ 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
DIST/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 4-24-08	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

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/17/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carolyn Read 216088

in a Liner (Type of Burial Container) Funeral, date, time Mon, April 21 @ 11am

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 192 Grave 8

Grave space & Care Fund ..... E-16461-(2001) Ø

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... 6/21/2001 _____

Burial Container ..... _____

Handling Fees ..... Paid _____

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

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

Sales taxes ..... _____

Total Due ..... Ø

Paid receipt number _____ _____

Balance due Ø

I hereby certify I am the 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

THOMAS E. GIBSON
Print Name

PO BOX 127923
Address

SAN DIEGO 92112
City Zip Code

(619) 808-6172
Telephone

Invoice # _____

Work Order # E 20730

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

Pre-need
Lot & Trust

E-20730

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carolyn Read & Thomas Gibson

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 192 Grave 7 & 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	2 at 895	1790.00
Additional spaces and care fund (2 at 125)	marker setting fee	250.00
Opening/Closing & Setup	2 at 375	750.00
Burial Container	2 at 190	380.00
Handling Fees	2 at 145	290.00
Flower vases – Marker setting fee	2 trios at 46.88	93.76
Recording and filing fee	2 at 45	90.00
Sales tax	2 at 14.25	28.50
	Total Due	3672.26
	Paid receipt number R-53833	3672.26
	Balance due	0

PAID
JUN 21 2001
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 Carolyn Read
Signature
X PO Box 122687
Address
X San Diego, CA 92112-2687
City Zip Code
619-884-1023
Telephone

Work Order # E 16461

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20730

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 W N E

			SENEGAL Keeko			
		NELSON Eileen				
			X	Fontelera Dorothea		
			McClinton			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: MD Date: 4/18/08

Interment space for: Carolyn Read

Interment Date: 4/21/08 Time: 11am

Div: 12 Sect: 2 Blk/Row: ____ Lot: 192 Grave: 8

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-20730
69

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CAROLYN	CLAUDETTE	READ	06/27/1938	04/15/2008	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	THOMAS GIBSON, EXECUTOR P.O. BOX 127923 SAN DIEGO, CA 92112

7A. TYPED NAME AND ADDRESS OF 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. Dery	04/16/2008

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

AUTHORIZATION OF LOCAL REGISTRAR

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	04/16/2008	▶ 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
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 4-21-08	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

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

E-20730

ADVANCE HEALTH CARE DIRECTIVE

(California Probate Code Section 4701)

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

PART 1 of this form is a **POWER OF ATTORNEY FOR HEALTH CARE**. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a co-worker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
(b) Select or discharge health care providers and institutions.
(c) Approve or disapprove diagnostic tests, surgical procedures and programs of medication.
(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
(e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

PART 2 of this form **LETS YOU GIVE SPECIFIC INSTRUCTIONS** about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

PART 3 of this form **LETS YOU EXPRESS AN INTENTION TO DONATE YOUR BODILY ORGANS** and tissues following your death.

WOLCOTTS FORM 1401 - (price class 2B)
ADVANCE HEALTH CARE DIRECTIVE - rev. 7-00
© 2000 WOLCOTTS FORMS, INC.

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose

7 67775 31401 4

PART 4 of this form **LETS YOU DESIGNATE A PHYSICIAN** to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this ADVANCE HEALTH CARE DIRECTIVE or replace this form at any time.

PART I
POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Name of individual you choose as agent: Thomas Edward Gibson

Address PO Box 127923 City, State, Zip San Diego, CA 92112-7923

Home Phone (619)884-1023 Work Phone Non-Applicable

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Name of first alternate agent: Non-Applicable

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Name of second alternate agent: Non-Applicable

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

No Exceptions

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box ☒, my agent's authority to make health care decisions for me takes effect immediately.

E-20730

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form: No Exceptions

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

PART 2
INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

- ☐ **(a) Choice Not To Prolong Life.** I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time. (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, OR
- ☒ **(b) Choice To Prolong Life.** I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death: No Exceptions

(Add additional sheets if needed.)

(2.3) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that: Non-Applicable

(Add additional sheets if needed.)

PART 3
DONATION OF ORGANS AT DEATH
(OPTIONAL)

(3.1) Upon my death (mark applicable box):

☒ (a) I give any needed organs, tissues, or parts, OR

☐ (b) I give the following organs, tissues, or parts only. _____

(c) My gift is for the following purposes (strike any of the following you do not want):

(1) Transplant
(2) Therapy
(3) Research
(4) Education

PART 4
PRIMARY PHYSICIAN
(OPTIONAL)

(4.1) I designate the following physician as my primary physician:

Name of physician: Martha Capizzi MD
Address 4004 Beyer Blvd City, State, Zip San Ysidro, CA 92073-2099
Phone (619)428-4463

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

Name of physician: Non-Applicable
Address _____ City, State, Zip _____
Phone _____

PART 5

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

E-2073

(5.2) SIGNATURE: Sign and date the form here:

Date: June 4th, 2001 Sign your name Carolyn Claudette Read

Print your name Carolyn Claudette Read

Address: PO Box 122687 San Diego, CA 92112-2687

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, not an employee of an operator of a residential care facility for the elderly.

Glen Charles Wooten	Audry Levy
First Witness (print name)	*Second Witness (print name)*
3675 Bellingham Avenue	1049 4th Avenue Apt 37
Address	*Address*
San Diego, CA 92104	Chula Vista, CA 91911
City, State, Zip	*City, State, Zip*
Glen C Woot	
Signature of First Witness	*Signature of Second Witness*
June 4th, 2001	June 4th, 2001
Date	*Date*

(5.4) ADDITIONAL STATEMENT OF WITNESSES. At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Glen C Woot

Signature of Witness

Glen Charles Wooten

PART 6
SPECIAL WITNESS REQUIREMENT

(6.1) The following statement is required only if you are a patient in a skilled nursing facility–a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

Non-Applicable	Non-Applicable
Date	*Sign your Name*
	Non-Applicable
Address	*City, State, Zip*

619-460 8747

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 4/17/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael James Horner 231571

in a Top Seal Vault (Type of Burial Container) Funeral, date, time 4/25/08 Friday

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 12 Section 2 Blk/Row ~ Lot 247 Grave 12

Grave space & Care Fund	3,011.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.-
Burial Container	472.-
Handling Fees	350.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	36.58
Total Due	4,662.58
Paid receipt number R-60828	4,662.58
Balance due	Ø

PAID
APR 17 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.

X Mary F. Horner
Signature

N.R.

231570

X Mary F. Horner
Print Name

X 9143 San Andreas
Address

X Spring Valley
City

Zip Code

X 619-267-0195 91977
Telephone

Invoice # _____

Work Order # E 20731

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-20731

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ∅

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

Burial Container T.S. Vault

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Michael James Horner

Interment Date: 4/25/08 Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 247 Grave: 12

Grave Laid out by: _____

Agrees with Legal Card: Yes ☒ No ☐

Agrees with Map: Yes ☒ No ☐

Blind Check & Verified By: Jean Date 4-22-08

Cremains were placed at: _____ of grave

E-20731

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

43

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MICHAEL	JAMES	HORNER	10/03/1964	04/15/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CALIPATRIA	IMPERIAL	MARY F. HORNER, MOTHER 9143 SAN ANDRES 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
CONRAD LEMON GROVE MORTUARY, 7387 BROADWAY LEMON GROVE, CA 91945-1533	FD 941	▶ [signature]	04/23/2008

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 ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$11.00	04/23/2008	▶ STEPHEN W MUNDAY, MPH, MS

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH – IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION – IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
IMPERIAL HEALTH DEPARTMENT 935 BROADWAY EL CENTRO, CA 92243	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-26-08	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

6 ladys graves

Date 04/18/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Jane Hurder Ø 231658

in a ash vault (Type of Burial Container) Funeral, date, time 06/03/2008 AYD

Church, Chapel, Graveside _____ Beardsley Brien Mortuary.

All Funeral cars 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 3698 Grave 1

Grave space & Care Fund (E 7437)	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.—
Burial Container	79.—
Handling Fees	85.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.—
Sales taxes	6.12
Total Due	384.12
Paid receipt number R-60937	384.12
Balance due	Ø

PAID JUN 3 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

fax 223-7182

Work Order # E 20732

Donald Tusch
Print Name

Pin 231657
Address

City Zip Code

Telephone

See attached

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-20732.

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH In grave w/ Gladys Tusch

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

			Cox			
			X	Forest	Forest	
		Gross		Shane		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 6-3

Interment space for: Mary Jane Hurder

Interment Date: 6/2/08 Time: AM

Div: 10 Sect: ~ Blk/Row: ~ Lot: 3598 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-20732

April 22, 2008
Mount Hope Cemetery

To Whom it May Concern:

This is permission for my sisters' remains (MaryJane Tusch Hurder) to be interned with my mother, Gladys Tusch at Mt. Hope Cemetery. Her ashes are at Beardsley Mitchell Mortuary in Ocean Beach.

Please call me with any questions @ 619-225-1254.

Sincerely,

Donald Tusch

Donald Tusch

E-20732

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

6 ladgs grave

Date 04/18/08

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

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

Church, Chapel, Graveside _____ : Beardsley Mortuary, Brien

All Funeral cars 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 3698 Grave 1

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

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

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

(X) Don R. Tusch
Signature

fax 223-7182

Work Order # E 20732

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20732

Name of Cemetery/Funeral Home _____

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: Mary Jane Hurek

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above named cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this 3rd day of June, 2008

Address _____
Street City State Zip

Signature: X _____ _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature: _____ _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness: _____
Representative of Cemetery/Funeral Home

GEN 5024 REV 12/91 White - Cemetery Copy Yellow - Customer Copy

E-20732

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
MARY	JANE	HURDER	07/07/1929	04/02/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	MARTHA KLEES, DPOA 3744 WILCOX STREET SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BEARDSLEY-MITCHELL FUNERAL HOME, 1818 SUNSET CLIFFS SAN DIEGO, CA 92107	FD816	▶ Kim Beaulieu	04/24/2008

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	04/24/2008	▶ 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
DIS/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 9/10 MOUNT HOPE CEMETERY 3751 MARKET ST-SAN DIEGO, CA 92102	11B. DATE BURIED 6/3/08	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 4-18-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lionel Mathis Miller ~~AO~~ 231581 4/28/08 ~~TUE~~ AYD

in a ~~LSIF~~ N/A Type of Burial Container Funeral, date, time ~~4-22 TUE~~ ~~AYD~~

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 8 Section 4 Blk/Row _____ Lot 1 Grave 1

Grave space & Care Fund	566.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	
Total Due	850.00
Paid receipt number R60829	850.00
AP479851 Balance due	-0-

PAID APR 18 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.

231582

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

Deborah S. Miller
Signature

Deborah S. Miller
Print Name

1624 Windemere Drive
Address

San Marcos, CA 92078
City Zip Code

760 761-0941
Telephone

N.R.

Work Order # E 20733

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20733

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 Ø

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Lionel M. Miller

Interment Date: 4-29-08 Time: A/D delivery by Ragsdale

Div: 8 Sect: 4 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

11509-01 E-20733

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
LIONEL	MATHIS	MILLER	10/28/1954	04/17/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	DEBORAH MILLER, WIFE 1624 WINDEMERE DRIVE SAN MARCOS, CA 92078

7A. TYPED NAME AND ADDRESS OF 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	Sherrita Ponce	4/24/08

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	04/24/2008	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 4-28-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Perez		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIF CREMATORY: 601-D CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 4/24/08	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION S. G.		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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 2 STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

In grave with Carlyle Houston

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-21-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MS. Willie Mae Houston 208773

in a Double-Depth "B" (Type of Burial Container) Funeral, date, time Friday, April 25 @ 11am

Church, Chapel, Graveside _____ Cypressview Mortuary 619 264-3168

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 105 Grave 10

Grave space & Care Fund E-11311	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup E-15016	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees E-15016	—
Sales taxes	—
Total Due	—
Paid receipt number N/A	—
Balance due	0

fax 264-5206 Attn: Robert

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 See attached Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20734

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20734

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Carlyle E. Houston

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

Interment Date: 4/24 Time: 11:00 am

Div: 12 Sect: 1 Blk/Row: ____ Lot: 105 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-20734

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

open brick

Date 4-26-99

CARLYLE HOUSTON

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Willie Mae~~ Houston

in a double depth (Type of Burial Container) Funeral, date, time Fri 4-30 1:00

Church, Chapel, Graveside Church/Graveside, Cypress View Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 105 Grave 10 Row ____ Section 1 Division/Block 12

Grave space & Care Fund Pre-Need E-11311 —

Additional spaces and care fund

Opening/Closing & Setting 2 at 375.00 750.00

Burial Container 380.00

Handling Fees 320.00

Flower vases – Marker setting fee

Recording and filing fee 2 at 45.00 90.00

Sales taxes 29.45

Total Due 1569.45

Paid receipt number M/C 1569.45

Balance due 0

PAID APR 26 1999 MT. HOPE CEMETERY CITY OF SAN DIEGO

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 Yolanda Baker
Signature

X 2110 69th St
Address

X Sewan Grove CA 91945
City Zip Code

X (619) 264-5039
Telephone

Signature of recorded holder of deed

Invoice #

Work Order # E 15016

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20734

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
WILLIE	MAE	HOUSTON	11/17/1930	04/20/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VICTORVILLE	SAN BERNARDINO	YOLANDA BAKER, DAUGHTER 14669 LA HABRA RD VICTORVILLE, CA 92392

7A. TYPED NAME AND ADDRESS OF 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	4/23/2008

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 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	04/23/2008	▶ 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
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 4-26-08	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 7054.8, 7116, 7117, AND 103060.

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

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

In grave with Carlyle Houston

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04-21-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MS. Willie Mae Houston in a Double-Depth "B" (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ Cypressview Mortuary 619 264-3168

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

Division 12 Section 1 Blk/Row _____ Lot 105 Grave 10

Grave space & Care Fund E-11311	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup E-15016	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees E-15016	—
Sales taxes	—
Total Due	—
Paid receipt number N/A	—
Balance due	0

fax 264-5206 Attn: Robert

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 Yolanda Baker (Signature)

X Yolanda Baker (Print Name)
X 14669 La Habra Rd (Address)
X Victorville, Ca 92392 (City, Zip Code)
X 760-955-9975 (Telephone)

Work Order # E 20734

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

* Required if applicable

in grave of:
Jovanka Vihrov

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-21-08

Pin #231557

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Serge Vihrov Partial Ashes Only Cremains scattered at sea 4/21/08 AYD

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

Church, Chapel, Graveside Delivery 4/21 Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 81 Grave 3

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	384.12
Paid receipt number R-60830	384.12
Balance due	Ø

PAID
APR 21 2008
MOUNT HOPE CEMETERY

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

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

X [signature]
Signature

X JACK EMERY 231558
Print Name

X 5525 LA JOLLA HERMOSA
Address

X LA JOLLA, CA 92037
City Zip Code

X 858-454-1654
Telephone

Invoice # _____

Work Order # E 20735

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-20735

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Jovanka Vihrov

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

Burial Container ash vault

		Williams	X	Newell		
			Jefferson			

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

Blind check Initiated by: Paulette Date: 4-21-08

Interment space for: Serge Vihrov

Interment Date: _____ Time: AYD

Div: 12 Sect: 2 Blk/Row: ✓ Lot: 81 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 20135

CERTIFIED COPY OF ADVANCE HEALTH CARE DIRECTIVE

SERGE VIHROV

State of California)
) ss
County of San Diego)

On this 6th day of January, 2005, I, Ronald J. Backes, Notary Public for the State of California, certify that I have examined the original advance health care directive and the copy and that the attached advance health care directive is a true and correct copy of the original advance health care directive.

Witness my hand and official seal.

Ronald J. Backes
Notary Public

ADVANCE HEALTH CARE DIRECTIVE
(California Probate Code Section 4701)

SERGE VIHROV

EXPLANATION

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. You may do either or both of these things.

Part I of this form is a power of attorney for health care. In Part I you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you.

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all healthcare decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

A. Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.

B. Select or discharge health care providers and institutions.

C. Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.

D. Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.

E. Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

In Part 2 of this form you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues

E-20735

following your death.

The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

PART I

POWER OF ATTORNEY FOR HEALTH CARE

1.1 **Designation of Agent.** I, **Serge Vihrov,**, designate the following individual as my agent to make health care decisions for me:

Name:	John F. Emery
Address:	5829 La Jolla Hermosa, La Jolla, CA 92037
Telephone:	(858) 454-1654

1.2 **Designation of First Alternate Agent.** If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Name:	Janice L. Emery
Address:	5829 La Jolla Hermosa, La Jolla, CA 92037
Telephone:	(858) 454-1654

1.3 **Designation of Second Alternate Agent.** If I revoke my first alternate agent's authority or if my first alternate agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Name: none

1.4 **Agent's Authority**. My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive.

1.5 **When Agent's Authority Becomes Effective**. My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions.

1.6 **Agent's Obligation**. My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

1.7 **Nomination of Conservator**. If a conservator of my person needs to be appointed for me by a court, I nominate as conservator of my person those persons appointed as my Agent, in order, above.

1.8 **Personal Care Decisions**. My agent shall have the sole exclusive authority to make decisions relating to my personal care, including, but not limited to determining where I will live, providing meals, hiring household employees, providing transportation, handling mail, and arranging recreation and entertainment. Third parties I appoint to handle my finances shall act to facilitate and implement personal care decisions by my agent.

PART 2

INSTRUCTIONS FOR HEALTH CARE

2.1 **End-of-life Decisions**. I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment as follows:

No Heroics: If (1) I am suffering from a terminal condition from which death is expected in a relatively short time, or (2) if I am suffering from an irreversible condition that renders me unable to make decisions for myself, and life-support treatments are needed to keep me alive, or (3) the likely risks and burdens of treatment would outweigh the expected benefits, I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician(s) allow me to die as gently as possible.

2.2 **Artificial Nutrition and Hydration.** I do not want to receive artificial nutrition and hydration if (1) I am suffering from a terminal condition from which death is expected in a relatively short time, or (2) if I am suffering from an irreversible condition that renders me unable to make decisions for myself, and life-support treatments are needed to keep me alive, or (3) the likely risks and burdens of treatment would outweigh the expected benefits

2.3 **Time for Observation and Diagnosis**. Regardless of the decision to withhold or withdraw life-sustaining treatment or nutrition and hydration, I desire that my agent act only after allowing a reasonable period of time for observation and diagnosis.

2.4 **Relief From Pain**. I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death.

E-20735

PART 3

DONATION OF ORGANS AND DISPOSITION OF REMAINS AT DEATH

3.1 My agent shall have the right to make anatomical gifts, authorize an autopsy, and direct the disposition of my remains.

PART 4

4.1 **Effect of Copy.** A photocopy or facsimile of this form has the same effect as the original.

4.2 **Declaration of Principal**. I declare that my lawyer has explained to me my rights in connection with this instrument and the consequences of signing.

4.3 **Restriction in Power of Attorney of Authority to Petition**. Pursuant to Probate Code Section 4753, I hereby eliminate the authority of any person listed in Probate Code Section 4765 other than myself to petition the court under Probate Code Sections 4750-4771 to the maximum extent possible.

4.4 **Revocation**. I revoke any prior Power of Attorney for Health Care, individual health care instruction and/or natural Death Act Declaration.

4.5 **Independent Living**. I wish to live in my home for as long as that is reasonably possible without endangering my physical or mental health and safety and to receive whatever assistance from household employees or personal care givers as may be necessary to permit me to do so provided, however, that in the event my Agent determines that appropriate household employees or personal care givers are not available without putting my financial position or physical mental health or safety at risk, then I wish to live in the least restrictive and most home-like setting deemed appropriate by my Agent. I wish to return home as soon as reasonably possible after any hospitalization or transfer to convalescent care. If my Agent determines that I am no longer able to live in my home, I wish that my Agent consider alternatives to convalescent care which will permit me as much privacy and autonomy as possible, including such options as placing me in an assisted living facility or board and care facility.

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4.6 **Date and Signature of Principal**

4.6 **Date and Signature of Principal**

I sign my name to this Advance Health Care Directive on January 6, 2005, at La Jolla, California.

Serge Vihrov

CERTIFICATE OF ATTORNEY

I am a lawyer authorized to practice law in the state of California where this power of attorney was executed, and Serge Vihrov was my client at the time when this Advance Directive was executed. I have advised my client concerning his or her rights in connection with this Advance Directive and the applicable law and the consequences of signing or not signing this Advance Directive, and my client, after being so advised, has executed this Advance Directive.

Date: January 6, 2005

Ronald J. Backes
Attorney at Law

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of California)
) **ss**
County of San Diego)

On January 6, 2005 before me, Ronald J. Backes, a notary public in and for said state, personally appeared Serge Vihrov, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Ronald J. Backes
Notary Public

RONALD J. BACKES
Commission # 1460925
Notary Public - California
San Diego County
My Comm. Expires Jan 6, 2008

E-20735
95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SERGE	-	VIHROV	01/24/1913	03/19/2008 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
LA JOLLA	SAN DIEGO	JOHN EMERY, FRIEND 5829 LA JOLLA HERMOSA LA JOLLA, CA 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY OF SAN DIEGO, 14065 OLD HWY #80 PO BX 2308 EL CAJON, CA 92021	FD1352	▶	04/21/2008

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
THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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	04/21/2008	▶ 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
DIS/BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 4-21-08	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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL DUPLICATE PERMIT AFTER ON YEAR FROM ISSUE DATE.

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-21-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of * JERRY WILSON

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

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 8 Section 1 Blk/Row _____ Lot 1305 Grave 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	65.00
Recording/Filing/Transfer Fees	
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R60831	
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

MORTUARY WILL PAY

* SANDRA Williams #22
Print Name

* 13376 Torrey Meadows Dr
Address

* SAN DIEGO 92129
City Zip Code

* 858 538 0679
Telephone 619-823-0670

Invoice # _____

Work Order # E 20736

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-21-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DONELLA MILES 227532

in a T.S. (Type of Burial Container) Funeral, date, time FRI 4-25 1:00

Church, Chapel, Graveside _____ : RAESDALE Mortuary.

All Funeral cars 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 982 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	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3685.51
Paid receipt number R60832	3685.51
Balance due	0

PAID APR 21 2008 MOUNT HOPE CEMETERY

AP021915

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.

231572

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

Signature: Kevin R Miles

Print Name: KEVIN MILES

Address: 4951 REYNOLDS ST.

City: SAN DIEGO, CA Zip Code: 92113

Telephone: (619) 264-2559 (619) 992-4676 (CELL)

Invoice # _____

Work Order # E 20737

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20T37

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: Donella Miles

Interment Date: 4/25 Time: 1:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: _____ Grave: 982

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-20737

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 16

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DONELLA	-	MILES	03/07/1932	04/18/2008	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	KEVIN MILES, SON 4951 REYNOLDS STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	Sunnika Pryor	4/22/08

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	04/22/2008	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 REMAINS ARE TO BE SENT TO DISTRICT IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, 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 4-25-08	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.)

Pre-need trust to At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/22/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Mary L. Bell Pin # 206613

In a Top Seal Vault (Type of Burial Container) Funeral, date, time Fri. May 16th @ 11:30

Church, Chapel, Graveside Beadsley Mitchell 223718 Mortuary.

All Funeral cars 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 1170 Grave 1

Grave space & Care Fund C-5784	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	355-
Handling Fees	263-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due	1,243.51
Paid receipt number AP022446	1,243.51
Balance due	0

PAID APR 2 2008 MOUNT HOPE CEMETERY

619 223-7182

Power of Atty.

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

231559

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

Rickey Bell Sr.
Signature

COL N0900569

Paulette 10-21-10

Rickey Bell Sr.
Print Name

4735 Brighton Ave
Address

San Diego 92107
City Zip Code

619-224-5649
Telephone

Invoice # _____

Work Order # E 20738

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20738

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

DATE 5 - 7 1968

CHARGE Mary A. Bell

ADDRESS 4735 Brighton S.D. (9)

NAME OF DECEASED Pre-need

OWNER Same

ADDRESS

MORTUARY 224-5649

LOT 1170 GR ROW SEC 1 DIV 8	200	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET		
TOTAL	$200.00	
PAID RECEIPT NUMBER 15346		
BALANCE		

2 x 1 Flush Marker

PAID

MAY 7 1968

MT. HOPE CEMETERY

CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISION FOR THE EXTENSION OF CREDIT.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

#3670

AUTHORIZED

E-20738

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

	Farr	Bell	X	Radfield		
			Tipton	Avent		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Mary Bell

Interment Date: 5/16 Time: 11:30

Div:. 8 Sect: 1 Blk/Row: ____ Lot: 1170 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-20738

ADVANCE HEALTH CARE DIRECTIVE

(California Probate Code Sections 4600-4805)

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

PART 1
POWER OF ATTORNEY FOR HEALTH CARE

(1.1) DESIGNATION OF AGENT:

I, MARY LOUISE BELL, designate the following individual as my agent to make health care decisions for me:

RICKEY P. BELL, SR.

(name of individual you choose as agent)

4735 Brighton Avenue, San Diego, CA 92107

(address)(city)(state)(ZIP Code)

(619) 224-5649; Cell (619) 743-5550

(home phone)(work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able or reasonably available to make a health care decision for me, I designate as my first alternate agent:

RICKEY P. BELL, JR.

(name of individual you choose as first alternate agent)

4735 Brighton Avenue, San Diego, CA 92107

(address)(city)(state)(ZIP Code)

(619) 523-1578; Cell (619) 261-5649

(home phone)(work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

_____

(name of individual you choose as second alternate agent)

_____

(address)(city)(state)(ZIP Code)

_____

(home phone)(work phone)

PART 6
SPECIAL WITNESS REQUIREMENT

(6.1) The following statement is required only if you are a patient in a skilled nursing facility--a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

_____ *(date)*

_____ *(sign your name)*

_____ *(print your name)*

_____ *(address)*

_____ *(city)(state)(ZIP Code)*

State of California)
) ss
County of San Diego)

On May 4, 2004, before me, David G. Smedley, personally appeared MARY LOUISE BELL, generally 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

_____
Notary Public in and for said County and State
(Seal)

DAVID G. SMEDLEY
Commission # 1367771
Notary Public - California
San Diego County
My Comm. Expires May 29, 2006

E-20738
84

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
MARY	LOUISE	BELL

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	07/22/1923	05/07/2008	

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
RICKEY BELL	SON	BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS SAN DIEGO, CA 92107	FD816

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

4735 BRIGHTON AVENUE
SAN DIEGO, CA 92107

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 Beaulu

9B. DATE SIGNED 05/12/2008

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	05/12/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	12B. DATE BURIED 5-12-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fegan	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	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 need
S.D. Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04/22/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yefim Vishnevskiy 231563

in a Liner (Type of Burial Container) Funeral, date, time Thurs. April 24, 1:00

Church, Chapel, Graveside _____ ; Thresholds Mortuary.

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

will be applied and billed to undersigned. _____

Division Mason Section N Blk/Row _____ Lot 8 Grave ~~5~~ 6

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 60835	1679.47
Balance due	Ø

PAID
APR 22 2008
MOUNT HOPE CEMETERY

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

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

Signature

IRINA 231576
Print Name SUREN Vladimirtsev
Address 4980 ALMONDWOOD WAY
City SAN DIEGO Zip Code 92130
Telephone 16825 SAINTSBURY OPEN #26
S.D. CA 92127

Invoice # _____

Work Order # E 20739

Acct. # _____

REA-104 (3-04) Low Income

This information is available in alternative formats upon request.

Printed on recycled paper

Home and Family-Directed Funerals
8719 Los Coches Road, Lakeside, CA 92040
Office: (619) 390-1411 Fax: (619) 334-2783
www.thresholds.us homefunerals@cox.net

Memorandum

TRANSMITTAL

[redacted]

to: David, Mount Hope Cemetery, San Diego, CA

FAXED 4/23/08 @ 2200

re: Burial of Yefim Vishnevskiy

date: April 23, 2008

Enclosures: None

Dear David,

Please accept this as formal notification of responsibility regarding determination of next-of-kin and rights of final disposition.

All requirements are met via appropriate documentation review and the responsibility for final *disposition, in accordance with Health & Safety, Government and Probate Code Section* 7100(a)(5), devolves upon Irena Lokshina, niece, of Yefim Vishnevsky.

Note that Health & Safety, Government and Probate Code Section 7100(f) reads: "A funeral director or cemetery authority shall not be liable to any person or persons for carrying out the instructions of the decedent or the person entitled to control the disposition."

Please contact me if you have any further questions.

Thank you, David.

Sincerely,

From the desk of...

Eric W. Putt, M.B.A., FDR 2173
Thresholds Home and Family-Directed Funerals
(619) 390-1411 (Off.)
(619) 414-2651 (Cell)
(619) 334-2783 (Fax)
E-mail: eric@thresholds.us

E20739

Account Number
2200 386 850 2
YEFIM VISHNEVSKIY
16715 SAINTSBURY GLN 37 SD
Date Mailed: Apr. 9, 2008

Cycle
05

SDGE A Sempra Energy utility

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

SPRING INTO ENERGY SAVINGS
WITH ENERGY-EFFICIENCY TIPS, REBATES AND MORE AT WWW.SDGE.COM.

ACCOUNT SUMMARY

Previous Account Balance	28.43
Payments Received	-28.43
Current Charges	34.53
TOTAL AMOUNT DUE	**$34.53**

Please Pay $34.53 by Apr. 28, 2008

☐ NORTH CENTRAL REGIONAL CENTER
8965 Balboa Avenue
San Diego, CA 92123-1507
(858) 616-5996 • FAX (858) 616-5816

☐ NORTH COASTAL REGIONAL CENTER
1701 Mission Avenue
Oceanside, CA 92058-7102
(760) 967-4599 • FAX (760) 967-4555

☐ NORTH INLAND REGIONAL CENTER
600 East Valley Parkway
Escondido, CA 92025-3008
(760) 740-4135 • FAX (760) 740-4196

☐ CALIFORNIA CHILDREN SERVICES
6160 Mission Gorge Road
San Diego, CA 92120-3410
(619) 528-4079 • FAX (619) 528-4087

County of San Diego

JEAN M. SHEPARD
DIRECTOR

NICK MACCHIONE
DEPUTY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
NORTH REGIONS

April 22, 2008

To whom it may concern:

This letter is to verify Public Assistance for Yefim Vishnevskiy, who was receiving cash aid, from the CAPI program.

Yefim Vishnevskiy received $860.00 for the month of April. His CAPI case will close on 4/30/2008.

Thank You

Clara Tarantino MZ35
HSS
County of San Diego
(619)767-5057

E-20739

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: YEFIM VISHNEVSKIY

Address: 16715 SAINTSBURY Glen # 37

City: SAN DIEGO State CA Zip Code 92127

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: Friend Date: 4-22-08

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: [signature] Date: 4/22/08

Current HHS Letter Documents verified on: 4/22/08

Approved By: [signature]

Date 4/22/08

DIVERSITY BRINGS US ALL TOGETHER

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

E-20739

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
YEFIM	-	VISHNEVSKIY	10/18/1931	04/20/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	DMITRY KULIKOVSKIY, FRIEND 16825 SAINTSBURY GLEN #86 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
THRESHOLDS, 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788	▶ [signature]	04/24/2008

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	04/24/2008	▶ 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)

BURIAL

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-24-08	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

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9a (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

SEAMANTOE

E-20739

OFFICIAL RECEIPT

[redacted]

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

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

61531

Date: 3-24, 2009

From: ALLA LOKSHIN Address: 13376 TURKEY MEADOWS DR. 92129

NINETY SEVEN & 20/100 Dollars ($ 97 20)

in FULL Payment of FOUNDATION 30 X 12 MONUMENT BASE FOR YEFIM VISHNEVSKIY

Div MASONIC Sec N Blk/Row Lot 8 Grave 6

Invoice No. 231563

Acct. No. E20739

W.O. 6871

BALANCE DUE

REF R61485 175.00

☐ Money Order 97.20

☒ Charge AP R62412

☐ Check

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

TOTAL 272.20

PAID

MAR 24 2009

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	17	20
Sales Tax	60101		
	78390		
TOTAL PAID	$	97	20

AC-212A (11-08)

This information is available in alternative formats upon request.

E-20739

OFFICIAL RECEIPT

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

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

61485

Date: 02/26, 2009

From: Alla Lokshin Address: 13376 Torrey Meadows DR. # 4 SD CA 92129

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

in full Payment of Setting fee for the stone of Yefim Vishnevskiy

Div MASONIC Sec N Blk/Row MONUMENTS Lot Grave 6

Invoice No. E 20739

Acct. No.

W.O.

BALANCE DUE Ø

☒ Money Order 5828446384
☐ Charge
☐ Check

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

PAID
FEB 26 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 setting fee
Sales Tax	60101	
	78390	
TOTAL PAID	$	178.00

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

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/22/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frederick D. Harris 231592

in a DD Crypt (Type of Burial Container) Funeral, date, time Friday May 2 11pm

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 244 Grave 12

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3896.77
Paid receipt number R60582	3896.77
COUNTER CHECK 0009010263 Balance due	0

PAID APR 30 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 _____

Print Name Willie L Harris 231593

Address 7420 Skyline Dr

City SAN DIEGO CA. Zip Code 92114

Telephone 619-269-2112

Invoice # _____

Work Order # E 20740

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-20740

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
FREDERICK	D.	HARRIS	01/17/1933	04/20/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CARLSBAD	SAN DIEGO	WILLIE HARRIS, WIFE 7420 SKYLINE DRIVE SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	4/23/08

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	04/23/2008	▶ 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 4-2-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fien	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

E-20740

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: Frederick D. Harris

Interment Date: 5/2/08 Time: 11:00 am

Div: 12 Sect: 2 Blk/Row: ____ Lot: 244 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/23/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mattie Mae Brown 231565

in a DD Crypt A (Type of Burial Container) Funeral, date, time Thurs, April 24 @ 11am

Church, Chapel, Graveside _____ CA BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 2 Blk/Row _____ Lot 74 Grave 3

Grave space & Care Fund E-3066	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees ..... WO 6641	454.00
Flower vases – Marker setting fee ..... $65.71 Trion Vase / $178	243.71
Recording/Filing/Transfer Fees ..... Setting Fee	65.00
Sales taxes	41.77
Total Due	1,876.48
Paid receipt number R-60836	1876 48
Balance due	0

PAID

APR 23 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.

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

Signature: Jimmie J. Banks

231566

Print Name: Jimmie J. Banks

Address: 1416 Clinton Raymond Rd.

City: Clinton, MS Zip Code: 39056

Telephone: 601-924-6470

Invoice # _____

Work Order # E 20741

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20741

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/18 19 82

CHARGE

ADDRESS

NAME OF DECEASED Transfer of Property

OWNER From Cypress View to

ADDRESS Princess P Watson

MORTUARY 3436 Florence St

SD 92107

LOT 74 GR 3 ROW SEC 2 DIV 7		
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
Transfer Fee	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 30229	35	00
BALANCE	0	

PAID

MAY 18 1982

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 By letter

ORDER TAKEN BY Sutton

W.O. NO. E No 3066 & 10874 INVOICE NO.

E-20741

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: Mattie M. Brown

Interment Date: 4-24-08 Time: _____

Div: 7 Sect: 2 Blk/Row: ____ Lot: 74 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-20741

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
MATTIE	MAE	BROWN	03/01/1921	04/15/2008	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	LARRY THOMPSON, NEPHEW 442 F STREET B23 CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL, 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357	▶ Victoria Mitchell	4/23/08

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	04/23/2008	▶ 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)

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 4-24-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	12A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

COPY 2 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS — VS9e (REV.12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/23/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Guadalupe Perez 231580

in a TS Vault (Type of Burial Container) Funeral, date, time Mon, April 28 @ 10 am

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 231 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fees	
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,507.51
Paid receipt number R-60838	3,507.51
Balance due	0

PAID
APR 23 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.

281579

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

X _____ Signature

X GUADALUPE PEREZ Print Name

X 1886 ELM AVE Address

X SAN DIEGO 92154 City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20742

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-20742

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSE	GUADALUPE	PEREZ-SOLORIO	12/07/1973	04/20/2008	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	GUADALUPE PEREZ, WIFE 1886 ELM 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
GUADALUPANA MEMORIAL CHAPEL & MORTUARY, 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425	▶ Aurora Chavez	04/24/2008

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	04/24/2008	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 MOUNT HOPE CEMETERY, 3751 MARKET ST.,SAN DIEGO,CA. 92102	11B. DATE BURIED 4-28-08	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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

E-20742

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: April 23, 2008

The following 2 total pages (including this cover page) are intended for:

To:	Jose	From:	Maria Dovensky
Company:	Guadalupana Memorial Chapel	Division:	Mount Hope Cemetery
FAX #	(619) 544-9334	FAX #	(619) 527-3403
Phone #	(619) 544-9333	Phone #	(619) 527-5474

SUBJECT: Interment Order for Jose Guadalupe Perez

Comments:

Please fax back the form with (x) filled out & signed.

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

At Need

Date 4-23-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELLA HERROD 231562

in a DD "B" (Type of Burial Container) Funeral, date, time Mon Apr 28 11:00

Church, Chapel, Graveside _____ Ragsdale Mortuary Kevin

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 3148 Grave 1

Grave space & Care Fund E-16503 0

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup 708.-

Burial Container ..... _____

Handling Fees ..... _____

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

Recording/Filing/Transfer Fee 85.-

Sales taxes ..... _____

PAID APR 28 2008 MOUNT HOPE CEMETERY

Total Due 793.-

Receipt number R-60831 793.-

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.

231583

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

Signature _____

Print Name _____

Address See attached

City _____ Zip Code _____

Telephone _____

N.R.

Work Order # E 20743

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-20743

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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
Ella	Augusta	Herrod

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	05/29/1927	04/19/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
Lee's Summitt	Missouri

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
Fay Smith	Daughter	Kevin Weaver Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
4896 Auburn Drive
San Diego, CA 92105

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 ▶

9B. DATE SIGNED 04/28/2008

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	04/28/2008	2800725 ▶

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 92102

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 Street San Diego, CA 92102	12B. DATE BURIED 4-28-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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

1st Burial
DBL. Crypt

E-20743

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date July 16, 2001

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

in a DBL CRYPT (Type of Burial Container) Funeral, date, time Fri July 20 1:00pm

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X E. H.

Lot 3148 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container DBL Crypt	380.00
Handling Fees	320.00
Flower vases - Marker setting fee	~~125.00~~
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2268.50
Paid receipt number 53934	2,268.50
Balance due	0

PAID
JUL 18 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

MORTUARY TO BRING CHECK

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.

ELLA HERROD

X Mrs. Ella Herrod
Signature

3040 New Salem Ave.
Address

Modesto, CA 95354
City Zip Code

(209) 526-8797
Telephone

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

X Mrs. Ella Herrod
Signature of recorded holder of deed

Work Order # E 16503

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Family will place ashes in wooden Box ~~Box~~ will be Placed in DO crypt "8"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/24/2008

Pin # 231598

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Almuth Solomon-Hayes ⊗

in a ~~Ash Vault~~ (Type of Burial Container) Funeral, date, time Sat, May 3, 2008 @ 10am

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 1 Blk/Row _____ Lot 59 Grave 8

Grave space & Care Fund E-20624 2/2008	~~0~~
Overtime/Late Arrival Fees Saturday Fee	298.00
Opening/Closing & Setup	149.00
Burial Container	~~79.00~~
Handling Fees	~~85.00~~
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	~~6.12~~
Total Due 512.00	~~682.12~~ 512.00
Pay receipt number R60489 AP07267C	
Balance due	~~0~~

PAID APR 30 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 231597

Invoice # _____

Work Order # E 20744

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20744

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 231410

in a Double-depth "A" (Type of Burial Container) Funeral, date, time THURS. FEB 21, 11:00 Martin

Church, Chapel, Graveside ; CA BURIAL Mortuary: 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 4 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 – Merker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3896.77
Paid receipt number R-606941	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.

E-20744

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Edgar Hayes

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

Burial Container NONE Place in DD "B"

			X			

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

Blind check Initiated by: _____ Date: 5/3/2008

Interment space for: Almuth Solomon Hayes

Interment Date: 5/3/2008 Time: 10 am

Div: 11 Sect: 1 Blk/Row: ____ 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-20744
80

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
ALMUTH	ALINE	SOLOMON-HAYES

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	01/21/1928	04/03/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
CEDAR RAPIDS	IOWA

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
JOHN D. HAASE	BROTHER	FEATHERINGILL MORTUARY 5322 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1627 APACHE DR. N.E.
SOLON, IA 52333

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 ▶ [signature] 9B. DATE SIGNED 04/18/2008

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	04/21/2008 M. DOMINGUEZ	▶ 2800699

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

- [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 4-3-08	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.

FROM

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

I hereby authorize the interment to be held under deed.

X William K. Haase
Signature

X Carolyn K. Haase
Print Name

X 1637 Apache Dr.
Address

X Solon, IA. 52333
City State Zip Code

X 319-360-2002
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20744

REV. 104 (12-04)

This information is available in alternative formats upon request.

[redacted]

THE CITY OF SAN DIEGO

FAX

Date: ~~April 24, 2008~~ April 26, 2008

The following 2 total pages (including this cover page) are int

~~To:~~ FROM	Carolyn Haase	~~From:~~ To:	M
Company:		Title:	A
Fax #	(319) 624-8080	Fax #	61
Phone #		Phone #	(

Subject: Interment Order for Almuth Solomon-Haye

Comments:

Please complete the areas marked with (X) and fax the fo
(619) 527-3403

Signed as requested.

If there are any problems with receiving this FAX transmission (
contact the Sender at the "From" phone number

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO
CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM
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If you have received this communication in error, please notify us immediately by telephone, and re
address via the U.S. Postal Service.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
Res. fees

Date 4-24-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DIANE B. NEWSHAM 231578 2:00

in a LINER (Type of Burial Container) Funeral, date, time Mon. April 28

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 MAS Section A Blk/Row _____ Lot 35 Grave 1

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	583.00
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-60841	3,358.93
Balance due	Ø

PAID
APR 24 2008
MOUNT HOPE CEMETERY

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

231577

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

Signature

Richard Thorn
Print Name

1532 6th Ave
Address

SD CA 92101
City Zip Code

Telephone

Invoice # _____

Work Order # E 20745

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20145

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: Diane B. Nesham

Interment Date: Mon Apr. 28 Time: 2:00pm

Div: MAS Sect: A Blk/Row: ____ Lot: 35 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-20745

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
DIANE	BEULAH	NEWSHAM	07/19/1945	04/22/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JENNIFER LOONEY-DONER, FRIEND 1532 6TH AVENUE SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
THRESHOLDS, 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788	▶ [signature]	04/25/2008

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	04/25/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4-28-08	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-20745

ADVANCE HEALTH CARE DIRECTIVE
FOR
DIANE B. NEWSHAM

I, Diane B. Newsham, a resident of San Diego County, California, enter into this Advance Health Care Directive ("Directive") on October 3, 2002.

ARTICLE 1
EFFECTIVE DATE

By signing this document, I intend to create an advance health care directive under the Health Care Decisions Law, Sections 4600 through 4805 of the California Probate Code. I hereby revoke any and all prior advance health care directives or powers of attorney for health care signed by me.

This Directive shall be effective immediately and shall remain in full force and effect unless revoked by me in writing. This Directive shall remain in full force and effect during any period when I am incapacitated or unable to give informed consent to medical treatment.

ARTICLE 2
REVOCATION AND AMENDMENTS

I reserve the right to revoke or amend the designation of an Agent under this Directive or to amend any other provision of this Directive, at any time while I am not incapacitated, by a signed writing delivered to my Agent or my primary physician. I reserve the right to revoke all or any part of this Directive, other than the designation of an Agent, at any time while I am not incapacitated, in any manner that communicates to my Agent and my primary physician an intent to revoke, such as by written or oral notice to my Agent and my primary physician.

ARTICLE 3
POWER OF ATTORNEY FOR HEALTH CARE

3.1 Designation of Agent. I designate RICHARD D. THORN, 1532 SIXTH AVE, SAN DIEGO, California 92101 (619-234-8541; 619-223-6448) as my Agent to make health care decisions for me and to act for me in my name as authorized in this Directive. If for any reason RICHARD D. THORN is or becomes unable or unwilling to serve as my Agent under this Directive, or is unavailable to act as my Agent, or if I revoke my Agent's appointment or authority to act as my Agent under this Directive, then I designate CAROL DiBENE, 1532 SIXTH AVE, SAN DIEGO, California 92101 (Home: 619-540-1559; Work: 619-234-8541) to serve as my Agent to make health care decisions for me as authorized under this Directive. All provisions in this Directive applicable to the initial Agent shall likewise be applicable to each successor Agent.

3.2 Successor Agents. If at the time an Agent wishes to withdraw or resign, he or she is my sole Agent and I am unable for any reason to appoint a successor Agent and no Agent is designated under Section 3.1, in such event, prior to his or her

withdrawal or resignation, my Agent shall appoint his or her successor to serve under this Directive, and his or her withdrawal or resignation shall be effective upon his or her obtaining the written acceptance of the successor Agent. In such case, a resignation signed by the Agent and a document signed by him or her appointing or designating his or her successor shall be attached to this Directive. Third parties who deal with the successor Agent shall be entitled to rely on the original Directive instrument with any such document attached.

ARTICLE 4
AUTHORITY OF AGENT

4.1 General Statement of Authority of Agent. Subject to the limitations set forth in this Directive, I grant to my Agent, acting directly for me or on my behalf, the full power and authority to make health care decisions for me and in my name, in any lawful way that I myself could act if I were personally present and able to act, as my Agent determines to be in my best interest. For purposes of this Directive, the term "health care decision" means to consent, refuse consent, or withdraw consent to any type of medical care, treatment, service, medication, or procedure to affect, maintain, diagnose, or treat any physical, mental, or emotional condition, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive. My Agent shall have the power and authority to do, execute, and perform every act that in his best judgment ought to be done to provide for the care, treatment, services, or procedures reasonably necessary to maintain, diagnose, treat, or otherwise aid my physical, mental, or emotional condition. In exercising the authority granted under this Directive, the powers of my Agent shall include, but shall not be limited to, the powers set forth on Attachment 1.

4.2 Specific Grant of Authority. Subject to the limitations stated in this Directive, I hereby expressly give my Agent, acting under this Directive, the power and authority to consent to the withholding or withdrawal of life-sustaining treatment. In exercising this authority, my Agent must act consistently with my desires as expressed in this Directive or otherwise made known by me to my Agent. If my desires are unknown or unclear, my Agent is authorized to act in my best interest.

ARTICLE 5
LIMITATION ON AUTHORITY OF AGENT

Notwithstanding the broad power and authority granted to my Agent under ARTICLE 4, in exercising that authority my Agent shall act consistently with my desires and is subject to the following limitations.

5.1 Duty to Consult with Me. Before taking any actions under this Directive, my Agent shall first discuss or attempt to discuss with me the specifics of any decision to be made and obtain my instructions and wishes, unless I am not physically or mentally capable of giving such instructions or am unable to communicate with my Agent in any manner.

E-20745

5.2 Duty to Follow My Instructions. If I am physically and mentally capable of giving my Agent instructions, my Agent shall follow such instructions and directions, without any personal liability whatsoever. If, however, I am not physically *and mentally capable of giving such instructions, my Agent shall follow, to the best of* his ability, the instructions I have given in this Directive, or absent such instructions, shall act in accordance with my expressed wishes and desires otherwise known to my Agent, whether contained in this Directive or not.

5.3 Duty to Follow My Wishes or Act in Best Interest. If I am unable to communicate instructions and my wishes are otherwise unknown or unclear, my Agent should make health care decisions for me guided by any preferences that I may have previously expressed and the information given by the physicians treating me as to my medical diagnosis and prognosis. My Agent should make health care decisions for me in accordance with my best interest, to be determined by my Agent after considering the benefits, burdens, and risks that might result from a given course of treatment. In determining my best interest, my Agent shall consider my personal values to the extent known to my Agent.

5.4 Specific Limitations as to Medical Treatment. Under this Directive, I have given to my Agent the power and authority to make health care decisions for me, as my Agent deems necessary for my physical, mental, and emotional well being. Notwithstanding the creation of this Directive, I retain the power and authority to continue making my own medical and health care decisions so long as I can give informed consent to medical treatment. My Agent may not authorize medical treatment under this Directive if I have capacity to give informed consent to the treatment but refuse to do so. When it has been determined as provided under ARTICLE 7 that I lack the capacity to give informed consent to medical treatment, my Agent, acting under this Directive, may authorize the discontinuance of medical treatment or refuse consent to further medical treatment, if my Agent makes that decision in good faith and based on appropriate medical advice. If and only if it is determined under ARTICLE 7 that I lack the capacity to give informed consent to medical treatment, I hereby grant to my Agent full power and authority to consent, refuse consent, or withdraw consent to any type of medical care, treatment, service, medication, or procedure to affect, maintain, diagnose, or treat any physical, mental, or emotional condition, to the same extent that I could if I were capable of doing so, subject to the terms of this Directive.

5.5 Prohibited Actions. My Agent shall not have the power to cause any experimental drug (as defined in Section 111515 of the Health and Safety Code) to be prescribed for or administered to me, or to authorize or consent to any of the following on my behalf: (1) commitment to or placement in a mental health treatment facility; (2) convulsive treatment (as defined in Section 5325 of the Welfare and Institutions Code); (3) psychosurgery (as defined in Section 5325 of the Welfare and Institutions Code); (4) sterilization; or (5) abortion.

ARTICLE 6
INSTRUCTIONS FOR HEALTH CARE

I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with my wishes as follows:

6.1 Expression of My Desires. I wish to live and enjoy life as long as possible, but I do not wish to receive medical treatment that will provide minimal or no benefit to me and will only secure a precarious prolongation of my life which is burdensome to me. I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits. I want my Agent to consider the relief of my suffering and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment. As a guiding desire, I would, if competent, reject treatments or procedures that impose suffering or strain on me out of proportion to the benefits expected to be gained by their use. Further, I want treatment for alleviation of pain or discomfort to be provided at all times, even if it hastens my death.

6.2 Circumstances for Withholding and/or Withdrawing Treatment. If two physicians, one of whom is my attending physician and both of whom have examined me and are familiar with my condition, have determined with reasonable certainty and noted in my medical records that (1) I have irrevocably lost the ability to interact knowingly and effectively with others (such as an irreversible coma or persistent vegetative state, and not simply due to aphasia) or (2) I have an incurable and irreversible condition that will result in my death within a relatively short time without the administration of life-sustaining procedures, I desire that my physicians withhold or withdraw treatment that only prolongs the process of my dying. Under such circumstances, I desire that aggressive medical therapy be discontinued or not be instituted, and that I be permitted to die naturally.

Under such circumstances, my Agent shall have the power and authority to request that aggressive medical therapy be discontinued or not be instituted, including, but not limited to, cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, the use of respirators or ventilators, blood transfusions, antibiotics, and organ transplants. Furthermore, under such circumstances all medical procedures used to provide me with nourishment and hydration (including, for example, parenteral feeding, intravenous feeding, and endotracheal or nasogastric tube use) shall be discontinued or not be instituted if the two physicians described above determine that I would not experience severe or prolonged pain as a result of the withholding of nourishment and/or hydration. Finally, I do not regard the withdrawing of treatment as being qualitatively different from the withholding of treatment, and I do not want any such distinction made in my treatment.

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6.3 Treatment with Dignity. If I should suffer a serious disease, injury, or illness, I desire that those who love and care for me express their affection to me and touch me. I ask that those involved in my medical care conduct themselves so that it is apparent that I am included in their love for all humanity, trying to make me aware of that love through any of my senses regardless of my condition. I particularly request that I not be isolated with silence when dying. I wish to be treated with human contact and stimulation and to receive continued contact designed to make or keep me comfortable. During such times as I am not physically or mentally capable of giving an informed consent, my Agent shall not have the authority to control access to me by my family or friends.

6.4 Home Care and Companionable Aid. If at all possible, I desire to be treated and/or be permitted to die at home with appropriate medical, nursing, social, and emotional support and any necessary medical or other equipment needed to keep me comfortable. If I must be placed in a nursing facility because my needs necessitate that placement, I desire at least twelve hours of companionable aid each day.

ARTICLE 7
DETERMINATION OF LACK OF CAPACITY

The determination of whether I lack the capacity to give informed consent shall be made in writing by a licensed physician. (No licensed physician who executes a medical opinion of incapacity shall be subject to liability because of such execution. I hereby waive any privilege that may apply to the release of information included in such medical opinion.) Third parties may rely on the authority of the Agent without further evidence of incapacity when this instrument is presented with such physician's statement attached. Notwithstanding the foregoing provisions, if I require emergency care or treatment, my Agent may determine whether I lack the capacity to make my own health care decisions under the circumstances. In determining whether my physical condition or mental functioning is so severely impaired that I lack the capacity to make my own health care decisions, my Agent may take into consideration the frequency, severity, and duration of periods of impairment.

ARTICLE 8
LIMITATION ON LIABILITY OF AGENT

Notwithstanding any other provision of this Directive, neither my initial Agent nor any alternate or successor Agent shall incur any liability to me or my estate, heirs, beneficiaries, successors, or assigns for acting or refraining to act under this Directive in good faith, except where the Agent's actions constitute willful misconduct or gross negligence. Neither my Agent nor any successor Agent shall have any duty or responsibility to take any actions authorized or exercise any powers granted under this Directive without specific directions or instructions from me.

ARTICLE 9
RATIFICATION OF ACTIONS

The powers conferred on my Agent by this Directive are exercisable by my Agent alone. The signature of my Agent under the authority granted in this Directive may be accepted by any third party or organization as fully authorized by me and with the same force and effect as if I were personally present, competent, and acting on my own behalf. I hereby ratify and confirm all that my Agent, or his successors or substitutes, shall do or cause to be done by virtue and authority of this Directive and the rights and powers granted herein. I further confirm that each and every action taken by my Agent under this Directive shall be binding upon me and my estate, heirs, beneficiaries, successors, and assigns. For myself, my estate and personal representatives, and my heirs, beneficiaries, successors, and assigns, I hereby absolve and release my Agent, physicians, and any hospital or other health care institution from any legal liability whatsoever on account of following my wishes expressed in this Directive.

ARTICLE 10
RELIANCE BY THIRD PARTIES

In order to induce reliance by third parties on this Directive, it is agreed and understood that no person or organization who relies on the authority of my Agent under this Directive or any representation my Agent makes regarding his authority, shall incur any liability to me, my estate, heirs, beneficiaries, successors, or assigns because of such reliance on this Directive or on any such representation by my Agent, including, but not limited to: (1) the fact that this Directive has not been revoked; (2) that I was competent to execute this Directive; or (3) the authority of my Agent under this Directive. I and my estate, heirs, beneficiaries, successors, and assigns will hold such party or parties harmless from any loss suffered or liability incurred because of such reliance. Any third party receiving a duly-executed copy or photocopy of this Directive may act in reliance on such copy or photocopy. A copy of this document has the same effect as the original. Any revocation or termination of this Directive, by operation of law or otherwise, shall not be effective as to such third party unless and until such third party receives actual notice or knowledge of my death or such revocation or termination.

ARTICLE 11
ACCESS TO INFORMATION AND RECORDS

Any third party from whom my Agent may request information, records, or other documents regarding my physical, mental, or emotional health, including medical and hospital records, is authorized and directed to release and deliver all such information, records, or documents to my Agent. As to my Agent, I hereby waive any and all privileges that may apply to the release of such information, records, or other documents, and to any communication pertaining to me and made in the course of a lawyer-client, physician-patient, psychiatrist-patient, clergyman-penitent, or other similar relationship.

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ARTICLE 12
PRIORITY OF AGENT

My Agent designated in this instrument, including any successor Agent, if available and willing to make health care decisions on my behalf, shall have priority over any other person to act for me in all matters of health care decisions where I am unable to give informed consent with respect to such decisions. Nothing in this Directive shall affect any right my Agent may have, apart from this Directive, to make or participate in the making of health care decisions on my behalf. Moreover, this Directive does not affect the right any person may have to make health care decisions on my behalf if my Agent and any successor Agent are unavailable, unwilling, or unable to make health care decisions on my behalf. (This Directive also does not affect the law governing health care treatment in an emergency.) I desire that my wishes as expressed in this Directive, especially my wishes as to the withholding and withdrawal of life-sustaining treatment, be carried out through the authority given to my Agent in this Directive despite any contrary feelings, beliefs, or opinions of members of my family, relatives, friends, or conservator. My Agent shall have authority over my health care decisions even if someone else is appointed by a court to act as conservator of my person or estate.

ARTICLE 13
DECLARATIONS BY PRINCIPAL

I declare that my lawyer has explained to me my rights in connection with this Directive and the consequences of signing it and not signing it. I authorize my lawyer to provide the original or a copy of this Directive to my Agent or successor Agent or my health care provider, and I waive any duty of confidentiality my lawyer otherwise might have as to this document.

I declare that I have read this Directive and understand its importance. I recognize that RICHARD D. THORN, as my Agent, is granted broad power and authority to make health care decisions affecting me. I also recognize that this Directive will remain in full force and effect during my incapacity and continue unless revoked. By signing below, I further declare that I am emotionally and mentally competent to execute this Directive and understand its purpose and effect. I am not currently a patient in a skilled nursing facility.

IN WITNESS WHEREOF, I have executed this Directive on October 3, 2002, at San Diego, California.

Diane B. Newsham

Diane B. Newsham

STATE OF CALIFORNIA)

COUNTY OF SAN DIEGO)

On October 3, 2002, before me, the undersigned notary public, personally appeared Diane B. Newsham, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Christine Foster

NOTARY PUBLIC

CHRISTINE FOSTER
Commission # 1306893
Notary Public - California
San Diego County
My Comm. Expires Jun 2, 2005

CHRISTINE FOSTER
Commission # 1306893
Notary Public - California
San Diego County
My Comm. Expires Jun 2, 2005

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Attachment 1

POWERS OF AGENT

My Agent is authorized to exercise the powers set forth below concerning authorizing medical treatment only if I lack the capacity to give informed consent, as determined under ARTICLE 7 of this Directive. Subject to that limitation, my Agent shall have the power and authority to do all of the following, consistent with my desires as expressed in this Directive or otherwise made known to my Agent:

1. Making Decisions as to Personal Care

1.1 To make decisions relating to my personal care, including, but not limited to, determining where I will live, providing meals, and hiring and supervising household employees and other service providers.

1.2 To make decisions relating to my other personal needs, including, but not limited to, providing or arranging transportation, handling mail, and arranging for recreation and entertainment.

2. Authorizing Medical Treatment

2.1 To make health care decisions for me to the same extent as I could make health care decisions if I had the capacity to do so.

2.2 To select and discharge health care providers and institutions.

2.3 To authorize or refuse to authorize, or to give or withhold consent, to emergency care or treatment, hospitalization, surgery, therapy, or any other health or medical care or treatment, procedures, or tests, or to revoke, withdraw, or modify such authorization or consent.

2.4 To approve or disapprove diagnostic tests, surgical or medical procedures, and programs of medication. In particular, my Agent is authorized to approve and arrange for the administration of pain-relieving drugs of any type or surgical or medical procedures intended to relieve my pain, even though their use may lead to permanent physical damage, addiction, or the hastening of the moment of my death.

2.5 To give directions to provide, withhold, or withdraw all forms of health or medical care or treatment, including the withholding or withdrawal of artificial nutrition and hydration, and all other forms of health care, including cardiopulmonary resuscitation.

3. Executing Documents

3.1 To execute, acknowledge, and deliver on my behalf any documents that may be necessary, desirable, or proper to exercise any of the powers described in this Directive.

3.2 To execute on my behalf, along with my physician and surgeon, a "request to forego resuscitative measures" that directs a health care provider to forego resuscitative measures, and to request and concur with the writing of a "no-code" (do not resuscitate) order by my attending or treating physicians.

3.3 To execute other documents related to my health and medical care and treatment and health care decisions, including documents titled or purporting to be a "Refusal to Permit Treatment" or "Leaving Hospital Against Medical Advice."

3.4 To execute any waiver or release from liability required by a hospital, physician, or other health care provider or institution in order to implement my wishes regarding my health and medical care and treatment.

4. Receiving Medical Information

4.1 To consult with and advise any physicians, nurses, therapists, dentists, or any other health care providers or institutions on my behalf, as such consultations relate to my care, treatment, and welfare. All such personnel and institutions are expressly requested to abide by any and all decisions and instructions of my Agent and to release to my Agent any and all information that my Agent may request concerning my health and medical care and treatment and my general welfare and well being.

4.2 To request and receive any and all information and records regarding my physical, mental, or emotional health and care and treatment, including medical and hospital records.

4.3 To execute any releases or other documents that may be required in order to obtain information or records regarding my physical, mental, or emotional health or care and treatment.

4.4 To consent to the disclosure of information and records obtained as my Agent regarding my physical, mental, or emotional health or care and treatment.

5. Incurring Expenses and Hiring Health Care Providers

5.1 To incur expenses for my health and medical care and treatment as authorized under this Directive and to direct or request my conservator, trustee, or agents to pay or reimburse such expenses.

5.2 To select, employ, and discharge physicians, nurses, dentists, therapists, and other health care providers as my Agent determines to be necessary to carry out the health care decisions my Agent makes under this Directive.

5.3 To summon paramedics or other emergency medical personnel and seek emergency treatment for me, or choose not to do so.

5.4 To arrange for my hospitalization and convalescent care or home care, and to select and discharge hospitals, nursing homes, and other health care institutions. The

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term "health care institution" means an institution, facility, or agency licensed, certified, or otherwise authorized or permitted by law to provide health care in the ordinary course of business.

6. Taking Actions After the Death of the Principal

6.1 To receive any and all items of personal property and effects that may be recovered from or about my person by any health care provider or health care institution, police agency, or any other person at the time of my illness, disability, or death.

6.2 To consent to an examination of my body after my death to determine the cause of my death, and to authorize and arrange for an autopsy under Health and Safety Code Section 7113 or any successor statute.

6.3 To direct the disposition of my remains under Health and Safety Code Section 7100, and to arrange for my funeral and burial and other related arrangements.

7. Seeking Judicial Intervention

7.1 To file a petition with the appropriate court seeking a determination as to whether I lack the capacity to give informed consent and to make my own health care decisions.

7.2 To seek court orders directing or approving acts my Agent has taken or intends to take, especially where a third party refuses to comply with actions taken or decisions made by my Agent under this Directive.

7.3 To seek court orders enjoining third parties from taking actions affecting my health and medical care and treatment that my Agent has not authorized.

7.4 To sue third parties who have failed to comply with actions taken or decisions made by my Agent under this Directive, and to demand damages on my behalf for such failure.

EXPLANATION OF ADVANCE HEALTH CARE DIRECTIVE

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

The power of attorney for health care included in this form lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.

(b) Select or discharge health care providers and institutions.

(c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.

(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.

(e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

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After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

AT NEED
MARKER 4-18-05
INSTALLED

N.R.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HERZBERG, DONELDA # 227400

In a DSM VAULT (Type of Burial Container) Funeral, date, time SAT MAY 10 11:30

Church, Chapel, Graveside _____ : NAUTILUS Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 2 Blk/Row _____ Lot 669 Grave 1

Grave space & Care Fund (E18226)	—
Overtime/Late Arrival Fees SAT	396.00
Opening/Closing & Setup	199.00
Burial Container DSM VAULT	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	906.06
Paid receipt number R60854	906.06
AP041338 Balance due	0

PAID
APR 30 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.

231607

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

Signature

281-558-6792

Print Name: MARIA HERZBERG

Address: 5407 E. WILDWICK DR

City: ANAHEIM CA Zip Code: 92807

Telephone: 714-921-9272

FAX 714-~~[illegible]~~ 5553 ~~[illegible]~~ 9930

Invoice # _____

Work Order # E 20746

Acct. # _____

REA-104 (3-04)

ANNABEL, NAUTILUS 4-25
WANTS OUR ADDRESS FOR
PERMIT FOR DONELDA HERZBERG
INTERMENT 4-28
MAY 10th ~~[illegible]~~ 11:30

E-2074p

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

DATE: 05/08/08 TIME: 13:56:25
MER#: 322156665644 STR#: 4381 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 463
CD TYPE: VISA
TR TYPE: MP

TOTAL: $1627.00M

ACCT: **********3941 EXP: ****
AP: 887058 AVS: ZIP MATCH
V-CODE MATCH

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

THANK YOU
PLEASE COME AGAIN

X Pd phone

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-20746

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/6/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Herzberg @ 227401

in a ash vault (Type of Burial Container) Funeral, date, time Saturday 17th 11:00am

Church, Chapel, Graveside 100 people : Family 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 669 Grave 1 Row _____ Section 2 Division/Block 8

Grave space & Care Fund	1535-
Additional spaces and care fund Sat-Overtime MC	231-
Opening/Closing & Setup	116
Burial Container ash vault (Top)	61
Handling Fees	66
Flower vases – Marker setting fee	
Recording and filing fee	50
Sales taxes	4.73
Total Due	2,063.73 ~~1,832.73~~
Paid receipt number MC	1,832.73
MC Balance due	$231.00

PAID JAN 07 2004 MOUNT HOPE CEMETERY

Donelda M. Herzberg

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

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

_____
Signature of recorded holder of deed

See attached
Signature

5407 East Willowick Cir.
Address

Anaheim CA 92807
City Zip Code

714-921-9272
Telephone

Invoice # _____

Acct. # _____

Nancy

Work Order # E 18226

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

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MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Fred Herzberg ⊗

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

Interment Date: 5/10/08 Time: 11:30

Div: 8 Sect: 2 Blk/Row: ____ Lot: 669 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

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

74

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DONELDA	MARIE	HERZBERG	12/23/1933	04/24/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TORRANCE	LOS ANGELES	KARL HERZBERG, SON 23924 CADENZA DR. MURRIETA, CA 92562

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
NAUTILUS SOCIETY, 16316 HAWTHORNE BLVD. LAWNDALE, CA 90260	FD-1475	▶ A. Ackenback	05/05/2008

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	05/05/2008	▶ 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)

CR/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	11B. DATE BURIED 5/10/8	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY THE GARDENS CREMATORY,1835 S.LEWIS ST.,ANAHEIM,CA	12B. DATE CREMATED 05/06/2008	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 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-20746

AT NEED
MARGARITE 4-18-05
8 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-08

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

in a [illegible] VAULT Funeral, date, time SAT 5/10/08 @ 11:30 am

Church, Chapel, Graveside, NANTILAIR Mortuary

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

will be applied and billed to undersigned _____

Division 8 Section 2 Bit/Row _____ Lot 669 Grave 1

Grave space & Care Fund (E 18226)	—
Overtime/Late Arrival Fees SAT	396.00
Opening/Closing & Setup	199.00
Burial Container [illegible] VAULT	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	906.06

Paid receipt number _____

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.

Marie Herzberg
281-558-6792

MARIA HERZBERG HOME
5407 E. WILLOWICK DR
ANAHEIM CA 92807
714-921-9272
FAX 714-[illegible]
[illegible]

Invoice # _____

Work Order # E 20746

Acct. # _____

RBA-164 (3-04)

This information is available in alternative formats upon request.

4/30 DONALD HERZBERG HEADING BACK [illegible] CONTACT IS MARIE

MT. HOPE CEMETERY

INTERMENT ORDER

DECLARATION
TRANSFER FEE

City of San Diego

Date 4-25-08

231567

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FROM Lucille Muller to Linda Hall/or David Densmore

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 O Blk/Row _____ Lot 10 Grave 2

Grave space & Care Fund ..... Ø

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

Recording/Filing/Transfer Fees ..... R-60840 / AP 062482 85.00

Sales taxes ..... _____

Total Due 85.00

Paid receipt number _____ 85.00

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.

Signature _____

Print Name _____

Address _____

City See attached Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20747

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-20747

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division MAS Section O Lot 10 Grave 2

2. My legal authority to the above property is based on the following facts: I am the daughter of Mr. Lucille Muller I have spoken to my siblings and they have agreed I may take over this plot

* I am also granting the right to enter to

David Densmore 845 518 6418
6912 Mohawk St ~~David B Densmore~~
San Diego, CA

He may sell this plot on my behalf

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

R-60840
PB 062482

DL

Rev. 08/05

Passport US of A DOB 1-7-1959 Boston Passpt agency
N.Y
Exp 3-8-20015 E-207197

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 4/24/08 (Date), _____ in Sandiego (City)

Signature Linda M Hall Print Full Name Linda M Hall

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

Full Name Linda M. Hall

Address 5 Meadow St

City, State & Zip Code Highland, NY

4. The Last Step: To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**

(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.

(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed.

5. Notarization: Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____

ss.

County of _____

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it.

_____
Notary Public

E-20747

FOR OFFICE USE ONLY

Witnessed:

Signed on April 23 (Date) in 2008 (City)

Signature [signature] Print Full Name David Lugo

Documents Presented:

Cert of Death Deed (back & front)

Approved by Cemetery Manager: [signature]

If no, reason:

Transfer fee paid ($65.00) [illegible] **Non Resident Transfer** ($85.00) ✓

DOH-1961 (05/2003)

E-20747

RECORDED DISTRICT: 5556
REGISTER NUMBER: 63

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RESIDENCE

1. NAME: FIRST Lucille MIDDLE LAST Muller
LUCILLE MULLER

2. SEX: MALE ☐ FEMALE ☒

3A. DATE OF DEATH: MONTH 07 DAY 19 YEAR 2005

3B. HOUR: 9:20 p.m.

NCHS

4A. PLACE OF DEATH (Check one): HOSPITAL DOA ☐ ER ☐ HOSPITAL OUTPATIENT ☐ HOSPITAL INPATIENT ☐ NURSING HOME ☐ PRIVATE RESIDENCE ☒ HOSPICE FACILITY ☐ OTHER (Specify) ☐

4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR

4C

4C. NAME OF FACILITY: (If not facility, give address)
3 Wilcox Avenue

4D. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☐ TOWN ☒ Lloyd

4E. COUNTY OF DEATH: Ulster

4G

4F. MEDICAL RECORD NO: n/a

4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO ☒ YES ☐

5. DATE OF BIRTH: MONTH 01 DAY 03 YEAR 1927

6A. AGE IN YEARS: 78 yrs.

6B. IF UNDER 1 YEAR ENTER: months days

6C. IF UNDER 1 DAY ENTER: hours minutes

7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) White Plains, NY

7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:

DECEDENT

7A

8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☒ YES ☐ 1

8. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino
A ☒ No, not Spanish/Hispanic/Latino B ☐ Yes, Mexican, Mexican American, Chicano
C ☐ Yes, Puerto Rican D ☐ Yes, Cuban
E ☐ Yes, Other Spanish/Hispanic/Latino (Specify)

10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be.
A ☒ White/Caucasian B ☐ Black or African American C ☐ Asian Indian D ☐ Chinese
E ☐ Filipino F ☐ Japanese G ☐ Korean H ☐ Vietnamese
J ☐ Native Hawaiian K ☐ Guamanian or Chamorro M ☐ Samoan
N ☐ American Indian or Alaska Native (specify)
P ☐ Other Asian (specify) R ☐ Other Pacific Islander (specify)
S ☐ Other (specify)

7B

11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death.
1 ☐ ≤ 8th grade 2 ☐ 9th-12th grade; no diploma 3 ☒ High school graduate or GED
4 ☐ Some college credit, but no degree 5 ☐ Associate's degree 6 ☐ Bachelor's degree
7 ☐ Master's degree 8 ☐ Doctorate/Professional degree

12. SOCIAL SECURITY NUMBER: 070-20-0794

13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED ☐ 2 WIDOWED ☐ 3 DIVORCED ☒ 4 SEPARATED ☐ 5

14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name.

15A. USUAL OCCUPATION: (Do not enter retired) Homemaker

15B. KIND OF BUSINESS OR INDUSTRY: --

15C. NAME AND LOCALITY OF COMPANY OR FIRM: Own Home

SI

16A. RESIDENCE: (State or Country if not USA) N.Y.

16B. County or Region/Province if not USA: Ulster

16C. LOCALITY: (Check one and specify) CITY ☐ VILLAGE ☐ TOWN ☒ Lloyd

16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐ YES ☐ NO IF NO, SPECIFY TOWN:

25

16D. STREET AND NUMBER OF RESIDENCE: 3 Wilcox Avenue

16E. ZIP CODE: 12528

17. NAME OF FATHER: FIRST Benjamin MI T. LAST Muller

18. MAIDEN NAME OF MOTHER: FIRST Jean MI Marie LAST Anneheim

30

19A. NAME OF INFORMANT: Linda Hall

19B. MAILING ADDRESS: (Include zip code) 3 Wilcox Avenue, Highland, N.Y. 12528

31

DISPOSITION

20A. 1 ☒ BURIAL 2 ☐ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION 6 ☐ ENTOMBMENT
MONTH 07 DAY 23 YEAR 2005

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Wappingers Rural Cemetery

20C. LOCATION: (City or town and state) Wappingers Falls, N.Y.

31B

21A. NAME AND ADDRESS OF FUNERAL HOME: Straub FH, 55 E. Main St., Wappingers Falls, N.Y. 12590

21B. REGISTRATION NUMBER: #1725

OR

22A. NAME OF FUNERAL DIRECTOR: Kristin L. Catalano

22B. SIGNATURE OF FUNERAL DIRECTOR: Kristin L. Catalano

22C. REGISTRATION NUMBER: #00661

QS

23A. SIGNATURE OF REGISTRAR: Rena Rizzo

23B. DATE FILED: MONTH 07 DAY 21 YEAR 2005

24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Rena Rizzo

24B. DATE ISSUED: MONTH 07 DAY 21 YEAR 2005

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

QCOD

CERTIFIER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.

Certifier's Name: ALAN H. GROSS M.D.

License No.: 143700

Signature: Alan H. Gross MD

Month 7 Day 20 Year 2005

CANCER

Certifier's Title: 0 ☒ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☐ Medical Examiner / Deputy Medical Examiner

Address: 1 WEBSTER AVE #3-1, POUGHKEEPSIE, NY 12601

25B. If coroner is not a physician, enter Coroner's Physician's name & title:

License No.

Signature:

Month Day Year

25C. If certifier is not attending physician, enter Attending Physician's name & title:

License No.

Address

26A. Attending physician attended deceased: FROM Month 6 Day 1 Year 2005 TO Month 7 Day 14 Year 2005

26B. Deceased last seen alive by attending physician: Month 7 Day 5 Year 2005

26C. Pronounced Dead by ME or Coroner: Month Day Year Time

27. MANNER OF DEATH: NATURAL CAUSE ☒ 1 ACCIDENT ☐ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☐ 6

28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☒ NO 1 ☐ YES

29A. AUTOPSY? NO ☒ 0 YES ☐ 1 REFUSED ☐ 2

29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☐ YES

CONFIDENTIAL **SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH** **CONFIDENTIAL**

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE:
(A) BRAIN TUMOR — 7 WEEK

DUE TO OR AS A CONSEQUENCE OF:
(B)

DUE TO OR AS A CONSEQUENCE OF:
(C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):

DID TOBACCO USE CONTRIBUTE TO DEATH? 0 ☒ NO 1 ☐ YES 2 ☐ PROBably 3 ☐ UNKNOWN

DATE OF DEATH: AM PM

31A. IF INJURY, DATE: MONTH DAY YEAR

HOUR

31B. INJURY LOCALITY (City or town and county and state)

31C. DESCRIBE HOW INJURY OCCURRED:

31D. PLACE OF INJURY:

31E. INJURY AT WORK? NO ☐ 0 YES ☐ 1

31F. IF TRANSPORTATION INJURY, SPECIFY

32. WAS DECEDENT

33A. IF FEMALE:

33B. DATE OF DELIVERY: MONTH DAY YEAR

ME by Physician or Institution

OF DECEDENT

DATE

H.

E-20747

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

Nº 11295

OWNERSHIP AND INTERMENT PRIVILEGES

ille Muller for the sum of $ 145.00 (DOLLARS)

CRIPTION Lot 10, Grave 2, Masonic Section, Division O

ED ON PURCHASE ORDER NUMBER E-6081

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

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

Regulation marker

nager

Property Director

Return to address on cancelled check
3711 Herman
apt #8
S. D. Cen
92104

E20747

IN

of my Dear

CONTACT Immediately

MRS LINDA HALL NY Sta

914-831-6360

Immediately

she will know what

to do

ord

NON-Resident Body will be cremated and sent to mexico

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/25/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Valentin Salinas-Cuevas

in a _____ (Type of Burial Container) Funeral, date, time 5/1/08 Thurs. 10:00

Church, Chapel, Graveside _____ ; AZTLAN Mortuary.

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

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 6 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup Disinterment	1,887.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	1,887.00
Paid receipt number R-60846	1,887.00
Balance due	0

PAID APR 28 2008 MOUNT HOPE CEMETERY

E-16356 Burial 5/21/2000

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

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

Signature [signature]

Print Name JESUS GONALEZ

Address 7856 LA MESA B.L.

City LA MESA Zip Code CA 91941

Telephone 337-8108

Invoice # _____

Work Order # E 20748

Acct. # _____

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

NORM/DAVID

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E-20748

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 NDD "B"

			X			

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

Blind check Initiated by: _____ Date: _____

P13-
Interment space for: Valentin Salinas AKA John Doe

Interment Date: 5/1/08 Time: _____

Div: 13 Sect: _____ Blk/Row: ____ Lot: 6 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-20748

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
VALENTIN	-	SALINAS CUEVAS

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	02/15/1959	05/21/2000	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
CHULA VISTA	CHULA VISTA

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
DARNELL PRICE	DPG	FUNERARIA AZTLAN MORTUARY SVC 7856 LA MESA BL LA MESA CA 91941 JOSE L GAJON JR	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 04/24/2008

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	04/24/2008	▶ 2800717

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	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 RES WIFE MARIA JULIANA LOPEZ, FRESNOS #25 INT.12, COLONIA MOLINITO, NAUCALPAN, 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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/28/2008

Quit Claim Transfer

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

of Exchange from Mt. Hope Cemetery to Children's Hospital

in a _____ 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 1 Section 1 Blk/Row _____ Lot 180 Grave 2

Grave space & Care Fund (B3866) _____

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

See attached

Print Name _____

Address _____

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 20749

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20749

THE CITY OF SAN DIEGO

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

Date: April 25, 2008

I/We Karen Barnson McGlamery

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Rady Children's Hospital Foundation
Street Address: 3665 Kearny Villa Rd. Apt / Unit #: —
City: San Diego ST: CA Zip-Code:
Telephone #: (858) 966-7537

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

Division: 1 Section: "1" Blk / Row: " "
Lot(s): 180 Grave(s): 3 2 4 4-28

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

WITNESS my/our hand this 25 day April 2008

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS — Karen Barnson McGlamery, Legal Owner: Reprehensive Signature

WITNESS — Legal Owner: Reprehensive Signature

CEMETERY REPREHENSIVE NAME — Maria Dowsky, Cemetery Reprehensive Signature

B 3866
E 20749

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-20749

FORM 61

LEGAL DESCRIPTION

LOTS 177 - 178 - 179 - 180 SEC. 1 DIV. 1

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	
L-177							
Gr.1	PROUD, Sarah M.	PROUD, Sarah	1/2/1959	90.00	1-24-1990	E-8489 B-4166	Line
2		" "	" " "	90.00		" "	See L
3	HELM, Robert O.	Est. of	2/17/1959	90.00	2/18/1959	B-4347	
L-178							
Gr.1	LA PLACA, Anthony	LA PLACA, Anthony	8/1/1958	90.00	10/11/1965	C-2502 B-3645	
	SZTUK, MAMIE ⊠				12-11-99	E-15341	Ash Va
2	LA PLACA, Angeline	" " "	" "	90.00	8/4/1958	" "	
3	BENTON, Elmer George	BENTON, Elmer	12/17/1958	90.00	7/9/1970	C-8833 B-4110	
L-179							
Gr.1	JOHNSON, William Houston	Johnson, Mrs. Joyce	12/26/51	35.00	12/27/51	A-3766	
2	HARRIS, Theresa Jane	Tennyson, Bruce (bro)	8/2/54	65.00	8/4/54	A-7494	
3	TENNYSON, Bruce C.	" "	8/2/54	65.00	2/10/1961	B-6993 A-7494	
L-180	MILLER, Lulu J.				2/15/1979	E-48 D-1642	Parkl
Gr.1	MILLER, Elmer J.	MILLER, Lulu J.	3/14/1959	90.00	4/28/1972	B-4443	D.I.P
2		Children's Hospital ~~BARNSON, Karen~~	4/25/2008 ~~10/3/1958~~	~~90.00~~		E-20794 ~~B-3866~~	
3	BARNSON, Dorothea G.	BARNSON, Karen	9/22/1958	90.00	9/23/1958	B-3814	

TAYLOR SYSTEM OF CEMETERY RECORDING

E-20740

Elise ~~Pasley~~ Webster
Director, Planned Giving

Rady Children's
Hospital
Foundation

Mailing Address:
MC 5005
5020 Children's Way
San Diego, CA 92123-4282

Location Address:
3665 Kearny Villa Road
San Diego, CA 92123
(858) 966-753[illegible]
Fax (858) 467-1882
E-mail ~~epasley@rchsd.org~~
ewebsterrchsd.org

AT USED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-28-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DANA BOSTWICK 206808

in a ASH VAULT (Type of Burial Container) Funeral, date, time WED 5/29/08 AYD

Church, Chapel, Graveside _____ ; EL CAMINO Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 85 Grave 1

Grave space & Care Fund (E1892)	Ø
Overtime/Late Arrival Fees	–
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	–
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number B-60850	510.06
Balance due	Ø

PAID

APR 30 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.

231624

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

x _____ Signature

JILL BOSTWICK Print Name

x _____ Address

x _____ City Zip Code

x 858-874-0062 Telephone

Invoice # _____

Work Order # E 20750

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-20750

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY – MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 8615-84

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DANA	DELIGHT	BOSTWICK	07/31/1923	04/26/2008	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	JILL K. BOSTWICK, DAUGHTER 3817 COLINA DORADA DR. #B-208 SAN DIEGO, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BAYVIEW CREMATION & BURIAL, 7510 CLAIREMONT MESA BLVD STE 109 SAN DIEGO, CA 92111	FD1661	▶ [signature]	05/05/2008

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		11.00	05/05/2008	▶ 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 ST.,SAN DIEGO, CA 92102	11B. DATE BURIED 5-19-08	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 5-6-08	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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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-20750

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: Ellen M. TRUEHART

Interment Date: Friday 5/23 Time: 11:30 am G.S.

Div: 5 Sect: 3 Blk/Row: ____ Lot: 57 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

FORM 974 (REV.) ORDER N HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA E-20750

206808

DATE 5-24 1957

CHARGE Dana D. Bostwick

ADDRESS Box 38 El Cajon, Calif.

NAME OF DECEASED Pre-Need

OWNER Same

ADDRESS

PHONE

MORTUARY

LOT 85	GR	ROW	SEC 1	DIV 8	120	00
OPENING TIME		DAY DATE				
VAULT BOX		SIZE				
REMOVAL OR FOUNDATION						
				TOTAL	120	00
PAID RECEIPT NUMBER 9041						
				BALANCE		

PAID
MAY 24 1957
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

O/a given

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 D. Bostwick

ORDER TAKEN BY R.W. Dehne

1892

W.O. NO. B

INVOICE NO. 45216

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

PAID ON ORDER OF

PAID OR PARTIAL PAYMENT OF CEMETERY LOT OF

MOUNT HOPE CEMETERY

No 9041

DATE 5-24

Received of Dana D. Bostwick Box 38 El Cajon, Cal.

Twenty & 00/100 DOLLARS $ 120.00

Pre Need

LOT 85 GRAVE

ROW

SECTION 1

DIVISION 8

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

PAID
FEB
MAY 24 1957
J. P. ...
CITY TREASURER

CREDIT SALES CARE	306 951	60 00
HALF SALES OF LOTS	100 7764	60 00
OPENINGS	100 7781	
GRADES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		120 00

RECEIVED BY

CITY TREASURER

DATE 5-24-57

DUPLICATE TO 45216

B 1892

Pre-need lot + trust for 231590

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/28/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for: himself + mother

in a D.D-CRYPT A (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

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

will be applied and billed to undersigned.

Division 8 Section 1 Blk/Row Lot 594 Grave 1

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3896.77
Paid receipt number YC AP 065009	3896.77
Balance Due	Ø

No transfer of interfund $ see attached

PAID

MAY 01 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.

Signature

Print Name James A. Ronnells Jr.

Address

City Zip Code See attached

Telephone

Invoice #

Work Order # E 20751

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20751

DMV
CALIFORNIA
DMV
DRIVER LICENSE
CLASS:C
N3843062
JAMES ARTHUR RUNNELLS JR
6118 ALDERLEY ST
SAN DIEGO CA 92114
SEX:M
HT:5-10
HAIR:BLK
WT:230
EYES:BRN
DOB:09-06-57
00/11/2004 235 RB FD/89

E-20751
60860

OFFICIAL RECEIPT

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

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

Date: 5-1, 20 08

From: MR Runnells Address: S.D. Ca.

Thirty-eight hundred and ninety-six 77/00 Dollars ($ 3,896.77)

in full Payment of Pre-need lot, trust

Div 8 Sec 1 Blk/Row Lot 594 Grave 1

Invoice No. E-20751

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP 065009
☐ Check

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

PAID

MAY 01 2008

MOUNT HOPE CEMETERY
ISSUED BY Paulette

CREDIT	67007	452	80	20%
20% Sales Care	77184	1811	20	80%
80% Sales	100			
of Lots	77184	533.	00	O/C
Opening/	100			
Closing	77181	454	00	w/f
Burial	100			
Containers	77182	539.	00	b/c
	100			
Handling Fee	77185	65.	00	r/f
Recording &	100			
Misc. Fees	77183			
Sales Tax	60101	41	77	tax
	78390			
TOTAL PAID	$	3,896	77	

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

E-20751

Pre-need lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/28/08

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

in a D.D-CRYPT A (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Bk/Row _____ Lot _____ Grave _____

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

Paid receipt number _____

Balance due _____

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

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

Signature: + James Runnells Jr.

Print Name: + JAMES Runnells Jr. 231590

Address: + 6118 Alderley St

City: + San Diego CA 92114 Zip Code

Telephone: + 619 264-4221

Invoice # _____

Work Order # E 20751

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© [illegible]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-28-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SANDRA J. BOLDEN 231587

in a LINER (Type of Burial Container) Funeral, date, time 5-2-08 FRI 1:30

Church, Chapel, Graveside _____, MERKLEY MITCHEN Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 228 Grave 12

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 R60843	3358.93
Balance due	0

PAID APR 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.

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

Shurrainna Minnis
Signature

231586
Shurrainna T Minnis
Print Name
4043 Wilson #2
Address
Sandiego Ca 92104
City Zip Code
619-245-3664
Telephone

Invoice # _____

Work Order # E 20752

Acct. # _____

REA-104 (3-04)

773-287-2799

To Johnny Menez

Date _____ Time _____ AM. P.M.

While You Were Out

M _____

of Raphael Ricks

Phone 366-9154
Area Code Number Extension

URGENT!		TELEPHONED	
CAME TO SEE YOU		RETURNED YOUR CALL	
WANTS TO SEE YOU		PLEASE CALL	
RUSH		WILL CALL AGAIN	

MESSAGE 408 7475
Merkely Mitchen Lorna
FAMILY TO PAY THIS SEPARATELY

NATURE SAVER

SIGNED _____

Reorder No. 01325

E-20752

MOUNT HOPE CEMETERY
INTIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 4/23/08

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

- [x] MORTUARY NAME: MerkleyMitchell
- [x] FAMILY MEMBER/REPRESENTATIVE
  - CONTACT PERSON: Shurranna
  - TELEPHONE NO: 6(9) 634-8458

NAME OF DECEASED: 92104

LAST NAME: Bolden

FIRST NAME: Sandra

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:

- [x] SINGLE GRAVE
- [ ] CREMATION
- [ ] DBL DEPTH
- [ ] 1st BURIAL
- [ ] 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE [ ] COMMITTAL [ ] GRAVESIDE

- [ ] WITNESS ONLY
- [ ] DELIVERY ONLY
- [ ] P/A DELIVERY
- [ ] MILITARY DETAIL

Friday May 2nd Service Paid by April 30th

SPECIAL INSTRUCTIONS:

or Low income

$ 3358.93 48hrs ~~851.00 Sat~~

E-20752

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** ✓ Norm **No** _____

Blind check Initiated by: DAFD Date: 4/30/08

Interment space for: Sandra J. Bolden

Interment Date: 5/2/08 Time: 1:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 228 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

E-20752

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

A1

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

1A. NAME OF 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	JANE	BOLDEN	06/02/1960	04/22/2008	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	SHURRAINNA MINNIS, DAUGHTER 18105 POINCIANA ROAD ADELANTO, CA 92301

7A. TYPED NAME AND ADDRESS OF 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 Brewer	04/30/2008

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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	05/01/2008	▶ 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 MOUNT HOPE CEMETERY 3751 MARKET STREET-SAN DIEGO, CA 92102	11B. DATE BURIED 5-2-08	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 4/28/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Linda Edwin 231606

in a Liner (Type of Burial Container) Funeral, date, time Saturday May 10th 2008

Church, Chapel, Graveside 2:30 arrival Featheringill Mortuary Rick

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 16 Grave 12

Grave space & Care Fund	1132.—
Overtime/Late Arrival Fees	851.00
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	$2,530.47 ~~1,679.47~~
Paid receipt number R-60865	1,679.47
Balance due	Ø

PAID Saturday MAY 5 2008 MOUNT HOPE CEMETERY

Saturday fee pd R-60880

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 Warren Edwin 231605

Address 4920 ocean blvd

City S. D. Zip Code CA

Telephone

Invoice # _____

Work Order # E 20753

Acct. # _____

REA-104 (3-04) LOW-INCOME

This information is available in alternative formats upon request.

© Printed on recycled paper

E-20753

57

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LINDA	S.	EDWIN	11/19/1950	04/24/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	METHAN C. EDWIN, HUSBAND 705 PALM AVE. NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083	▶ M. Edwin	05/08/2008

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	05/08/2008	▶ 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
BURIAL	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5/10/08	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.

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

E-20753

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

			Shegog			
			X		Dawley	
		Newell	Miller			

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

Blind check Initiated by: Paulette Date: 5-5-08

Interment space for: Linda Edwin

Interment Date: _____ Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 16 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

E-20753

CALIFORNIA
IDENTIFICATION CARD
EXPIRES 11-19-97
B6808748
LINDA EDWIN
4133 KANSAS ST APT 1F
SAN DIEGO CA 92104
SEX:F HAIR:BLK
HT:5-02 WT:180
DOB:11-19-50
07/26/2004 586 05 FD/09

F-70753

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: Linda Edwin SSN. 604-46-2809

Address: 4920 Ocean View Blvd #2

City: San Diego State CA Zip Code 92113

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
____	(1) $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] Son 04-30-08

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

[signature] 4/30/08

Approved by Date

Current 1040A Documents verified on: 4/30/08

Approved By MFD

Date 4/30/08

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-20753

Form **1040A** 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.

OMB No. 1545-0074

Label (See page 15.)

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

LABEL HERE

MARVIN EBOT
4920 OCEAN VIEW BLVD APT. 2
SAN DIEGO, CA 92113

Your social security number 610-04-5263

Spouse's social security number

You **must** enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 15) ▶ [X] 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 below ▶
4 [X] Head of household (with qualifying person). (See page 16.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 [ ] Qualifying widow(er) with dependent child (see page 17)

Exemptions

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

Boxes checked on 6a and 6b: 1

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qual child for child tax cr (see pg 18)
MELISSA PHILLIP	607-74-9349	DAUGHTER	
MUA EBOT	618-13-8304	SON	X

If more than six dependents, see page 18.

No. of children on 6c who: • lived with you: 2 • did not live with you due to divorce or separation (see page 19):

Dependents on 6c not entered above:

d Total number of exemptions claimed. Add numbers on lines above ▶ 3

Income

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

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	16,932.
8a	**Taxable** interest. Attach Schedule 1 if required.	8a	
b	**Tax-exempt** interest. **Do not** include on line 8a. 8b		
9a	Ordinary dividends. Attach Schedule 1 if required.	9a	
b	Qualified dividends (see page 22). 9b		
10	Capital gain distributions (see page 22).	10	
11a	IRA distributions. 11a / **11b** Taxable amount (see page 22).	11b	
12a	Pensions and annuities. 12a / **12b** Taxable amount (see page 23).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits. 14a / **14b** Taxable amount (see page 25).	14b	
15	Add lines 7 through 14b (far right column). This is your **total income**. ▶	15	16,932.

Adjusted gross income

16	Educator expenses (see page 25). 16		
17	IRA deduction (see page 27). 17		
18	Student loan interest deduction (see page 29). 18		
19	Tuition and fees deduction. Attach Form 8917. 19		
20	Add lines 16 through 19. These are your **total adjustments.**	20	
21	Subtract line 20 from line 15. This is your **adjusted gross income.** ▶	21	16,932.

KBA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 74.** Form **1040A** (2007)

Form Software Copyright 1996 - 2008 H&R Block Tax Services, Inc.

E-20753

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records. See instructions.

OMB No. 1545-0074

2007

Declaration Control Number (DCN) ▶ 00-337484- -8

Taxpayer's name	Social security number
MARVIN EBOT	610-04-5263
Spouse's name	Spouse's social security number

Part I 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	16,932.
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	0.
4	Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	5,170.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 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 inquires and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize HR BLOCK (*ERO firm name*) to enter or generate my PIN 15263 (*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 is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ COPY ONLY Date ▶ 01/31/2008

Spouse's PIN: check one box only

[ ] I authorize _____ (**ERO firm name**) to enter or generate my PIN _____ (**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 is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ COPY ONLY Date ▶ _____

FILE

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/ PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 33748460551 (**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 ▶ 01/31/2008

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

KBA For Privacy Act and Paperwork Reduction Act Notice, see page 2 of form.

Form Software Copyright 1996 - 2008 H&R Block Tax Services, Inc.

NON-Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

N. R.

Date 4/29/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruben Figueroa 231585

in a Liner (ADULT) Funeral, date, time Wed, April 30th 2008

Type of Burial Container

Church, Chapel, Graveside _____ ; EL Camino N/C Mortuary.

10:00

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

will be applied and billed to undersigned. _____

Division 9 Section 3 Blk/Row _____ Lot 158/159 Grave 1

Grave space & Care Fund Children's Hospital Donation Ø

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 369.00

Burial Container 359.00

Handling Fees 275.00

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees 85.00

Sales taxes 27.82

Total Due 1,115.82

PAID

APR 29 2008

MOUNT HOPE CEMETERY

Paid receipt number RE-00847 1,115.82

Balance due Ø

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.

Maria COsuna

Signature

Maria COsuna 231584

Print Name

1201 mission Ave

Address

Chula Vista 91911

City Zip Code

(619) 737-0456

Telephone

Invoice # _____

Work Order # E 20754

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20754

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 Adult Liner

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Rubén Figueroa

Interment Date: Weds April 30 Time: _____

Div: 9 Sect: 3 Blk/Row: 4 Lot: 158/159 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-20754

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
RUBEN	ARMANDO	FIGUEROA	10/08/1994	04/27/2008	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	MARIA OSUNA, AUNT 1201 MISSION AVE. 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	▶ Carlos Arias	04/29/2008

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	04/29/2008	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 ST. SAN DIEGO CA 92102	11B. DATE BURIED 4-30-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Pengua	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE 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-20754 002

3020 Children's Way / MC 5005
San Diego
California 92123-4282

(858) 966-5950
(858) 467-1882 FAX
www.chsd.org

April 29, 2008

Mr. David Hugo
Mount Hope Cemetery
3751 Market Street
San Diego, California 92102-4527

Dear Mr. Hugo,

Rady Children's Hospital-San Diego is granting permission for Maria and Ruben Figueroa to use two donated plots in Mount Hope Cemetery which are found in Division 9, Section 3, Lot 168 and Division 9, Section 1, Lot 2163 for the burial of their son, Ruben Figueroa.

Rady Children's Hospital-San Diego understands that the two plots stated above will be exchanged for two contiguous plots, located in Division 9, Section 3, Lots 158 and 159 to accommodate the Figueroa family.

If you have any questions please do not hesitate to contact Elise Webster at 858-966-7537 or ewebster@rchsd.org

Sincerely,

Charles E. Day
Vice President of Philanthropy

THE CITY OF SAN DIEGO

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

Date: 4/29/08

I/We Rady Children's Hospital - San Diego

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Maria and Ruben Figueroa
Street Address: 1150 10th Street Apt / Unit #:
City: Imperial Beach ST: CA Zip-Code: 91932
Telephone #: (619) 424-7310
alt #: 619-843-4358

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

Division: 9 Section: 3 " " Blk / Row: " "
Lot(s): 168 & 9, Sec 1, 2163 Grave(s):
(To be exchanged for Division 9, Section 3 LOTS 158 and 159

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

WITNESS my/our hand this 29th day April 2008

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

Rady Children's Hospital - San Diego
by

WITNESS — Legal Owner / Representative Signature

WITNESS — Legal Owner / Representative Signature

CEMETERY REPRESENTATIVE NAME — Cemetery Representative Signature

MT. HOPE CEMETERY

on son's grave David Soto Martinez Jr.

INTERMENT ORDER

City of San Diego

Date 4/30/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAVID MARTINEZ ARTEAGA 231588

in a ASH VAULT (Type of Burial Container) Funeral, date, time Thurs. MAY 1, 2008 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 $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 185 Grave 1

Grave space & Care Fund	E-9425
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.-
Burial Container	104.-
Handling Fees	114.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	8.5-
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-60848	510.06
Balance due	0

PAID APR 30 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.

Teresa Martinez
Signature

Teresa Martinez 231589
Print Name

377 DEL MAR AVE
Address

CHULA VISTA CA. 91910
City Zip Code

619-498-0838
Telephone

Invoice # _____

Work Order # E 20755

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20755

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Son (David Martinez Jr.)

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

	Ramos		X		Earnestine Davis	
				Fuller		

Flagged Yes ✓ No _____

Blind check Initiated by: Paulette Date: 4/30/08

Interment space for: David Martinez

Interment Date: 5/1/08 Thurs. Time: 1:00 Witness

Div: 12 Sect: 2 Blk/Row: ____ Lot: 185 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: middle of grave

E-20755

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

60

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
DAVID	MARTINEZ	ARTEAGA

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	06/15/1947	04/26/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
TIJUANA	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
TERESA MARTINEZ	DAUGHTER	HUMPHREY MORTUARY 753 BROADWAY - CHULA VISTA, CA 91910 KIM BEAULIEU	FD964 2800738

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
377 DEL MAR AVENUE
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 103055

9A. APPLICANT SIGNATURE ▶ Kim Beaulieu

9B. DATE SIGNED 04/30/2008

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	04/30/2008	▶

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 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 5-1-08	12C. INTERMENT NUMBER—IF APPLICABLE E-20755
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Miles J. Quinn	
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 need
15 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/30/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel Clark 231596

in a Liner (Type of Burial Container) Funeral, date, time Mon, May 5 @ 11am

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 8 Section 3 Blk/Row _____ Lot 15,20 Grave 1

Grave space & Care Fund B-2276 (1957) 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 708.00

Burial Container 359-

Handling Fees 275-

Flower vases + Marker setting fee 237.00

Recording/Filing/Transfer Fee 85.00

Sales taxes 27.82

Total Due 1,691.82

Paid receipt number R-60853 1,691.82

Balance due 0

PAID

APR 30 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.

207240

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

Emma E. Clark
Signature

N.R.

EMMA E CLARK
Print Name

325 Kempton St #217
Address

Spring Valley CA 91977
City Zip Code

(619) 267-0822
Telephone

Invoice # _____

Work Order # E 20756

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-20756

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DANIEL	EDMUND	CLARK	12/27/1916	04/30/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	EMMA CLARK, WIFE 325 KEMPTON ST. SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE
FEATHERINGILL MORT COLL CHAPEL, 6322 EL CAJON BLVD SAN DIEGO, CA 92115	FD1083

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

8B. DATE SIGNED: 05/01/2008

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	05/01/2008	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 4-5-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Lenger	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

CREMATED REMAINS MAY BE SCATTERED IN AREAS WHERE NO LOCAL PROHIBITION EXISTS, PROVIDED THAT THE CREMATED REMAINS ARE NOT DISTINGUISHABLE TO THE PUBLIC, ARE NOT IN A CONTAINER, AND THAT THE PERSON WHO HAS CONTROL OVER DISPOSITION OF THE 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-20756

ORDER

MT. HOPE CEMETERY

CITY OF SAN ~~DIEGO~~, CALIFORNIA

DATE 9-5 1957

CHARGE Margaret W. Bell

ADDRESS 4868 Vista St.

NAME OF DECEASED

OWNER Ora Neal

ADDRESS

MORTUARY

LOT 1515 1516 1519 1520	GR	ROW	SEC 3	DIV 8	380	00
OPENING TIME		DAY DATE				
VAULT BOX		SIZE				
REMOVAL OR FOUNDATION						
				TOTAL	380	00
PAID RECEIPT NUMBER #9208						
				BALANCE		

PAID
SEP 5 1957
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

ORDER TAKEN BY [signature]

W.O. NO. B 2276

INVOICE NO. 45821

FORM 974 (REV.)

Son of original lot owner came in and transferred property. See authority on fi

Auth. on file for Louise Noland. AUTHORITY on file for PATRICIA BA

E-20756

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

	Margaret Bell		Otto Rasmussen			
			X	Ivus C. Larsen		
		Arthur Donn	Hazel Crawford Donn			

Flagged Yes ✓ No _____

Blind check Initiated by: MFD Date: 4/30

Interment space for: Daniel Clark

Interment Date: 5/5/08 Time: 11am

Div: 8 Sect: 3 Blk/Row: ____ Lot: 1520 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-30-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ZEWIGE TEKESTE 231594

in a LINER (Type of Burial Container) Funeral, date, time MAY 3 SAT 12:30

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section T Blk/Row _____ Lot 3 Grave 7

Grave space & Care Fund	2264-
Overtime/Late Arrival Fees —	851-
Opening/Closing & Setup	533-
Burial Container	270-
Handling Fees	206-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65-
Sales taxes	20.93
Total Due	4209.93
Paid receipt number R-60855	4209.93
Balance due	Ø

PAID
MAY 01 2008
MOUNT HOPE CEMETERY

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

231595

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

Signature

PAID BY MORTUARY

Print Name: Tesfaye Tadesse

Address: 4808 TROJAN AVE.

San Diego, CA 92115 (Zip Code)

(619) 820-5895 (Telephone)

Invoice # _____

Work Order # E 20757

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20157

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: ZeWUGE TEKESTE

Interment Date: 5/3 Time: 12:30

Div: MOS Sect: T Blk/Row: ____ Lot: 3 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

E-20757
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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
Zewege	-	Tekeste

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	05/14/1949	04/14/2008 Found	

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
Tesfaye Tadesse	Friend	Kevin Weaver Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
4700 Williamsburg Lane #196
La Mesa, CA 91941

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 ▶

9B. DATE SIGNED 05/02/2008

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		2800759 ▶

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	-

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 Street San Diego, CA 92102	12B. DATE BURIED 7-3-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fergu	
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.

in grave of
yoshi uyeji

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/30/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AYA YAMANO Ø

In a ASH VAULT (Type of Burial Container) Funeral, date, time May 19th, 2008 mon. 11:00

Church, Chapel, Graveside ; Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row ✓ Lot 10 Grave 3

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.-
Burial Container	104.-
Handling Fees	114.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.06
Total Due	510.06
Paid receipt number Visa AP03029B CDL M 9443360	510.06
3- Balance due	Ø

PAID
APR 30 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 JOHN YAMANO

Address 3473 BOYNE ST

City S.V. CA. 91977 Zip Code

Telephone

Invoice # 619 892 3313

Work Order # E 20758

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20158

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Yoshi Uyeji

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

Interment Date: 5/19/08 Time: 11:00am

Div: 7 Sect: 11 Blk/Row: u Lot: 10 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-20758

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
COMMUNITY MORTUARY, 855 BROADWAY CHULA VISTA CA 91911	FD1682

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

8A. SIGNATURE OF APPLICANT – Person taking permit: [signature]

8B. DATE SIGNED: 02/20/08

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)	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 [signature]	
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 [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 Trust

Date 10-1-2007

Contract written over

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Bravo, Manuel 219774 5/2/2008

in a 2nd 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 166 Grave 3

Grave space & Care Fund E-20029	—
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 P-00993	200.-
Balance due	398.00

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 _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20759

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-20760 1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-5-08

Pin # 231604

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of McKNIGHT, FRANZ ADOLPHUS

in a LINER (Type of Burial Container) Funeral, date, time SAT 5-10 11:00

Church, Chapel, Graveside _____ ; DAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 145 Grave 7

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees -SAT-	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
Pd receipt number B60868 CHK# 16332	4209.93
Balance due	0

PAID MAY 8 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.

231603

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

Nathaniel Zielinski
Signature

NATHANIEL ZIELINSKI
Print Name

7110 WESTVIEW PL. #D
Address

LEMON GROVE, 91945
City Zip Code

(619) 270-6693 - (213) 268-0413
Telephone

MORTUARY PDMS

Invoice # _____

Work Order # E 20760

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-20760

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
FRANZ	-	MCKNIGHT	01/11/1950	05/03/2008 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	KATRINA RAMSEY, SISTER 6622 NORTHAM RD. TEMPLE HILLS, MD 20748

7A. 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	▶ Joseph Ramsey Jr.	05/08/2008

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	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	05/08/2008	▶ 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
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5/10/08	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 5/5/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Garnetha Arthur 231612

in a DD Crypt (Type of Burial Container) Funeral, date, time Mon, May 12 @ 1pm

Church, Chapel, Graveside _____ Anderson-Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 154 Grave 11

PAID

MAY 05 2008

MOUNT HOPE CEMETERY

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 $65.71 + 178.00	243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	4140.48
Paid receipt number R-60871	4140.48
AP 035118 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.

Sandra Robinson
Signature

231613
Sandra Robinson
Print Name

1518 Republic St.
Address

San Diego, Ca. 92114
City Zip Code

(619) 262-2621
Telephone

Invoice # _____

Work Order # E 20761

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20761

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 5/2/08

CALL TAKEN BY: Maria

RECEIVED CALL FROM:

[X] MORTUARY NAME: Anderson-Ragsdale

[ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Kevin / Sandra

TELEPHONE NO: Robinson Daughter

NAME OF DECEASED:

LAST NAME: G. Arthur

FIRST NAME: Garnella

DOD: DOB:

VETERAN [ ] BRANCH OF SERVICE:

[X] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [X] CHURCH [ ] CHAPEL [ ] GRAVESIDE

LOCATION OF SERVICE:

DATE OF SERVICE: Mon, May 12 TIME OF SERVICE: 1pm

EXPECTED ARRIVAL TIME AT MT. HOME:

CEMETERY PROPERTY: [X] 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-20760

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

		Harvey Steve				
	IKE Gordon		X			
		Simeon Gordon				

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

Blind check Initiated by: MRD Date: 5/5/08

Interment space for: Garnella Arthur

Interment Date: 5/12/08 Time: 1pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 154 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-20761

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
GARNELLA	A.	ARTHUR	09/25/1922	05/01/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SANDRA ROBINSON, DAUGHTER 1518 REPUBLIC STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
ANDERSON - RAGSDALE MORTUARY, 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329	▶ [signature]	05/08/2008

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		11.00	05/08/2008	▶ 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)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5-12-08	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.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date May 5, 2008

Rn#231615

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Banuelos de Simmons

in a DD Crypt (Type of Burial Container) Funeral, date, time May 12 (Mon) @ 10:00

Church, Chapel, Graveside _____ : El Camino - KC Mortuary.

All Funeral cars must arrive 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 231 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-60872	3,896.77
Balance due	0

PAID
MAY 05 2008
MOUNT HOPE CEMETERY

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

231614

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

Signature

Teresa Santos
Print Name

5609 Bolivar St.
Address

San Diego 92139
City Zip Code

619-267-2787
Telephone

Invoice # _____

Work Order # E 20762

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20762

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

				Rojas Juan		
			X			
	Ting Frances	tree →		Peay Johnny		

Flagged Yes X No _____

Blind check Initiated by: MFD Date: 5/5/08

Interment space for: Maria Bunuelos Simmons

Interment Date: 5/12/08 Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 231 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-20762

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: May 5, 2008

CALL TAKEN BY: _____

RECEIVED CALL FROM:

☐ MORTUARY NAME: _____

☐ FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: _____

TELEPHONE NO: _____

NAME OF DECEASED:

LAST NAME: Banuelos-Simmons

FIRST NAME: Maria

DOD: _____ DOB: _____

VETERAN ☐ BRANCH OF SERVICE: _____

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

FUNERAL SERVICE

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVESIDI

LOCATION OF SERVICE: _____

DATE OF SERVICE: 5/12/2008 TIME OF SERVICE: _____

EXPECTED ARRIVAL TIME AT MT. HOME: _____

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

DIV: 12 SECT: 2 BLK/ROW: _____ LOT: _____ 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-20762

62

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	A.	SIMMONS	09/05/1945	05/02/2008	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	GLORIA CASTILLO, DAUGHTER 28837 EVENING PASSAGE DR. 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
EL CAMINO MEMORIAL-N.C., 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶ Carla Green	05/08/2008

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	05/08/2008	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)	FOR CORONER'S USE ONLY
BU	

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 5-12-08	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

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E-20762

OFFICIAL RECEIPT

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

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

61615

Date: 04/27, 2009

From: Gloria S. Castillo Address: E5615 Bolivar S.D. CA 92139

One hundred Seventy-eight and 00 Dollars ($ 178.00)

in Full Payment of SETTING FEE OF MARIA A. SIMMONS.

Div 12 Sec 2 Blk/Row ____ Lot 231 Grave 4

Invoice No. E-20762

Acct. No. ____

W.O. ____

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 978

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

PAID
APR 27 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.

m nexus Pin 231615

61670E-20762

OFFICIAL RECEIPT

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

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

Date: 5-15, 20 09

From: Antonio Castillo Address: 29103 Meandering Circle, Menifee CA 92584

Eighty-seven and 32/00 Dollars ($ 87.32)

In full Payment of Two galvanized vases for Maria A. Simmons.

Div 12 Sec 2 Blk/Row ____ Lot 231 Grave 4

Invoice No. E020762

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☑ Charge AP 023129
☐ Check

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

RECEIVED
MAY 15 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	46.00
Recording &	100	
Misc. Fees	77183	38.00
Sales Tax	60101	
	78390	3.32
TOTAL PAID	$	87.32

AC-212A (11-08)

This information is available in alternative formats upon request.

Transfer Deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05-14-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TRANSFER Mattie Shingleton to Linda L. ECKARD

In a _____ (Type of Burial Container) Funeral, date, time 231617

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 1 Blk/Row _____ Lot 1154 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting	
Recording/Filing Transfer Fees / Deed	130.00
Sales taxes	
Total Due	130.00
Paid receipt number R-60895	130.00
Balance due	0

PAID
MAY 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.

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

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

See attached paperwork

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 20763

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-20763

I declare under penalty of perjury under the laws of the State of California that the statements before mentioned are true and correct.

Signed on May 8, 2008 in Bella Vista
(Date) (City)

Signature Linda L. Eckard Print Full Name Linda Lou Eckard

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

Full Name Linda L. Eckard
Address 14 Plockton Lane
City, State & Zip Code Bella Vista, AR 72715

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 Arkansas
County of Benton ss.

On this 8th day of May in the year 2008, before me Sarah Zimmerman personally appeared Linda Eckard, 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.

SARAH ZIMMERMAN
MY COMMISSION # 12359769
EXPIRES: April 5, 2017
Benton County

Sarah Zimmerman
Notary Public

5/12/08 Family should have been charge 85.00 for transfer and 85.00 for deed. We did not specify on back of declaration before sending to Linda L. Eckard.

DL

Rev. 08/05

E-20763

FOR OFFICE USE ONLY

Witnessed:

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

Signature _____ Print Full Name _____

Documents Presented:

Death Cert / Notarized Statement
Birth Cert /

Processed by: Paulette Crawford

Approved by Cemetery Manager: [signature]

Transfer allowed: Yes ✓ **No** _____

If no, reason:

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

R 60895
$ 130.00

DL

Rev. 08/05

E-20763

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 8 Section 1 Lot 1154 Grave 1

2. My legal authority to the above property is based on the following facts: My mother, Mattie L Singleton, owner of above lot, passed away on January 10, 2008, in Texarkana, Texas.

3. I have presented the following evidence to support the above facts.
Mattie L. Singleton's Death Certificate (original)
Linda L. Richard (Singleton) Birth Certificate (co

DL

Rev. 08/05

bm

THE UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

Notification of Birth Registration

This certifies that the following Record of Birth is registered and preserved in the office of the State Registrar of Vital Statistics at Oklahoma City, Oklahoma

Name Linda Lou Singleton *Sex* Female *No.* 45-38278

Date of Birth 10-20-43 *Place of Birth* Broken Bow, McCurtain Co., Oklahoma

Name of Father J. P. Singleton *Age:* 27

Maiden Name of Mother Mattie Lou Dorris *Age:* 21

Filed: 10-30-43

J. C. Capt, Director of the Census.

Special Agent, Bureau of the Census

U. S. GOVERNMENT PRINTING OFFICE 1941—O-286032

CERTIFICATION OF VITAL RECORD

CITY OF TEXARKANA, TEXAS

E-20763

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES – VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last): Hattie Lou Singleton
(Maiden): Dorris
2. DATE OF DEATH – ACTUAL OR PRESUMED: Jan. 10, 2008
3. SEX: female
4. DATE OF BIRTH: Aug. 31, 1922
5. AGE-Last Birthday (Years): 85
IF UNDER 1 YR: MO / DAYS
IF UNDER 1 DAY: HOURS / MIN
6. BIRTHPLACE (City & State or Foreign Country): Idabel, OK
7. SOCIAL SECURITY NUMBER: 442-18-5551
8. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE (If wife, give name prior to first marriage)
10a. RESIDENCE STREET ADDRESS: 412 N. 4th St.
10b. APT NO: B2
10c. CITY OR TOWN: DeQueen
10d. COUNTY: Sevier
10e. STATE: Arkansas
10f. ZIP CODE: 71832
10g. INSIDE CITY LIMITS? ☒ Yes ☐ No
11. FATHER'S NAME: John Atley Dorris
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: Wattie Lou Morris
13. PLACE OF DEATH (CHECK ONLY ONE)
IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☐ Nursing Home ☐ Decedent's home ☐ Other (Specify)
14. COUNTY OF DEATH: Bowie
15. CITY/TOWN, ZIP (If outside city limits, give precinct no): Texarkana 75503
16. FACILITY NAME (If not institution, give street address): Christus St. Michael Health System
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: Robert Singleton - son
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code): 412 N. 4th St. Apt. C4 DeQueen, AR 71832
19. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☒ Removal From State ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Fred Wilkerson III 1900
21. Section: city add #2 ☐ Unknown; Block: ; Lot: 54; Space: 2
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Redmen Cemetery
23. LOCATION (City/Town, and State): DeQueen, AR
24. NAME OF FUNERAL FACILITY: Wilkerson Funeral Home
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code): 403 W. Stillwell Ave. DeQueen, AR 71832
26. CERTIFIER (Check only one):
☒ Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
27. SIGNATURE OF CERTIFIER: Roderick E. Echols
28. DATE CERTIFIED (Mo/Day/Yr): 10/11/08
29. LICENSE NUMBER: F 8313
30. TIME OF DEATH (Actual or presumed): 10:10 a.m.
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code): 2602 Sh Pinkard Dr Texarkana TX 75503 — Roderick Echols, M.D.
32. TITLE OF CERTIFIER: MAPAO

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS – DISEASES, INJURIES, OR COMPLICATIONS – THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiorespiratory Failure — Approximate Interval: Onset to death: Min
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.
b. CAD with Calcifications — Hours
Due to (or as a consequence of):
c. Acute Renal Failure — Days
Due to (or as a consequence of):
d. Sepsis 2° to UTI — Days

PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.
Obesity, hypertension
34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☒ Unknown
38. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY (Mo/Day/Yr)
40b. TIME OF INJURY
40c. INJURY AT WORK? ☐ Yes ☐ No
40d. PLACE OF INJURY (e.g., Decedent's home; construction site, restaurant, wooded area)
40e. LOCATION (Street and Number, City, State, Zip Code)
40f. COUNTY OF INJURY
41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO: 02-044-08
42b. DATE RECEIVED BY LOCAL REGISTRAR: 2-6-2008
42c. REGISTRAR: Linda J. Read

WARNING: This penalty for knowingly making a false statement in this document is not less than one year nor more than 5 years in prison and a fine of up to $10,000. (Health and Safety Code, Secs. 195, 196)

VS-112 REV 1/2008

91977

STATE OF TEXAS
CITY OF TEXARKANA

I hereby certify this to be an exact copy of a certificate as filed in the Bureau of Vital Statistics, City of Texarkana, Texas and that I am the legal custodian of such records.

DATE ISSUED: Feb. 6, 2008

Geri Haddock
GERI HADDOCK, LOCAL REGISTRAR OF VITAL STATISTICS
CITY OF TEXARKANA, TEXAS

Do not accept unless prepared on security paper with engraved border displaying the official seal and signatures of the issuing agency. Not valid if photocopied. Lamination may void certificate.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

E-20763

THE CITY OF SAN DIEGO

MAYOR JERRY SANDERS
MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20763 DATE: 5/14/2008

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: Linda L. Eckard and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $0.00 situated in Mount Hope Cemetery described as:

DIVISION: 8 SECTION: 1 BLOCK / ROW: LOT: 1154 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 14th day of May, 2008.

Signature / Date

Cemetery Manager

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

DIVERSITY

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 5/6/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of UNGLY Pin# 231608 7:30

In a Wilber Vault (Type of Burial Container) Funeral, date, time SAT. MAY 10th 2008

Church, Chapel, Graveside ARRIVAL 9-930 AM ; CLAIREMONT Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row ~ Lot 148 Grave 3

Grave space & Care Fund E-10088	0
Overtime/Late Arrival Fees SAT. FEE	851.—
Opening/Closing & Setup	533.—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	178.—
Recording/Filing/Transfer Fees	65.—
Sales taxes	—
Total Due	1,627.00
Paid receipt number R-60887	1627.00
Balance due	0

PAID MAY 8 2008 MOUNT HOPE CEMETERY

phone # 518-8510
fax 619-264 3433

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 20764

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/8/2008

PRODUCER (714)905-1923 FAX: (714)905-1910
Hayward Tilton & Rolapp Insurance Associates,
License #0814365
880 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 Indemnity 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	ADDL 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	6303255895TIL07	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	8103255895TIL07	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 $	CUP3255895TIL07	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	083540269808	3/1/2008	3/1/2009	X WC STATU-TORY LIMITS OTH-ER 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 3/10/2008.

CERTIFICATE HOLDER
(619)527-3403
Mount Hope Cemetery
Attn: David
1751 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
Mallory Baker/HOB

E-20764

DATE: MAY 8, 2008

ATTN: UYEN DO

FROM: CHUCK RUDEL

WITH: LEGRAND WILBERT VAULTS

RE: CERTIFICATE OF INSURANCE

NUMBER OF PAGES INCLUDING COVER: 2

PLEASE CALL AT (323) 268-5168 IF PROBLEMS OR QUESTIONS WITH FAX.

E-20764

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 Wilber Vault

			X			

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

Blind check Initiated by: _____ *Date:* _____

Interment space for: UNG LY

Interment Date: Sat. 5/10 Time: 7:30 Chapel

Div: 11 Sect: 2 Blk/Row: ____ Lot: 148 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-20764

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
UNG	-	LY	11/17/1912	05/03/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KAREN TRAN, DAUGHTER 4271 KIRKCALDY 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
CLAIREMONT MORTUARY, 4266 MT ABERNATHY AVE SAN DIEGO, CA 92117	FD 1126	▶ Ria R. [illegible]	05/08/2008

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/08/2008	▶ 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
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 5/10/8	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 20764

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5/6/2008

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

in a Wilber Vault Funeral, date, time SAT. MAY 10th 2008 730

Church, Chapel, Scheduled : CLAIREMONT Mortuary.

Arrival 9-930 AM

All Funeral care must [illegible] 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Bio/Row ~ Lot 148 Grave 3

Grave space & Care Fund E-10088	-0-
Overtime/Late Arrival Fees SAT. FEE	851.—
Opening/Closing & Setup	533.—
Burial Container	—
Handling Fees	—
Flower vases — Barber ashing fee	178.—
Recording/Filing/Transfer Fees	65.—
Sales taxes	—
Total Due	1,627.00

phone # 518-8510
fax 619-264 3433

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 [signature]

I am a daughter

KAREN TRAN

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20764

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Pre-need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/6/2008

231600

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for family of Christine Baldridge-McCall

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 186 Grave 6

Grave space & Care Fund	2,264.-
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.-
Paid receipt number AP 023638	452.80
Balance due	1811.20

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

231600

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

X _____ Signature

X _____ Print Name 5/8

X _____ Address

X _____ City Zip Code

X _____ Telephone

Mailed to family for signature

Invoice # _____

Work Order # E 20765

Acct. # _____

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

5/7 Coupons mailed

Printed on recycled paper

E-20765

Pre-need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/6/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For family of Christine Baldridge-McCall

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 186 Grave 6

Grave space & Care Fund	2,264.-
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.-
Paid receipt number AP 023638	452.80
Balance due	1811.20

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

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

Signature: Christine Baldridge-McCall

X Christine D. Baldridge-McCall
Print Name

X 5460 Repecho Dr. #101
Address

X San Diego, CA. 92124
City Zip Code

X 858-573-8420
Telephone

Invoice # _____

Work Order # E 20765

Acct. # E-20765

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5/6/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jacqueline Kent 231601 11:00

in a Double-Depth "A" Funeral, date, time Friday May 9th

Type of Burial Container

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 8 Section 1 Blk/Row ~ Lot 594 Grave 1

Grave space & Care Fund E-20751 0

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

No interfund transfer # deposited in general fund see attached

Total Due

Paid receipt number

E-20751 Balance due N/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

231590

Print Name

Address

City Zip Code

See attached

Telephone

N.R.

Invoice # _____

Work Order # E 20766

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20766
60860

OFFICIAL RECEIPT

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

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

Date: 5-1, 20 08

From: MR Runnells Address: S.D. Ca.

Thirty-eight hundred and ninety-six 77/00 Dollars ($ 3896.77)

in full Payment of Pre-need lot, trust

Div 8 Sec 1 Blk/Row Lot 594 Grave 1

Invoice No. E-20751

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP 065009
☐ Check

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

PAID

MAY 01 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	452	80	20%
20% Sales Care	77184	1811	20	80%
80% Sales	100			
of Lots	77184	533.	00	o/c
Opening/	100			
Closing	77181	454	00	n/f
Burial	100			
Containers	77182	539.	00	b/c
	100			
Handling Fee	77185	65.	00	r/f
Recording &	100			
Misc. Fees	77183			
Sales Tax	60101	41	77	tax
	78390			
TOTAL PAID	$	3,896	77	

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

E-20766

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5/6/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jacqueline Kent 11:00

in a Double-Depth "A" Funeral, date, time Friday May 9th

Church, Chapel, Graveside (Type of Burial Container) 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 8 Section 1 Bik/Row ~ Lot 594 Grave 1

Grave space & Care Fund E-20751 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due _____

Paid receipt number E-20751 Balance due N/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.

James Runnells
Signature

JAMES RUNNELLS
Print Name

Address

City Zip Code

619 764-4221
Telephone

Invoice # _____

Acct. # _____

Work Order # E 20766

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-20746 Pre-need lot + trust for 231590

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/28/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for: himself + Mother

in a D.D. CRYPT A (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Division 8 Section 1 Blk/Row Lot 594 Grave 1

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3896.77
Paid receipt number MC AP 065009	3896.77
Balance due	0

PAID

MAY 01 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.

Signature

Print Name

Address

City

Zip Code

Telephone

See attached

Invoice #

Acct. #

Work Order # E 20751

REA-104 (3-04)

This information is available in alternative formats upon request.

231590

Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3896.77
Paid receipt number	
Balance due	

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.

Print Name James Runnells Jr.

Address 6118 Alderley St.

City San Diego Zip Code CA 92114

Telephone 619 264-4221

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

Signature James Runnells

Invoice #

Acct. #

Work Order # E 20751

REA-104 (3-04)

This information is available in alternative formats upon request.

E-207606

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: Jacqueline Kent

Interment Date: 5/9/08 Time 11:00am

Div: B Sect: 1 Blk/Row: ~ Lot: 594 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 - 20766

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
JACQUELINE	SIA	KENT	01/11/1942	04/25/2008	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CASTRO VALLEY	ALAMEDA	JAN RUNNELLS, DAUGHTER 141 ESTABROOK STREET SAN LEANDRO, CA 94577-5953

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
BISHOP MORTUARY, 3444 CITRUS STREET LEMON GROVE, CA 91945-1515	FD1673	▶ Katrina Zamm	04/30/2008

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	04/30/2008	ANTHONY ITON, 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
ALAMEDA HEALTH DEPARTMENT 1000 BROADWAY, SUITE 500 OAKLAND, CA 94607	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5/9/08	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.)

AT NGGD
8 CHAIRS
D. I. P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-6-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHNSON, ARTHUR LEE 209648

in a BELL (Type of Burial Container) Funeral, date, time TUE 5-13-08 12:30

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 27 Grave 2

Grave space & Care Fund E 2806	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

Print Name See attached

Address

City Zip Code

619-482-1513
Telephone

NO INTERFUND XFER.

Invoice # _____

Work Order # E 20767

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-20767

E-20767

ORDER.

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/31 19 81

CHARGE ARTHUR JOHNSON 264-4392

ADDRESS 5614 DREAM ST. SD 92114

NAME OF DECEASED PRE-NEED (D.I.P.) GRAVE, (2) PRE-NEED

OWNER OPENING + CLOSING; 2 PRE-NEED LINERS

ADDRESS

MORTUARY

(D.I.P.)

LOT 27 GR 4 ROW SEC 1 DIV 12		532	50
OPENING TIME DAY		230	00
DATE		230	00
BOX BELL SIZE		200	00
		200	00
REMOVAL OR FOUNDATION VET. Tax		12	00
		12	00
TOTAL		1,416	50
PAID RECEIPT NUMBER 29991		1,416	50
BALANCE		Ø	

FLUSH MARKER ONLY

PAID
DEC 31 1981
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 X Arthur Lee Johnson ORDER TAKEN BY Eggleston

W.O. NO. E Nº 2806 #10787 INVOICE NO. CHECK

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

Nº 299

DATE 12/31 1981

FROM ARTHUR JOHNSON ADDRESS 5614 DREAM ST. SD 92114

ONE THOUSAND FOUR HUNDRED SIXTEEN + 50/100 DOLLARS ($ 1416.50)

IN FULL PAYMENT OF PRE-NEED GRAVE (D.I.P.); 2 PRE-NEED OPENING/CLOSING; 2 PRE-NEED BURIAL LINERS

LOT 27 GRAVE 4 ROW SECTION 1 DIVISION 12 BLOCK

INVOICE NO. CHECK

W.O. E-2806

UNPAID BALANCE AFTER THIS PAYMENT Ø

NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID ON THIS SPACE

CITY AUDITOR
JAN 5 1982
06052

ISSUED BY jle

CREDIT 20% SALES CARE	67007 77184	106 50
50% SALES OF LOTS	100 77184	426 00
OPENINGS	100 77181	460 00
BOXES	100 77182	40 00
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	24 00
TOTAL PAID $		1,416 50

AC-212 (REV. 8-81)

E-20767

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
ARTHUR	LEE	JOHNSON	03/31/1925	05/06/2008	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	CLORA JOHNSON, SPOUSE 5614 DREAM 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		05/08/2008

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	05/08/2008	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 92102	11B. DATE BURIED 5-13-08	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

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E-20767

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 D.I.P.

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: JOHNSON, ARTHUR LEE

Interment Date: 5-13-08 Time: 10:00 Chapel

Div: 12 Sect: 1 Blk/Row: ____ Lot: 27 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/7/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adella M Shelvis 231611

in a double depth (Type of Burial Container) Funeral, date, time Mon May 12 10 AM

Church, Chapel, Graveside Graveside ; ~~Beardsley Mitchell~~ 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 7 Section 16 Blk/Row _____ Lot 70 Grave 9

Grave space & Care Fund	2,264.00
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 260883	3896.77
Balance due	Ø

PAID MAY 7 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.

DEVasquez
Signature

DEBRA VASQUEZ 231610
Print Name

459 WINDY RIDGE GLEN
Address

ESCONDIDO CA 92026
City Zip Code

619 913 1184
Telephone

Invoice # _____

Work Order # E 20768

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20768

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: Adela M. Shelvis

Interment Date: 5/12 Time: 10 am

Div: 7 Sect: 16 Blk/Row: ____ Lot: 70 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

E20768

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 1/04)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

WORKING COPY

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): ADELLA
2. MIDDLE: M.
3. LAST (Family): SHELVIS

AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST): -

4. DATE OF BIRTH mm/dd/cccy: 02/20/1930
5. AGE Yrs.: 78
IF UNDER ONE YEAR: Months / Days
IF UNDER 24 HOURS: Hours / Minutes
6. SEX: F

9. BIRTH STATE/FOREIGN COUNTRY: AZ
10. SOCIAL SECURITY NUMBER: 557-36-6315
11. EVER IN U.S. ARMED FORCES? [ ] YES [X] NO [ ] UNK
12. MARITAL STATUS (at Time of Death): MARRIED
7. DATE OF DEATH mm/dd/cccy: 05/07/2008
8. HOUR (24 Hours): 0436

13. EDUCATION — Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) [X] YES MEXICAN [ ] NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): MEXICAN

17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: HOME MAKER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): OWN HOME
19. YEARS IN OCCUPATION: 58

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 1409 OCEAN FRONT STREET
21. CITY: SAN DIEGO
22. COUNTY/PROVINCE: SAN DIEGO
23. ZIP CODE: 92107
24. YEARS IN COUNTY: 58
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: DEBRA VASQUEZ, DTR.
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 459 WINDYRIDGE GLEN, ESCONDIDO, CA 92026

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: STEPHEN
29. MIDDLE: BARRETT
30. LAST (Maiden Name): SHELVIS
31. NAME OF FATHER — FIRST: JOSEPH
32. MIDDLE: UNK.
33. LAST: TRUJILLO
34. BIRTH STATE: UNK.
35. NAME OF MOTHER — FIRST: MARIA
36. MIDDLE: ELIZAMA
37. LAST (Maiden): OTERO
38. BIRTH STATE: UNK.

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/cccy: 05/12/2008
40. PLACE OF FINAL DISPOSITION: MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102
41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: THRESHOLDS
45. LICENSE NUMBER: FD1788
46. SIGNATURE OF LOCAL REGISTRAR: WILMA WOOTEN, MD
47. DATE mm/dd/cccy: 05/09/2008

PLACE OF DEATH

101. PLACE OF DEATH: UCSD MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [X] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other
104. COUNTY: SAN DIEGO
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 200 WEST ARBOR DRIVE
106. CITY: SAN DIEGO

CAUSE OF DEATH

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

IMMEDIATE CAUSE (Final disease or condition resulting in death) →
(A) CARDIOPULMONARY ARREST — Time Interval Between Onset and Death: IMMED

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

108. DEATH REPORTED TO CORONER? [X] YES [ ] NO — REFERRAL NUMBER: WV08-02821
109. BIOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY PERFORMED? [ ] YES [X] NO
111. USED IN DETERMINING CAUSE? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Attended Since: (A) mm/dd/cccy: 05/07/2008
Decedent Last Seen Alive: (B) mm/dd/cccy: 05/07/2008
115. SIGNATURE AND TITLE OF CERTIFIER: SEAN PATRICK NORDT M.D.
116. LICENSE NUMBER: A97301
117. DATE mm/dd/cccy: 05/08/2008
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: SEAN PATRICK NORDT M.D. 200 WEST ARBOR DRIVE, SAN DIEGO, CA 92103

CORONER'S USE ONLY

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

STATE REGISTRAR	A	B	C	D	E	Printed on: 05/09/2008 01:22 PM By PUTT, ERIC (EPUTT)	FAX AUTH. #	CENSUS TRACT

E20768

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
ADELLA	M.	SHELVIS	02/20/1930	05/07/2008	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	DEBRA VASQUEZ, DTR. 459 WINDYRIDGE GLEN ESCONDIDO, CA 92026

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person filing permit	8B. DATE SIGNED
THRESHOLDS, 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788	▶ [signature]	05/09/2008

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$11.00	05/09/2008	▶ 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)	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: 5-12-08	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.)

8 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need
URN GARDEN

Date 5/7/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Merlin T. TRUDO ⊗ 228585

in a N/A (Type of Burial Container) Funeral, date, time 5-19-08 MON 1:00

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row ~ Lot 125 Grave 1

Grave space & Care Fund E-19003	⊖
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container N/A	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	—
Paid receipt number E-19003	—
Balance due	—

5/19/2008 no interfund transfer Money Deposited in General Fund on 3/2005

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.

Invoice # _____

Work Order # E 20769

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Retire
DT & TRUST
(Res)

E20769

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/7/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Merlin T. TRUDO - pin # 228585

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 125 Grave _____

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.00
Burial Container	
Handling Fees	
Flag Phases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	
Total Due	496.00
Paid receipt number R-58588	496.00
Balance due	Ø

PAID

MAR - 7 2005

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.

Merlin Trudo
Signature

MERLIN TRUDO
Print Name

10132 BUENA VISTA AVE #107
Address

SANTEE CA 92071
City Zip Code

619 448 0598
Telephone

Invoice # _____

Work Order # E 19003

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20769

58588

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 3/7, 2005

From: Merlin T. TRUDO Address: 10132 BUENA VISTA AVE #107

Four hundred ninety six — 00/00 Dollars ($ 496.00)

in _____ Payment of PRE-NEED - URN GARDEN

Div 8 Sec 4 Blk/Row _____ Lot 125 Grave _____

Invoice No. E-19003

Acct. No. _____

W.O. _____

BALANCE DUE 496.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 5949

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

ISSUED BY MPS

CREDIT	67007	380	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	116	00
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100	50	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	496	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

AT NEED 8 CHAMPS

E20769

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 5-12 9:30

CALL TAKEN BY: Tom

RECEIVED CALL FROM:

☐ MORTUARY NAME: GREENWOOD

☐ FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: DEBRA PURSEL

TELEPHONE NO: 858-270-5340

NAME OF DECEASED:

LAST NAME: TRUDO, MERLIN

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: 5-19 MON 1:00 TIME OF SERVICE:

EXPECTED ARRIVAL TIME AT MT. HOME:

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

DIV: 8 SECT: 4 BLK/ROW: 125 LOT: GRAVE: 1

☐ SINGLE GRAVE ☐ CREMATION

☐ DBL DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE ☐ COMMITTAL ☐ GRAVESIDE

☐ WITNESS ONLY ☐ DELIVERY ONLY

☐ *P/A DELIVERY* ☐ *MILITARY DETAIL*

SPECIAL INSTRUCTIONS:

E20769

N
E
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 N/A

		Badertscher				
		Ray Palmer	X	Wilson Alma		
		Smith	Anderson	Hopper		
				Patty Iva		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Merlin T. Trudo

Interment Date: 5/19/08 Time: 1pm

Div: 8 Sect: 4 Blk/Row: ____ Lot: 125 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

69 E20769

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
MERLIN	THEODORE	TRUDO

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	09/04/1938	05/06/2008	

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
DEBRA PURSEL	DAUGHTER	GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

3319 HOPI PLACE
SAN DIEGO, CA 92117

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 05/12/2008

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	05/12/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

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

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 5-19-2008	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ [signature]	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY, 4300 IMPERIAL AVENUE, SAN DIEGO, CA 92113	13B. DATE CREMATED 5-14-08	13C. CREMATION NUMBER—IF APPLICABLE 1918683
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
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 NEED

MT. HOPE CEMETERY

On grave of Charlie Jackson Sr.

INTERMENT ORDER

City of San Diego

Date 5-9-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WASHINGTON, ALEX 231623

in a ASH (Type of Burial Container) Funeral, date, time FRI 05-16-08 2:30

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 13 Grave 1

Grave space & Care Fund D9763 — PAID

Overtime/Late Arrival Fees —

MAY 14 2008

Opening/Closing & Setup 149.00

Burial Container ASH VAULT 79.00

MOUNT HOPE CEMETERY

Handling Fees 85.00

Flower vases – Marker setting fee —

Recording/Filing/Transfer Fees 65.00

Sales taxes 6.12

Total Due 384.12

Paid receipt number R-60889 384.12

Balance due Ø

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

231626

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

Pauline Carpenter (Signature)

PAULINE CARPENTER (Print Name)

303 S. 46th ST. (Address)

SAN DIEGO, CA 92113 (City, Zip Code)

619-262-9102 (Telephone)

MORTUARY PAYS

Invoice # _____

Work Order # E 20770

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20770
384.12
SDRCS

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 5-9-08 10:30

CALL TAKEN BY: TOM

RECEIVED CALL FROM:

[x] MORTUARY NAME: RAGSDALE SKIPPER

[ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON:

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: WASHINGTON, ALEX Ø

FIRST NAME: (TO BE BURIED W/ GRANDFATHER)

DOD: DOB:

VETERAN [ ] BRANCH OF SERVICE:

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [ ] CHURCH [ ] CHAPEL [x] GRAVESIDE

LOCATION OF SERVICE:

DATE OF SERVICE: 5-16-08 FRI TIME OF SERVICE: 2:30

EXPECTED ARRIVAL TIME AT MT. HOME: 2:30

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

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

[ ] 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:

E20770

N
W E
S

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Charlie Jackson Sr.

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

				McNeil		
		Smith G.		Wright T.		
		Smith I.	X			
		Smith	Butler			
		Meyers				

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

Blind check Initiated by: _____ Date: _____

Interment space for: Alex Washington ⊗

Interment Date: 5/16 Time: 2:30

Div: 10 Sect: _____ Blk/Row: ____ Lot: 13 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: MIDDLE of grave

E20770
47

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
Alex	-	Washington

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	06/01/1960	04/10/2008	

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
Pauline Carpenter	Mother	Kevin Weaver Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
303 S. 46th Street
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 ▶ [signature] — 9B. DATE SIGNED 05/13/2008

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	05/13/2008	▶ 2800823

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

- [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 Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	12B. DATE BURIED 5-16-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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

ATT NEED 8 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

N.R.

Date 5-9-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MENDEZ, ANETTE 231682

in a OLINGR (Type of Burial Container) Funeral, date, time 5-13-08 TUE 11:30

Church, Chapel Graveside ; EL CAMINO Mortuary.

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1243 Grave 1

Grave space & Care Fund	188.00
Overtime/Late Arrival Fees	–
Opening/Closing & Setup	237.00
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	701.31
Paid receipt number R-60893	701.31
Balance due	Ø

PAID
MAY 09 2008
MOUNT HOPE CEMETERY

I hereby certify I am the a 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.

231621

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

Signature: Diana Diaz

Print Name: Diana Diaz

Address: 555 S. Parker St #A

City: Orange Zip Code: Ca. 92868

Telephone: (714) 363-7684

Invoice # _____

Work Order # E 20771

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20771

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: infant; Anette Mendez

Interment Date: Tues 5/13 Time: 11:30 a.m.

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1243 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

E20771
3MOS

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
ANETTE	PAMELA	MENDEZ

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	01/16/2008	05/06/2008	

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
DIANA DIAZ	AUNT	EL CAMINO MEMORIAL-N.C. 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

555 S. PARKER ST. #A
ORANGE, CA 92868

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 ▶ Carla Arce

9B. DATE SIGNED 05/12/2008

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	05/12/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 5851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 5-13-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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 NEED
8 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TRUDO, MERLIN T. Ø

in a _____ Type of Burial Container _____ Funeral, date, time 5-19-08 MON 1:00

Church, Chapel, Graveside _____ ; GREENWOOD Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 125 Grave 1

Grave space & Care Fund (E19.003 3/7/03) ..... -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 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

DEBRA PURSEL
Print Name

X _____
Address

X _____
City Zip Code

858-270-5340
Telephone

Invoice # _____

Work Order # E 20772

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

N.P.

Date 5-12-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TRUEHART, ELLEN M. 231638

in a BELL LINER (Type of Burial Container) Funeral, date, time Friday May 23 11:30 am

Church, Chapel, Graveside ; L.A. FUNERAL SVC Mortuary.

All Funeral cars 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 57 Grave 2

Grave space & Care Fund (E16425)	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	88.00
Sales taxes	27.82
Total Due	1454.82
Paid receipt number B60844	1454.82
Balance due	-0-

PAID MAY 12 2008 MOUNT HOPE CEMETERY

I hereby certify I am the Linda S. 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.

231637

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

Signature

Linda S. Smith
Print Name

284 Alderwood Wy
Address

Riverside, Ca 92506
City Zip Code

(951) 323-2781
Telephone

Invoice # _____

Work Order # E 20773

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20773

Will need

ASK.

Los Angeles Funeral Service

ROB KARLIN

Funeral Director FDR 2033

3153 Glendale Blvd.
Los Angeles, CA 90039
FD 1631
323-660-1815

12553 Venice Blvd.
Los Angeles, CA 90066
310-390-9969
310-390-2272 Fax

310-902-2918 cell
losangelesfuneralservice@aol.com
www.losangelesfuneralservice.com

E20773

84

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
ELLEN	MELISSA	TRUEHART

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	05/07/1924	05/14/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
RIVERSIDE	RIVERSIDE

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
LINDA S. MILLER SMITH	DAUGHTER	LOS ANGELES FUNERAL SERVICE INC. 3153 GLENDALE BLVD. LOS ANGELES, CA 90039	FD 1631

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

284 ALDERWOOD WAY
RIVERSIDE, CA 92506

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 05/20/2008

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	05/20/2008	▶ ERIC K. FRYKMAN, M.D.

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

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

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 5-25-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega	
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.

Preneed
2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/12/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Disinterman/reinterment Jose Guadalupe Perez

in a Top Seal (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 231 Grave 2

Grave space & Care Fund E-20742	E-~~0~~
Overtime/Late Arrival Fees Disinterment	1,419.00
Opening/Closing & Setup	~~0~~
Burial Container	355.00
Handling Fees	
Flower vases – Marker setting fee	263.00
Recording/Filing/Transfer Fees	130.00
Sales taxes	27.9
Total Due	2,194.51
Paid receipt number P-01233	438.90
Balance due	1755.61

00 Purchaser
Guadalupe Perez
231616

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.

231579

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

Guadalupe Naranjo
Print Name

1886 Elm Ave
Address

San Diego C.A 92154
City Zip Code

(619) 429-1869
Telephone

Guadalupe Naranjo
Signature

Guadalupe Perez

Invoice # _____

Work Order # E 20774

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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PRE-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-08

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

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 4 & 5

Grave space & Care Fund (2)	4528
Overtime/Late Arrival Fees	
Opening/Closing & Setup (2)	1060.00
Burial Container (2)	710.00
Handling Fees (2)	526.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	130.00
Sales taxes	55.02
Total Due	7015.02
Paid receipt number P0R39	1404.00
Balance due	5611.02

PAID
SEP 8 2008
P01390
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.

NIRAN MEHRI
Signature

NIRAN MEHRI 231633
Print Name

10785 VIA ALBERTO
Address

SAN DIEGO, CA 92129
City Zip Code

(858) 672-2254
Telephone

Invoice # _____

Work Order # E 20775

Acct. # _____

REA 5/29 Mailed Coupons

This information is available in alternative formats upon request.

Printed on recycled paper

E20775

OFFICIAL RECEIPT

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

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

P 01239

Date: 5-15, 2008

From: AZIZOLLA YAZDANSHENAS Address: 10785 VIA ALBERTO "D" S.DICH 92129

ONE THOUSAND-FOUR & 00/100 Dollars ($ 1404.00)

in PARTIAL Payment of LOT & TRUST FOR AZIZOLLA YAZDANSHENAS JIRAN MEHRI

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

Invoice No.

Acct. No. E20775

W.O.

BALANCE DUE $5611.02

500 500 404 1404 5747872048 49 5

☒ Pre-Need Lot ☒ Money Order

☒ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

MAY 15 2008

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	1404	—
Trust	77186		
TOTAL PAID	$	1404	—

E20775

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20775 DATE: 9/16/2008

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: Jiran Mehri 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): 4
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 16th day of September, 2008.

Signature / Date

Cemetery Manager

E20775

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20775 DATE: 9/16/2008

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: Jiran Mehri 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): 5
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 16th day of September, 2008.

Signature / Date

Cemetery Manager

E20775

Pin: 231633 Monthly Payments: $ 234.00 **E-** 20775

Name	Address	City	Zip Code	Amount
MEHRI, JIRAN & Azizollah Yazdanshenas	10785 VIA ALBERTO	SD	92129	$ 7,015.02

DIVISION 2 **SECTION** 5 **LOT** 3 **GRAVE** 4 & 5

						PERPETUITY 67007	LOT 100/77164	PRE-NEED 63033
5/15/2008	Opened Pre-Need Lot & Trust Trust include: O/C, TS Vault, H/F, R/F		**Receipt #**	**Payment**		$905.60	$3,622.40	$2,487.02
5/15/2008	**Downpayment**	8874	P-01239	$1,404.00				$1,404.00
							$3,622.40	$1,083.02
6/16/2008	Payment # 1	8917	P-01275	$436.00		$905.60	-$469.60	
						$0.00	$4,092.00	
6/16/2008	Payment # 2	8918	P-01275	$500.00			$500.00	
							$3,592.00	
7/7/2008	Payment # 3	8970	P-01301	$936.00			$936.00	
							$2,656.00	
8/8/2008	Payment # 4	9057	P-01353	$500.00			$500.00	
							$2,156.00	
8/8/2008	Payment # 5	9058	P-01353	$500.00			$500.00	
							$1,656.00	
8/8/2008	Payment # 6	9059	P-01353	$500.00			$500.00	
							$1,156.00	
8/8/2008	Payment # 7	9060	P-01353	$372.00			$372.00	
							$784.00	
9/8/2008	Payment # 8	9212	P-01390	$784.00			$784.00	
							$0.00	
	Payment #						$0.00	
							$0.00	
	Payment # 8	9212	P-01390	$1,083.02			$1,083.02	$1,083.02
							-$1,083.02	$0.00
	Payment #							$0.00
								$0.00
	Payment #							$0.00
								$0.00
	Coupon #							$0.00
								$0.00
	Coupon #							$0.00
								$0.00
	Coupon #							$0.00
								$0.00
	Coupon #							$0.00
								$0.00
	Coupon #							$0.00
								$0.00
	Coupon #							$0.00
								$0.00
	Coupon #							$0.00
								$0.00
				$7,015.02				$0.00

PRE NEED
lot + trusts

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-08

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

In a DD-A + B" Funeral, date, time
Type of Burial Container

Church, Chapel, Graveside ; Mortuary.

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

will be applied and billed to undersigned.

Division 7 Section 14 Blk/Row Lot P SEE MAP Grave 1

Grave space & Care Fund	2264
Overtime/Late Arrival Fees	-
Opening/Closing & Setup (2)	1066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees (2)	130.00
Sales taxes	41.77
Total Due	4494.77
Paid receipt number P01240	4494.77
Balance due	-0-

PAID
MAY 15 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.

23/022

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

Signature

Magness F. Hyles
Print Name

2526 Clove ST.
Address

SD CA 92106
City Zip Code

619-222-5249
Telephone

Invoice #

Work Order # E 20776

Acct. #

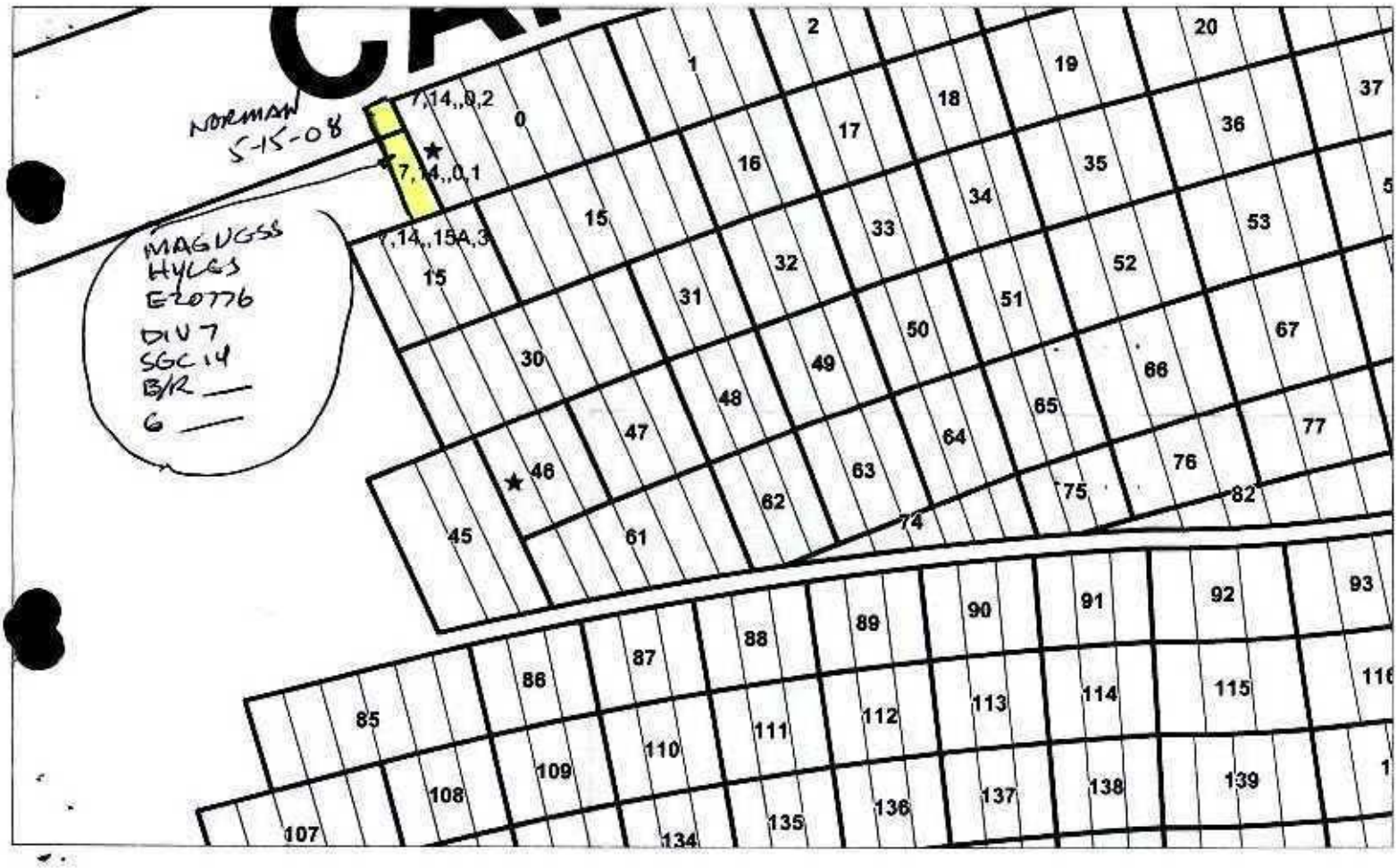
REA-104 (3-04)

Deed Mailed.

This information is available in alternative formats upon request.

© Printed on recycled paper

E20776


NORMAN
5-15-08
7,14,,0,2
7,14,,0,1
7,14,,15A,3
MAGUGSS
HYLES
E20776
DIV 7
SGC 14
B/R ___
6 ___

E20776

OFFICIAL RECEIPT

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

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

P01246

Date: 5-15, 2008

From: MAGNOSS F. HYLES Address: 2526 CLOVE ST. SD. CA 92106

FOUR THOUSAND FOUR HUNDRED · NINETY FOUR 77/100 Dollars ($ 4494 77) 231622

In FULL Payment of DD INTERMENT CARMENCITA & MAGNOSS HYLES

Div 7 Sec 1 Blk/Row ____ Lot ____ Grave ____

Invoice No. 231622

Acct. No. ____

W.O. E20776

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2798

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

ISSUED BY

CREDIT	67007	452	80
20% Sales Care	77184		
Pre-Need	63033	1811	20
Trust	77186		
O/C(2)		1066	-
BC		534	-
H/F		452	-
R/F(2)		130	-
TX		41	77
TOTAL PAID	$	4494	77

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

PRG Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-08

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

of ROSIE MANZANARES

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 8 Section 1 Blk/Row _____ Lot 66 Grave 1

Grave space & Care Fund (E8419-12/11/89) 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 _____

DUPE 466 E20789

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

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

X _____
Signature

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 20777

Acct. # _____

REA-104 (3-04)

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PRE NEED TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-14-08

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

in a DD "A + B" (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 12 Section 2 Blk/Row _____ Lot 240 Grave 2

Grave space & Care Fund (E15402 12-17-99)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ 533 = 1066.-	1066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ 65 = 130.-	130.00
Sales taxes	41.77
Total Due	2230.77
Paid receipt number P01237	1000.00
Balance due	1230.77

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 ANNIE RIVAS
Print Name

X 6442 MALLARD ST.
Address

S.D 92114
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 20778

Acct. # _____

REA-104 (3-04) 5/23/08 *This information is available in alternative formats upon request.*

Mailed Coupons

E20778

✓ Pre-need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-17-99

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

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 240 Grave 2 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup — PAID IN FULL	
Burial Container	
Handling Fees — 1-9-02	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R-51797	224.00
Balance due	671.00

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.

ANNIE RIVAS

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

_____
Signature of recorded holder of deed

X _____ Signature

X 6442 MALLARD ST. Address

X SAN DIEGO, CA 92114 City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 15402

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

Grave of Paul Hamilton

City of San Diego

Date 05/16/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHRISTOPHER J. HAMILTON ⊗ 231630

in a ASH VAULT (Type of Burial Container) Funeral, date, time, Tues, May 20, 2008 9:00 AM

Church, Chapel, Graveside Witness : Featherguil Mortuary.

All Funeral cars 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 3 Lot 1 Grave 4

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.—
Burial Container	104.—
Handling Fees	114.—
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.—
Sales taxes	8.06
Total Due	510.06
Paid receipt number R-60915	510.00
Balance due	0

PAID MAY 19 2008 MOUNT HOPE CEMETERY

Fax 583-7038

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 20779

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20779

MT. HOPE CEMETERY

INTERMENT ORDER

Grave of Paul Hamilton

City of San Diego

Date 05/16/08

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time TUES, May 20, 2008

Church, Chapel, Graveside Witness : Featherglll Mortuary.

All Funeral cars 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 _____ Block/Row 3 Lot 1 Grave 4

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.-
Burial Container	104.-
Handling Fees	114.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.06
Total Due	510.06

Fax 583-7038

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.

231629

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

Ellen Hamilton
Signature

Ellen Hamilton
Print Name
1120 Devonshire Dr
Address
San Diego, Ca. 92107
City Zip Code
619 758-1880
Telephone

Work Order # E 20779

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20779

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Paul Hamilton

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

Interment Date: 5/16/08 Time: _____

Div: IOOF Sect: _____ Blk/Row: 3 Lot: 1 Grave: 4

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: MIDDLE of grave

E20779
59

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
CHRISTOPHER	JAMES	HAMILTON

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	11/16/1948	04/16/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
WATKINSVILLE	GEORGIA

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
ELLEN HAMILTON	MOTHER	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
1120 DEVONSHIRE DR.
SAN DIEGO, CA 92107

M. DOMINGUEZ

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 ▶ Mabel Domingo

9B. DATE SIGNED 05/14/2008

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	05/16/2008	▶ 2800845

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 5-20-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fey	
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

QuickClaim TRANSFER

Date 5/16/08

226248 231635 231636

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of From Dorothy E Burton to FREDDIE M Jones, Jacqueline Jones

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

Church, Chapel, Graveside _____ . _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 5 Blk/Row _____ Lot 569 Grave 1

Grave space & Care Fund .....

Overtime/Late Arrival Fees .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees 65.-

Sales taxes .....

Total Due 65-

Paid receipt number 760913 65

Balance due 0

PAID
MAY 16 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

Address

City Zip Code

Telephone

See Attached

Invoice # _____

Work Order # E 20780

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20780

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

QuikClaim TRANSFER

Date 5/16/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of From Dorothy & Burton to Freddie M Jones, Jacqueline Jones

In a _____ (Type of burial container) Funeral, date, time _____

Church, Chapel, Graveside _____, _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 5 Bik/Row _____ Lot 569 Grave 1

Grave space & Care Fund ..... PAID

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... MAY 16 2008 _____

Burial Container ..... _____

Handling Fees ..... MOUNT HOPE CEMETERY _____

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

Recording/Filing/Transfer Fees 65.-

Sales taxes ..... _____

Total Due 65.-

Paid receipt number R609B 65

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.

Freddie McJones
Signature

Freddie McJones
Print name

876 Firethorn S
Address

San Diego CA
City Zip Code

619 9340712
Telephone

Invoice # _____

Work Order # E 20780

Acct. # _____

REA-104 (3-04)

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E20780

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5/31/1960

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Burton W. and Dorothy M. Mills for the sum of $ 250.00 (DOLLARS)

LEGAL DESCRIPTION Lot 567 and Lot 569 Section 5 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER B-6116

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

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

2' X 1' Flush Marker Only

Raymond W. Delue
Cemetery Manager

Leo B. Callaud
Park and Recreation Director

FORM 584

E 20780

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

Date: 5/16/08

I/We BRIAN MILLS

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: FREDDIE MAE JONES OR JACQUELINE JONES
Street Address: 876 FIRETHORN ST. Apt / Unit #:
City: SAN DIEGO ST: CA Zip-Code: 92154
Telephone #: (619) 934-0712

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

Division: 8 Section: 5" " Blk / Row: " "
Lot(s): Grave(s): 569

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

WITNESS my/our hand this 16 day MAY 2008

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

Fredric E. Zarco - POWER OF ATTORNEY FROM BRIAN MILLS
WITNESS — Legal Owner / Representative Signature

WITNESS — Legal Owner / Representative Signature

Paulette Crawford
CEMETERY REPRESENTATIVE NAME — Cemetery Representative Signature

E20780

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

BRIAN MILLS

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

MOUNT HOPE

LOT 567 + 569 SECTION 5 DIVISION 8

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

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

X Brian Mills

Signature

Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of Texas County of Tarrant

On March 26 2008 before me, the undersigned, a Notary Public in and for said State

personally appeared, Brian Mills

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

WITNESS my hand and official seal

X Judy C. Matthews (SEAL)
Notary Public Signature

JUDY C. MATTHEWS
MY COMMISSION EXPIRES
November 1, 2008

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney

DATE OF DOCUMENT _____ NUMBER OF PAGES _____

SIGNER(S) OTHER THAN NAMED ABOVE _____

E20780

GENERAL POWER OF ATTORNEY

I, Burton W. Mills, residing at 608 Robbins West, Twin Falls, Idaho 83301, hereby appoint Brian S. Mills of 9829 Ravensway, benbrook, Texas 76126, as my Attorney-in-Fact ("Agent").

If my Agent is unable to serve for any reason, I designate Karen L. Mills, of 9829 Ravensway, benbrook, Texas 76126, as my successor Agent.

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.

   a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.

   b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.

   c. Have access to any safe deposit box that I might own, including its contents.

2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.

3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.

4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to

settle any claim, whether made against me or asserted on my behalf against any other person or entity.

5. Enter into binding contracts on my behalf.

6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.

7. Maintain and/or operate any business that I may own.

8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.

9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.

10. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:

a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.

b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).

c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

11. Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving. However, my Agent may not make gifts of my property to the Agent.

12. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.

13. Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this

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Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated April 23, ~~19~~ 2001, at Twin Falls, Idaho.

Burton Mills
Burton W. Mills

STATE OF IDAHO, COUNTY OF Twin Falls, ss:

On this 23rd day of April, 2001, before me,
_____, personally appeared Burton W. Mills, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same as for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Kathy Paredez
Notary Public

Notary for State of Idaho
Title (and Rank)
My commission expires 3/19/05

Notary Address:
113 Main Ave West
Twin Falls, ID 83301

KATHY PAREDEZ
NOTARY
PUBLIC
STATE OF IDAHO

E20780

WILL

OF

BURTON W. MILLS

I, BURTON W. MILLS, a resident of Twin Falls, Idaho, declare that this is my Will.

FIRST: I revoke all Wills and Codicils that I have previously made.

SECOND: I declare that I am married to DOROTHY M. MILLS and all references in this Will are to her. I declare that I have one living child, namely my son, BRIAN S. MILLS, and one deceased child, namely my son, BURTON DAVID MILLS. I have no other children living or deceased. I further declare that I have two grandchildren, namely DE ANNE MILLS and KRISTINE MILLS.

THIRD: I leave all of my estate to my wife, provided she survives me for thirty (30) days.

FOURTH: In the event my wife fails to survive me for thirty (30) days, I give TWENTY THOUSAND DOLLARS ($20,000) to the SALVATION ARMY OF EL CAJON, CALIFORNIA to provide for the needy and homeless; TWENTY-FIVE THOUSAND DOLLARS ($25,000) to GILBERT HIGH SCHOOL, located on Williams Avenue in Winsted, Connecticut, to be utilized as a scholarship fund to be designated as a living memorial to my wife's parents, CHARLES & MARTHA MARSHALL, the fund to be utilized to provide ONE THOUSAND DOLLARS ($1,000) per year to a worthy graduate of the school in need of financial aid to assist in pursuing a college education; and the residue of my estate I

give to my son, BRIAN S. MILLS, provided he survives me for thirty (30) days, and if he fails to survive me for that period, then in trust to my son's wife, KAREN L. MILLS, as Trustee, to be held, administered and distributed as follows:

1. If, at the time the trust estate is created, no child of my son is living who is under age thirty (30), the share shall thereupon be distributed, free of trust, in equal shares to my son's then living children.

2. If all of the children of my son have attained age twenty-one (21), but one or more have not attained age thirty (30), the Trustee shall divide the trust into as many equal shares as there are children of my son then living. Each share set aside for a grandchild of mine who has attained age thirty (30) shall be distributed outright to that grandchild, free of trust. Each share set aside for a grandchild of mine who has not attained age thirty (30) shall be held, administered and distributed as a separate trust in accordance with the provisions of subparagraphs 3.b.(1), (2) and (3) below.

3. If a child of my son is then living who is under age twenty-one (21), the trust shall be held by the Trustee for the benefit of all of my son's then living issue as a group, including those aged twenty-one (21) or older. The trust shall be held, administered, and distributed, as follows:

a. The Trustee shall pay to or apply for the benefit of my son's issue, of whatever degree, living from time to time, including those whose ancestor or ancestors are still living,

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representative of my estate.

I authorize my Executor to sell, with or without notice, at either public or private sale, and to lease any property belonging to my estate, subject only to such confirmation of court as may be required by law.

If, at the conclusion of probate administration of my estate, there has been no distribution in trust to the Trustee under the provisions of this Paragraph FOURTH and events have occurred such that if distribution in trust pursuant to this Paragraph were then made to the Trustee, the Trustee would be required under the provisions of said Paragraph to make immediate distribution of all or a portion of the property, free of trust, my Executor shall perform all duties incident to distribution and for that purpose shall have the powers granted the Trustee by said Paragraph.

SEVENTH: As used in this Will, the term "issue" shall refer to lineal descendants of all degrees, and the terms "child", "children," and "issue" shall include adopted persons.

EIGHTH: As used in this Will, the masculine, feminine, or neuter gender, and the singular or plural number, shall each be deemed to include the others whenever the context so indicates.

I SUBSCRIBE my name to this Will this 6/22/92 day of June, 1992, at Twin Falls, Idaho.

Burton W. Mills
BURTON W. MILLS

The foregoing instrument, consisting of eleven (11) pages, including the succeeding page, was at the date hereof by BURTON W.

MILLS, signed as and declared to be his Will, in the presence of us who, at his request and in his presence, and in the presence of each other, have subscribed our names as witnesses thereto. Each of us observed the signing of this Will by BURTON W. MILLS and by each other subscribing witness and knows that each signature is the true signature of the person whose name was signed.

Each of us is now more than twenty-one (21) years of age and a competent witness and resides at the address set forth after his or her name.

We are acquainted with BURTON W. MILLS. At this time he is over the age of eighteen (18) years, and to the best of our knowledge he is of sound mind and is not acting under duress, menace, fraud, misrepresentation, or undue influence.

We declare under penalty of perjury that the foregoing is true and correct.

Executed on the 22 day of June, 1992, at Twin Falls, Idaho.

S/ Wendy Nutsch Residing at 72 E 300 S
Jerome Id 83338

S/ Fern Stanselm Residing at 2073 Maple
Twin Falls, Id 83301

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

A4 Need

Date 5/16/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth Boyd 231634

in a DD CRYPT "A" (Type of Burial Container) Funeral, date, time Thurs. May 22, 2008 12:00

Church, Chapel, Graveside CM BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 5 Blk/Row W Lot 569 Grave 1

Grave space & Care Fund E-20780	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.—
Burial Container	939.—
Handling Fees	454.—
Flower vases – Marker se	65.00
Recording/Filing/Transfer Fees	
Sales taxes	41.77
Total Due	1,632.77
Paid receipt number A1014020	1632.77
Balance due	0.

PAID
MAY 16 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 _____

231635

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

See attached

Work Order # E 20781

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20781

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5/16/08

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

in a DD CRYPT "A" (Type of Space Purchased) Funeral, date, time Thurs. May 22, 2008 12:00

Church, Chapel, Graveside CA BURIAL Mortuary.

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

Division 8 Section 5 Blk/Row W Lot 569 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	989.-
Handling Fees	454.-
Flower vases – Marker s	65.00
Recording/Filing/Transfer Fees	
Sales taxes	91.77
Total Due	1,632.77
Paid receipt number A 014020	1632.77
Balance due	0

PAID
MAY 16 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 held under deed.

Freddie Mae Jones
Signature

Freddie Mae Jones
Print Name
876 Firethorn St
Address
San Diego CA
City Zip Code
619 9340712
Telephone

Work Order # E 20781

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20781

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

Nat'l City
(619) 229 2797

DATE/TIME RECEIVED CALL: 5/12/08

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

[x] MORTUARY NAME: CA BURIAL — Jackie Fonso

[ ] FAMILY MEMBER/REPRESENTATIVE 607-1035

CONTACT PERSON: E

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: Elizabeth Thursday Jerome

FIRST NAME: Boyd

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:

Friday

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

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

Morning

[x] SINGLE GRAVE [ ] CREMATION

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

CEMETERY SERVICE:

TYPE OF SERVICE [ ] COMMITTAL [ ] GRAVESIDE

[ ] WITNESS ONLY [ ] DELIVERY ONLY

[ ] P/A DELIVERY [ ] MILITARY DETAIL

SPECIAL INSTRUCTIONS: Low Income

E20781

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 CRYPTA

			Kirkla			
			X	Platt	Spitz	Gibson
christensen	Christensen	Mills Christensen				

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: Elizabeth Boyd

Interment Date: 5/22/08 Time: 12.00

Div: 8 Sect: 5 Blk/Row: ____ Lot: 569 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

533.00+
539.00+
454.00+
41.77+
65.00+
1,632.77*

E20781

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ELIZABETH	-	BOYD

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	12/04/1945	05/10/2008	

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
FREDDIE MAE JONES	COUSIN	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

876 FIRETHORN ST.
SAN DIEGO, CA 92154

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 ▶ CRuss

9B. DATE SIGNED 5/14/08

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	05/14/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT. HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO,CA 92102	5-22-08	E 20781
		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.

(3) 007773

E20781

Cemetery Services Agency
Mailing Address: P.O. Box 2454
Alpine, CA 91903

Invoice

Contract No.: C1573 Date: May 14, 2008

Deceased: **ELIZABETH BOYD**

Cemetery: Mt. Hope
San Diego, CA

Lawn: Division 8

Lot & Space: 569

Cost of Total Service: $5,000.00

I.	Property	$1,800.00	
II.	Opening Closing	533.00 ✓	
III.	Vault	539.00 ✓	
IV.	Installation Fee	454.00 ✓	
V.	Tax	41.00 ✓ 41.77	
VI.	Recording Fee	65.00 ✓	
VII.	Transfer Fee	65.00 — PAID BY CHECK	
VIII	2nd Person (Burial Right) Double Depth	598.00	
	Total	$4,095.00 77	

Complete Package

IX.	Property, Etc.	$4,095.00
X.	Double Marker Installation Fee	178.00
XI.	Marker for 2 People	727.00

GRAND TOTAL **$5,000.00**

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CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO.
Local Reg. No. 50 494

MORTICIAN: Complete/Verify and File Within 5 Days of Death

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): Burton W. Mills
2. SEX: Male
3. SOCIAL SECURITY NUMBER: 042-12-9518
4a. AGE-Last Birthday: 89 (Years)
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (Mo/Day/Yr): November 29, 1913
6. BIRTHPLACE (City and State, Territory, or Foreign Country): Winsted, Connecticut
7a. RESIDENCE - STATE OR FOREIGN COUNTRY: Idaho
7b. COUNTY: Twin Falls
7c. CITY OR TOWN: Twin Falls
7d. STREET AND NUMBER: 608 Robbins Ave
7e. APT. NO.:
7f. ZIP CODE: 83301
7g. INSIDE CITY LIMITS? XX Yes ☐ No
8. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married, but separated XX Widowed ☐ Divorced ☐ Never married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If wife, give maiden name):
10. EVER IN U.S. ARMED FORCES? ☐ Yes XX No
11a. FATHER'S NAME (First, Middle, Last, Suffix): Wilbur Mills
11b. BIRTHPLACE (State, Territory, or Foreign Country): Unknown
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): Nellie Chapin
12b. BIRTHPLACE (State, Territory, or Foreign Country): Unknown
13a. INFORMANT'S NAME (Type or print): Brian Mills
13b. RELATIONSHIP TO DECEDENT: Son
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): 9829 Ravens Way Benbrook, Texas 76
14. METHOD OF DISPOSITION: ☐ Burial XX Cremation ☐ Entombment ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)
15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place): White Crematory Twin Falls Idaho
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: White Mortuary 136 4th Ave E Twin Falls Id 83301
17a. SIGNATURE OF FUNERAL SERVICE LICENSE OR PERSON ACTING AS SUCH:
17b. LICENSE NUMBER (Of licensee): M-625
18. WAS CORONER CONTACTED? ☐ Yes XX No

CERTIFIER: Complete Within 72 Hours of Death

PLACE OF DEATH

PLACE OF DEATH (19-22)
19a. IF DEATH OCCURRED IN A HOSPITAL: XX Inpatient ☐ ER/Outpatient ☐ DOA
19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Nursing home ☐ Other (Specify)
20. FACILITY NAME (If not facility, give street and number): Magic Valley Regional Medical Center
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE: Twin Falls 83301
22. COUNTY OF DEATH: Twin Falls

DATE OF DEATH
23. DATE OF DEATH (Mo/Day/Yr) (Spell month): September 21, 2003
24. TIME OF DEATH: 1456 (24hr)
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): September 21, 2003
26. TIME PRONOUNCED DEAD: 1456 (24hr)

CAUSE OF DEATH

27. CAUSE OF DEATH
PART I. Enter the chain of events — diseases, injuries, or complications — that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Small bowel obstruction — Approximate Interval: Onset to Death: 2 days
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death): b. Stroke
Due to (or as a consequence of):
c.
Due to (or as a consequence of):
d.
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
28a. WAS AN AUTOPSY PERFORMED? ☐ Yes XX No
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No XX Unknown
30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
31. MANNER OF DEATH: XX Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined

TRANSPORTATION INJURY ONLY

32. DATE OF INJURY (Mo/Day/Yr) (Spell month):
33. TIME OF INJURY (24hr):
34. PLACE OF INJURY (Decedent's home, farm, street, construction site, restaurant, sports, etc.):
35. INJURY AT WORK? ☐ Yes ☐ No
36. LOCATION OF INJURY: State: City/Town of County: Zip Code:
Street and Number or Location: Apartment Number:
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc. SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable:
38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

39a. CERTIFIER (Check only one, based on official capacity for this certificate):
XX PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s)/manner stated.
☐ CORONER - On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.
39b. LICENSE NUMBER: B63908
39c. DATE SIGNED: 09/25/2003 (MM DD YYYY)
Signature and Title of Certifier:
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): Paul Workman 496-D Shoup Ave W Twin Falls Id 83301
40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.
I have reviewed and if necessary amended the medical section.
40b. DATE SIGNED: MM DD YYYY

REGISTRAR

41a. REGISTRAR'S SIGNATURE: Rachel Eckert, Asst
41b. DATE SIGNED: Sept. 24, 2003 (MM DD YYYY)

STATISTICAL INFORMATION

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: Sept. 24, 2003

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

JANE S. SMITH
STATE REGISTRAR

GREAT SEAL OF THE STATE OF IDAHO

E20781

CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

Date Filed: JUNE 25, 2003

State File No.: 2003-04596

DECEDENT - LEGAL NAME: DOROTHY MARSHALL MILLS

SEX: FEMALE

SOCIAL SECURITY NUMBER: 043-07-8660

AGE: 83 YEARS

DATE OF BIRTH: MARCH 24, 1920

BIRTHPLACE: CONNECTICUT

PLACE OF RESIDENCE: TWIN FALLS, IDAHO

MARITAL STATUS AT TIME OF DEATH: MARRIED

NAME OF SURVIVING SPOUSE (if wife, maiden name): BURTON MILLS

WAS DECEDENT EVER IN U.S. ARMED FORCES?: NO

FATHER - NAME: CHARLES MARSHALL

BIRTHPLACE: UNKNOWN/NOT STATED

MOTHER - MAIDEN NAME: MARTHA BAILY

BIRTHPLACE: UNKNOWN/NOT STATED

METHOD OF DISPOSITION: CREMATION

FUNERAL SERVICE LICENSEE: LEWIS A. LENKER

NAME AND ADDRESS OF FUNERAL FACILITY: WHITE MORTUARY, INC., TWIN FALLS, IDAHO

DATE OF DEATH: JUNE 18, 2003

TIME OF DEATH: 5:00 P.M.

CITY, TOWN OR LOCATION OF DEATH: TWIN FALLS, IDAHO

COUNTY OF DEATH: TWIN FALLS

CAUSE OF DEATH (underlying cause last)

a. COPD

Approximate Interval Between Onset and Death: 20 YEARS

DUE TO (or as a consequence of):
b.

DUE TO (or as a consequence of):
c.

DUE TO (or as a consequence of):
d.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above: ALZHEIMER'S DEMENTIA

WAS AN AUTOPSY PERFORMED?: NO

MANNER OF DEATH: NATURAL

NAME OF CERTIFIER: ROBERT M. WARD, M.D.

TITLE: PHYSICIAN

CORONER SUBSEQUENT CERTIFICATION IF NECESSARY

EXTERNAL CAUSES ONLY

DATE OF INJURY:

TIME OF INJURY:

PLACE OF INJURY:

INJURY AT WORK?:

LOCATION WHERE INJURY OCCURRED:

DESCRIPTION OF HOW INJURY OCCURRED:

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: AUGUST 06, 2003

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

JANE S. SMITH
STATE REGISTRAR

GREAT SEAL OF THE STATE OF IDAHO

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-Need

Lot & Trust

City of San Diego

Date 05/19/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For: Bennie C. Anthony and Mary L. Anthony

in a Double Depth 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 246 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ 533.00 each	1,066.00
Burial Container Actual date pd in full 9/3/2008 P-01380	539.00
Handling Fees	454.00
Flower vases – Ma[illegible] Credit of $.98	
Recording/Filing/Transfer Fees 2 @ 65.00 each	170.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number AP04230A	2,247.39
Balance due	2,247.38

PAID AUG 11 2008

MOUNT HOPE CEMETERY

P01296 last payment

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 _____

Bennie C. Anthony 231631
Mary L. Anthony 231632
Print Name

239 Coralwood Drive
Address

San Diego, CA 92114
City Zip Code

See attached
Telephone 619-479-0262

Invoice # _____

Acct. # _____

Work Order # E 20782

Mailed Deed 8/14/08

Mailed COUPON 5/20/08

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

Printed on recycled paper

E20782

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-Need

Lot & Trust

City of San Diego

Date 05/19/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For: Bennie C. Anthony and Mary L. Anthony

in a Double Depth 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 246 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ 533.00 each	1,066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees 2 @ 65.00 each	170.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number AP04230A	2,247.39
Balance due	2,247.38

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.

Bennie C. Anthony
Signature

Mary L. Anthony

Bennie C. Anthony
Mary L. Anthony
Print Name

239 Coralwood Drive
Address

San Diego, CA 92114
City Zip Code

1-619-479-0262
Telephone

Invoice # _____

Work Order # E 20782

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20782

OFFICIAL RECEIPT

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

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

P 01386

Date: September 3, 2008

From: Auto Shopper & Repair Service Address: 234 Coralwood DR. SD CA 92114

Ninty-four and 62/00 Dollars ($ 94.62)

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

Div 12 Sec 2 Blk/Row ____ Lot 246 Grave 4

Invoice No. E-20782

Acct. No. ____

W.O. ____

BALANCE DUE Ø

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

PAID

SEP 03 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

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

TOTAL PAID $ 94.62

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check 3867

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

E20782

OFFICIAL RECEIPT

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

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

P 01531

Date: 8-8, 20 08

From: Bennie C. Anthony Address: 239 Coralwood Dr., SD CA 92114

Nine hundred Sixty-Six and 46/100 — Dollars ($ 966.46)

in Full Payment of Preneed lot, trust paid in full

Div 12 Sec 2 Blk/Row ____ Lot 246 Grave 4

Invoice No. E-20782

Acct. No. ____

W.O. ____

BALANCE DUE Ø

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

PAID

AUG 08 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	342.54
Pre-Need	63033	
Trust	77186	623.92
100/77184		
TOTAL PAID		$ 966.46

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check 1457

AC-212 (11-05)

This information is available in alternative formats upon request.

E20782

OFFICIAL RECEIPT

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

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

P 01308

Date: 7/10, 20 08

From: Bennie Anthony Address: On file

One thousand no/00 Dollars ($ 1,000.00)

in _____ Payment of _____

Div 12 Sec 2 Blk/Row _____ Lot 246 Grave 21

Invoice No. E-20782

Acct. No. _____

W.O. _____

BALANCE DUE 966.46

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 3863

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

PAID

JUL 10 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033		
Trust	77186		
100/77184		1,000	00
TOTAL PAID		$ 1,000	00

AC-212 (11-05)

This information is available in alternative formats upon request.

E 20782

OFFICIAL RECEIPT

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

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

P 01296

Date: 7-1, 20 08

From: BENNY C. ANTHONY Address: 239 CORALWOOD DR. S.D. 92114

NINETY THREE $ 64/100 Dollars ($ 93 64)

in PARTIAL Payment of $2

Div 12 Sec 2 Blk/Row Lot 246 Grave 4

Invoice No. 231631

Acct. No. E20782

W.O.

BALANCE DUE 2060 10

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

PAID

JUL 0 1 2008

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
100 77188	93	64
TOTAL PAID $	93	64

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 1439

AC-212 (11-05)

This information is available in alternative formats upon request.

E20782

OFFICIAL RECEIPT

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

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

P 0124

Date: 5/20, 20 08

From: Bennie/Mary Anthony Address: 239 Coralwood DR SD CA 92114

Dollars ($ 2,247.39)

in Part Payment of Pre-need lot and trust, down payment

Div ____ Sec ____ Blk/Row ____ Lot ____ Grave ____

Invoice No. E-20782

Acct. No. ____

W.O. ____

BALANCE DUE $2,247.38

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust AP042304 ☐ Charge

☐ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

MAY 2 0 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	436.19
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
100%		1811.20
see DCR 2008/19064		
TOTAL PAID	$	2247.39

OFFICIAL RECEIPT

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

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

P 01280

Date: 6/19, 20 08

From: Anthony, Bennie & Mary Address: on file

Ninety-three 64/100 Dollars ($ 93.64)

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

Div 12 Sec 2 Blk/Row ____ Lot 246 Grave 4

Invoice No. E-20787

Acct. No. ____

W.O. ____

BALANCE DUE $2,153.74

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 1427

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

JUN 1 9 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C

CREDIT	67007	16.61
20% Sales Care	77184	77.03
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	93.64

E20782

CITY OF SAN DIEGO DEPARTMENT DATE DCR No.

DAILY CASH RECEIPTS

Park & Recreation/Mount Hope Cemetery May 22, 2008

2008-0019064
05-27-2008/09:01 AM
USER:I Amount:$6,997.87
66564/MT HOPE CEMETERY MERCHANT CARD DCR
004 00009975

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
CREDIT CARD PAYMENTS							
P01244	67007			77184			436.19
60920	100	072		77184			188.00
60914, 20	100	072		77181			770.00
60914, 20	100	072		77182			672.00
60904, 10, 14, 20	100	072		77185			551.00
60892, 60904, 07, 09, 10, 12, 14, 18-20	100	072		77183			1,513.60
P01237, 44	63033			77186			2,811.20
60904, 10, 14, 20	60101			78390			55.88

PREPARED BY	DEPOSITED BY: MS 72	AUDITED BY:	KEY PUNCH		
Tom Brown x73401	Mt. Hope Cemetery		DATE: 5/22/2008		$6,997.87

AC -1221 (REV. 7-79)

0•*

62•92+
62•92*

623•92+
342•54+
966•46*

E20782

1,061•08-
1,061•08*

0•*

1,061•08+
966•46-
94•62*

Balance Due $83.38
Statement with bal.

File E20782

INVOICE

Mount Hope Cemetery
A cemetery for all

INVOICE # 09-01
DATE: AUGUST 11, 2008

TO Mr. Bennie C. Anthony
239 Coralwood Drive
San Diego CA 92114

Re: pre-need setting fee

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Paulette Crawford	Clerical Assistant II		Upon receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	The balance of a pre-need setting fee for a stone that will be placed in the location in division 12. section 2,,lot 246,gr 4. Thanks, Paulette 619-527-3400	178. 94 62 $ 83.38	$ 83.38
		TOTAL	$83.38
		SALES TAX	n/a
		TOTAL	$83.38

12/22/08
A credit of
98¢
See attached...

Make all checks payable to Mount Hope Cemetery
THANK YOU FOR YOUR BUSINESS!

E20782

Pin: 231631 **Monthly Payments: $** 93.64 **E-** 20782

Name	Address	City	Zip Code	Amount
ANTHONY, BENNIE & MARY	239 CORALWOOD DR	SAN DIEGO	92114	$ 4,494.77

DIVISION 12 **SECTION** 2 **LOT** 246 **GRAVE** 4

					PERPETUITY #7097	LOT 100/77184	PRE-NEED #3033
	Opened Pre-Need Lot & Trust			Payment			
	Trust include: (2) O/C, DD Crypt, H/F, (2) R/F				$452.80	$1,811.20	$2,230.77
5/20/2008	Downpayment		P-01244	$2,247.39	$436.19	[redacted]	$1,811.20
					$16.61		$419.57
6/19/2008	Payment #	1	P-01280	$93.64	$16.61		$77.03
					$0.00	$1,811.20	$342.54
7/1/2008	Payment #	2	P-01296	$93.64	[redacted]	$93.64	[redacted]
						$1,717.56	
7/10/2008	Payment #	3	P-01308	$1,000.00		$1,000.00	
						$717.56	
8/8/2008	Payment #	4	P-01351	$966.46		$623.92	$342.54
					$0.00	$93.64	$0.00
09/03/08	Payment#	5	P-01380	$94.62		$94.62	
						($0.98)	

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-20782

Bennie C. Anthony
Mary L. Anthony
239 Coralwood Drive
San Diego, CA 92114

Paid in full E20782

Payment Number:	24	**Payment Due Date:**	05/19/2010
Payment Amount:	93.66	**Amount Enclosed:**	
Payment after 05/29/2010:	93.66		1061.08
Bal. After This Payment:	0.00	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	0.00		

If this is not correct, please call. Thank you
ck 195 (over) its ok

over $94.62 remaining to store

E-20782 ANTHONY, BENNIE C. AND MARY L. PRE_NEED LOT/TRUST 231631

Div 12 Sec 2 Lot 246 Grave 4

		DEBIT	CREDIT	BALANCE
05/19/08	Opened pre-need lot/trust. Trust includes:	2264.00		2264.00
	two o/c $1066, b/c $539, h/f $454, two r/f fees	2230.77		44[illegible]7
	$170 and sales tax on DD Crypt A & B AP04230A.		2247.39	2247.38
06/19/08	P-1280 Coupon #1		93.64	2153.74
07/01/08	P-01296 #2		93.64	2060.10
07/10/08	P-01308 #3 +		1000.00	1060.10
08/08/08	P-01351 623.92		623.92	436.18
08/08/08	P-01351 342.54		342.54	93.64

Remaining to trust

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/19/08

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

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

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 8 Section 4 Blk/Row _____ Lot 438 Grave 1

Grave space & Care Fund	Ode.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	
Total Due	850.00
Paid receipt number	
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.

Yusanda Blackmon
Signature

Yusanda Blackmon
Print Name

1387 Wooden Valley St
Address

Chula Vista Ca 91913
City Zip Code

(619) 253-9454
Telephone

Paulette

Work Order # E 20783

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Quitclaim Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-19-08

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 10 Section _____ Blk/Row _____ Lot 3887 3888 Grave 1 1

PAID

MAY 19 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 QUIT CLAIM	65.00
Sales taxes	
Total Due	65.00
Paid receipt number R60919	65.00
Balance due	-0-

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

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

Carole A. Cameron
Signature

CAROLE A. CAMERON
Print Name

1352 MINDGA DR
Address

SAN DIEGO, CA 92111
City Zip Code

858-292-1258
Telephone

Invoice # _____

Work Order # E 20784

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20784

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR.	2B. HOUR	3. SEX
Kathryne	Cameron	Scott	September 2, 1992	0515	F

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY. YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Caucasian	☐ YES ____ ☒ NO	January 5, 1910	82				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
CO	USA	Walter Campbell	KY	Alice Deutsche	IL

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19__ TO 19__ ☒ NONE	548-05-5994	Married	Howard Scott

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Owner	Auto Supply	Self	17	12

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
1352 Minden Drive	San Diego	92111

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	51	California	Howard Scott: Husband 1352 Minden Drive San Diego, CA 92111

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
Torrey Pines Convl.		San Diego

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
2552 Torrey Pines Road	La Jolla

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiac Arrest	10 mins
DUE TO (B)	Coronary Artery Disease	20 yrs
DUE TO (C)	Arteriosclerosis	20 yrs

1 of 2

22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER ☐ YES ____ ☒ NO

23. WAS BIOPSY PERFORMED ☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED ☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Carcinoma of Lung, Hypertension

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE: No

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
[signature]	A24366.	9-4-92

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS
1972	8-31-92	Christian Mende, M.D. 9850 Genesee Avenue, Suite #810, La Jolla, CA 92037

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	28B. DATE SIGNED

29. MANNER OF DEATH—specify: nat. natural, acc. accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
		☐ YES ☐ NO		

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
CR/BU	Mt. Hope Cemetery: 3751 Market Street, San Diego, CA	09-05-1992	Claudia Lutzyana	6984

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Greenwood Mortuary	F-843	Ronald E. Ramos, M.D.	SEP 04 1992

A.	B.	C.	D.	E.	F.	CENSUS TRACT

REGISTRAR

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS A TRUE, COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID.
SAN DIEGO DEPT. OF HEALTH SERVICES 3051 ROSECRANS ST. SAN DIEGO, CA 92110
DATE ISSUED: SEPTEMBER 9, 1992
BEARING THE OFFICIAL SEAL OF THE REGISTRAR OF VITAL STATISTICS
Ronald E. Ramos, M.D.

AFFIDAVIT TO AMEND A RECORD

E20784

STATE FILE NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1A. NAME–FIRST (GIVEN) Kathryne	1B. MIDDLE Cameron	1C. LAST (FAMILY) Scott	
ADDITIONAL INFORMATION TO LOCATE RECORD	2. SEX F	3. DATE OF EVENT—MONTH, DAY, YEAR September 2, 1992	4A. CITY OF OCCURRENCE La Jolla	4B. COUNTY OF OCCURRENCE San Diego
	5. FATHER'S NAME AS STATED ON ORIGINAL Walter Campbell		6. MOTHER'S NAME AS STATED ON ORIGINAL Alice Deutsche	

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE

7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
34B	Mt. Hope Cemetery	Greenwood Memorial Park
	3751 Market St.,San Diego, CA	I-805&Imperial Ave.,San Diego, CA

2 of 2

REASON FOR CORRECTION

9. To Amend the Disposition

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

10A. SIGNATURE OF FIRST PERSON	10B. TITLE/RELATIONSHIP TO PERSON IN PART I	10C. DATE SIGNED
▶ Kimberly L. Jones	Mortuary Clerk	09-04-1992
10D. AGE Legal	10E. ADDRESS (STREET, CITY, STATE, ZIP) Greenwood Mortuary:I-805&Imperial Ave., San Diego, CA 92102	
11A. SIGNATURE OF SECOND PERSON	11B. TITLE/RELATIONSHIP TO PERSON IN PART I	11C. DATE SIGNED
▶ Stephen Burk	Mortuary Clerk	09-02-1992
11D. AGE Legal	11E. ADDRESS (STREET, CITY, STATE, ZIP) Greenwood Mortuary:I-805&Imperial Ave., San Diego, CA 92102	

USE BLACK INK ONLY

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR	13. DATE ACCEPTED FOR REGISTRATION
	▶ Donald A. Powers, M.D.	SEP 0 8 1992

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THE CITY OF SAN DIEGO

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

Date: 5/19/08

(I)We Kathryne C. Cameron Scott (deseased: see attached death certificate)

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Carole A. Cameron 231625
Street Address: 1352 Minden Drive Apt / ~~Unit #:~~ —
City: San Diego ST: CA Zip-Code: 92111
Telephone #: (858) 292-1258

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

Division: 10 Section: " " Blk / Row: " "
Lot(s): 3887 & 3888 Grave(s):

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

WITNESS my/our hand this 19 day May 2008

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS

Maria Dooersly
WITNESS

CEMETERY REPREHENSIVE NAME

Carole A. Cameron
Legal Owner / Reprehensive Signature

Legal Owner / Reprehensive Signature

Cemetery Reprehensive Signature

DIVERSITY

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

E20784

DECLARATION OF TRUST

OF

KATHRYNE CAMERON SCOTT

KATHRYNE CAMERON SCOTT, hereinafter "Trustor," of San Diego County, California, declares as follows:

ARTICLE I - ESTABLISHMENT OF TRUST

Section 1.01 Creation of Trust: Trustor hereby creates an inter vivos revocable trust in accordance with the laws of the State of California, to hold in trust the property now and hereafter made subject to this trust. Trustor shall be the sole beneficiary during her life; after Trustor's death, her family shall benefit as set forth hereafter.

Section 1.02 Trust Name: The Trust created by this Declaration may be referred to and known as **THE KATHRYNE CAMERON SCOTT TRUST.**

Section 1.03 Identification of Family: Trustor is presently married to HOWARD W. SCOTT. Trustor has one (1) living child by a former marriage, namely, CAROLE ANN CAMERON. Trustor has no other children, living or deceased.

Section 1.04 Trust Estate: While subject to this Trust, all property hereof shall be known as the "Trust Estate." Trustor hereby delivers and transfers to the Trustee named below, without consideration from the Trustee, all the property described on the inventory attached hereto as Exhibit "A," which is Trustor's separate property. The Trust Estate shall be held, administered and distributed by the Trustee as provided in this Declaration.

Section 1.05 Additional Trust Estate: Trustor or any other person, at any time, may add to the Trust Estate additional property acceptable to the Trustee by any testamentary or inter vivos transfer, conveyance or assignment acceptable to the Trustee. An addition shall be deemed accepted unless the Trustee rejects it by a writing executed within sixty (60) days after receipt of notice of the addition.

Section 1.06 Retention of Character: All property now or hereafter transferred to the Trustee which is Trustor's community property, quasi-community property or separate property shall retain its character as such during Trustor's life while subject to this Trust or upon transfer herefrom.

Section 1.07 Revocation: At any time, Trustor may revoke this instrument in whole or in part by a written instrument. Any property withdrawn from the Trust Estate by reason of any such revocation shall be promptly delivered to Trustor or Trustor's

designee. Any revocation may be effective at any time that Trustor directs. Upon any revocation, the Trustee shall be entitled to retain sufficient assets reasonably necessary to secure the payment of liabilities lawfully incurred by the Trustee, including Trustee's fees that have been earned, unless Trustor shall indemnify the Trustee against loss or expense.

Section 1.08 Amendments: Trustor may at any time amend any of the terms of the trusts created by this Declaration, and this includes the power to alter, divest or create beneficial interests in any manner. Amendments shall be made by written instruments signed by Trustor, and such amendments may be effective at any time that Trustor shall direct. No amendment shall substantially increase the duties or liabilities, or change the compensation, of the Trustee without the Trustee's consent. The Trustee shall not be obligated to act under any amendment until the Trustee accepts it. If a Trustee is removed because of a refusal to accept an amendment, Trustor shall pay to the Trustee any sums due and shall indemnify the Trustee against liabilities lawfully incurred in administering the trusts herein.

Section 1.09 Powers Personal to Trustor: The powers herein reserved to revoke or amend any trust herein are personal to Trustor and not exercisable on her behalf by any guardian, conservator, or other fiduciary, unless such exercise is authorized, after notice to the Trustee, by order of that court of competent jurisdiction which appointed such fiduciary; except that fiduciaries or other agents appointed by Trustor in writing may exercise Trustor's power to revoke or amend if so authorized in the appointing instrument and if a true and correct copy of that instrument is delivered to the Trustee at least fifteen (15) days before the effective exercise of any such power.

Section 1.10 Termination of Right to Revoke or Amend: Upon the death of Trustor, the trusts created by this Declaration of Trust shall become irrevocable and not subject to amendment, except as otherwise specifically provided herein.

ARTICLE II - DISTRIBUTIONS DURING THE LIFE OF TRUSTOR

Section 2.01 Distribution of Income: During Trustor's life, the Trustee shall pay to or apply for the benefit of Trustor at least quarter-annually as much of the net income of the Trust Estate as Trustor requests. Undistributed net income shall be accumulated and added to principal.

Section 2.02 Distribution of Principal: During Trustor's life, upon written notice delivered to the Trustee, the Trustee shall pay to or apply for the benefit of Trustor as much of the principal of the Trust Estate, up to the whole thereof, as Trustor at any time or from time to time may direct.

Section 2.03 Distributions During Incompetency: If at any time Trustor is determined to be incompetent or unable to manage

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her own affairs by a court of competent jurisdiction under those provisions of law relating to the appointment of guardians or conservators, the Trustee shall apply for Trustor's benefit, first from net income and then from principal, such amounts necessary or desirable in the Trustee's discretion for Trustor's proper health, support, maintenance, comfort, enjoyment, and welfare, in Trustor's accustomed standard of living. Income in excess of the amounts applied for Trustor's benefit shall be added to principal. If a guardian or conservator of the person or of the estate is appointed for Trustor, the Trustee shall take into account any payments made for Trustor's benefit by such fiduciary. Payments made hereunder shall continue until Trustor, either as certified in writing by two (2) licensed physicians, not related by blood or marriage to Trustor, the Trustee or any beneficiary of this Trust, or as determined by a court of competent jurisdiction, is again able to manage her own affairs, or until the earlier death of Trustor.

ARTICLE III - ADMINISTRATION AND DISTRIBUTIONS

AFTER THE DEATH OF THE TRUSTOR

Section 3.01 Administration After Death of Trustor:

(a) Additions to Trust Estate: Upon the death of Trustor, all insurance proceeds, pension plan and profit-sharing plan proceeds payable to the Trustee by reason of such death, all distributions to the Trust Estate under the terms of the last Will of Trustor, and additions from all other sources shall be added to the Trust Estate, and the entire Trust Estate shall be held, administered and distributed as provided hereinafter.

(b) Payment of Expenses and Debts: Unless the Trustee determines, in its discretion, that other adequate provisions for payment have been made, upon the death of Trustor, the Trustee shall pay from the Trust Estate: Trustor's debts, any estate, inheritance or other transfer taxes, including interest and penalties, that may be due by reason of Trustor's death, last illness and funeral expenses, attorneys fees, and other costs incurred in administering Trustor's estate. Any payment for estate, inheritance or other transfer taxes shall be made without apportionment or charge against any beneficiary of this Trust or any transferee of property passing outside of the Trust Estate.

Section 3.02 Distribution of Trust Estate:

(a) After the death of Trustor, the Trustee shall distribute free of trust the household furniture and furnishings, jewelry, clothing, personal effects, and all other tangible personal property of Trustor as are then a part of the Trust Estate to the Trustor's daughter, CAROLE ANN CAMERON, if then living, and if not, to Trustor's husband, HOWARD W. SCOTT, if then living, and if not, to Trustor's grandson, TOD SHELBURNE.

(b) The Trustee shall distribute the sum of Twenty Thousand Dollars ($20,000.00) to Trustor's husband, HOWARD W. SCOTT, if then living, and if not, this distribution shall fail.

(c) The Trustee shall distribute the sum of Five Thousand Dollars ($5,000.00) to the Trustor's grandson, TOD SHELBURNE, if then living, and if not, this distribution shall fail. It is the Trustor's hope and expectation that her grandson will use this money for educational purposes.

(d) The Trustee shall distribute the Trustor's home commonly known as 1352 Minden Drive, San Diego, California, free of trust to Trustor's daughter, CAROLE ANN CAMERON, if then living, subject to the right of Trustor's husband, HOWARD W. SCOTT, to use and occupy said real property for and during his lifetime. As long as Trustor's husband shall continue to reside on the property he shall pay all taxes, insurance, maintenance and upkeep, and any mortgage payments in connection with said property. At such time as Trustor's husband ceases to permanently reside in Trustor's home for any reason whatsoever, his right to use and occupy Trustor's residence shall cease. If Trustor's daughter, CAROLE ANN CAMERON, does not survive the Trustor, this gift shall lapse and become a part of the balance of the Trust Estate disposed of below in subsection (e) of Section 3.02, except that the beneficiary or beneficiaries under Section 3.02(e) shall receive Trustor's home subject to the right of Trustor's husband, HOWARD W. SCOTT, to use and occupy said residence for the balance of his life.

(e) The Trustee shall distribute the remaining balance of the Trust Estate free of trust to Trustor's daughter, CAROLE ANN CAMERON, if then living, and if not, to her issue, by right of representation.

Section 3.03 Survival Requirement: Wherever in this Article III a beneficiary is described as "living" or is required to "survive" some occurrence, the beneficiary must survive by thirty (30) days the event which is the condition precedent for vesting of the beneficial interest.

Section 3.04 Alternate Disposition: Any portion of the Trust Estate not effectively disposed of as provided above shall be distributed to the persons who would then be the heirs of Trustor, the identities and respective shares of the aforesaid heirs to be determined by the laws of the State of California then in effect relating to the succession of separate property not acquired from a parent, grandparent, or predeceased spouse.

ARTICLE IV - PROVISIONS RELATING TO THE TRUSTEE

Section 4.01 Trustee: KATHRYNE CAMERON SCOTT is hereby designated as Trustee.

Section 4.02 Successor Trustee: If KATHRYNE CAMERON SCOTT dies, resigns or becomes unable to serve as Trustee, Trustor's daughter, CAROLE ANN CAMERON shall serve as Trustee. If CAROLE ANN CAMERON dies, resigns or becomes unable to serve as Trustee, Trustee's grandson, TOD SHELBURNE, shall serve as Trustee.

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Section 4.03 Trustee's Bond: No bond shall be required of any person named as a Trustee in this instrument.

Section 4.04 Release of Liability: Any successor Trustee, whether named herein or appointed as provided in Section 4.05, shall be relieved of any and all liability for any acts or omissions of a predecessor Trustee in administering any trust created by this Declaration.

Section 4.05 Resignation of Trustee: Any Trustee may resign at any time upon giving written notice thirty (30) days before such resignation becomes effective to Trustor, or, after Trustor is deceased or determined to be incompetent, to all beneficiaries in being of the trust to which such resignation relates who may then be entitled or authorized to receive payments of income or principal hereunder. The resigning Trustee shall transfer and deliver to the successor Trustee the entire trust estate to which such resignation relates and shall thereupon be discharged as Trustee under this Declaration and shall have no further powers, discretions, or rights with regard to said trust estate. If the appointment of a successor Trustee is not provided by the terms of this Declaration, a successor Trustee shall be appointed by a court of competent jurisdiction upon petition of either the resigning Trustee or any person interested herein.

Section 4.06 Trustee's Compensation:

(a) All individuals acting as Trustee hereunder shall be entitled to receive reasonable compensation for their services without approval of any court, and fees shall be considered reasonable if they conform generally to the fees currently charged by corporate Trustees. All corporations acting as Trustee shall be entitled to receive without approval of any court reasonable compensation for their services as set forth in their published fee schedules for trust services in effect from time to time, and reasonable additional compensation for any extraordinary services.

(b) Trustees' fees are to be paid annually. The Trustee may choose, during the lifetime of Trustor, to defer the receipt of annual fees in order to preserve the Trust Estate. Deferred fees shall not be considered waived, but they shall be collected without interest upon the death of Trustor, or sooner, in the Trustee's discretion.

Section 4.07 Powers of the Trustee: To carry out the trusts created herein, the Trustee shall have the powers described in California Probate Code Sections 16220 et seq., in addition to any other powers now or hereafter conferred on trustees by law. The Trustee shall also have the following powers:

(a) To Manage, Sell and Lease: To manage, control, grant options on, sell for cash or deferred payments, convey, exchange, partition, divide, subdivide, improve and repair trust property; to lease trust property for terms within or beyond the terms of the trusts created herein and for any purpose; to create restrictions, easements and other servitudes, with or without consideration; to

abandon trust property or any interest therein when, in the Trustee's discretion, abandonment is in the best interests of the trust and its beneficiaries.

(b) To Determine Investments and Diversification: The Trustee is not restricted to forms of investments permitted by law; and investments need not be diversified, although the aggregate return of all trust investments from time to time shall be reasonable in light of then existing circumstances.

(c) To Retain Unproductive Property: To continue to hold any property that the Trustee receives under this Declaration although not productive or not of a type considered proper for trust investment. Trustor retains the power to require the Trustee to convert unproductive property to productive property.

(d) To Divide and Distribute: Unless otherwise provided, whenever the Trustee is required pursuant to the provisions hereof to divide any trust property into parts or shares for the purpose of distribution, or otherwise, the Trustee is authorized, in its discretion, to make such division and distribution in kind, including undivided interests in any property, or partly in kind and partly in money, and for this purpose, to make such sales of trust property as the Trustee deems necessary on such terms and conditions as the Trustee sees fit; the Trustee is not required to physically segregate or divide the trusts created herein except as segregation or division may be required by the termination of any of the trusts, but the Trustee shall keep separate accounts for each of the undivided trusts.

(e) To Defer Division or Distribution: In the Trustee's discretion, to defer a division or distribution for up to six (6) months when the Trustee is directed to distribute trust assets or divide the same into separate shares or trusts after the death of Trustor. Upon such deferral, the deferred division or distribution shall be made as if it had taken place at the time prescribed in this instrument in the absence of this subsection, and all rights given to the beneficiaries of those trust assets under other provisions hereof shall be considered to have accrued and vested as of that prescribed time.

(f) To Terminate Small Trust: In the Trustee's discretion, to terminate any trust created herein and distribute the entire trust estate thereof to the beneficiary if such trust becomes so small in value that its administration is no longer economically desirable or the cost is disproportionate to the value, or if the trust has a total market value at the end of any calendar year of less than Fifty Thousand Dollars ($50,000).

(g) To Transact with Related Estates and Trusts: To make loans to or borrow from, to purchase property or assets of any kind from, or sell to, or in any other manner deal with, the personal representative of Trustor, or between any trusts herein upon such terms and conditions or in such manner as the Trustee in its discretion deems reasonable and in the best interests of the trusts

thereof. The Trustee may make sales, exchanges or other transactions between trusts or between a trust and any other parties as the Trustee deems desirable to avoid the holding of fractional interests.

(h) To Invest in Life and Health Insurance: To apply for, own, receive into the Trust Estate, hold, and pay premiums upon, policies insuring the life of Trustor, as the Trustee deems advisable, and to purchase and/or maintain health insurance policies on Trustor. The Trustee is authorized to exercise all rights under such policies and no company issuing the same shall be required to determine the extent of the Trustee's authority.

(i) To Collect Proceeds: Upon receipt of actual notice of an insured's death, the Trustee shall collect all sums payable to the Trustee as beneficiary of any insurance policies. The Trustee shall have no duty to seek reimbursement from any source for any deduction from or charge against the proceeds of any policy on account of any indebtedness secured by it. The Trustee shall not be obliged to take any action for collection until it has been indemnified to its satisfaction against any loss, liability or expense, including reasonable attorney's fees. The Trustee's receipt to the insurer shall be a full discharge and the insurer is not required to see to the application of the proceeds.

(j) To Determine Taxes: In the Trustee's discretion, to take any action and to make any elections to minimize the tax liabilities of the trusts created herein and their beneficiaries, and to make adjustments in the rights of any beneficiaries, or between the income and principal accounts, to compensate for the consequence of any tax election or any investment or administrative decision that the Trustee believes has had the effect of directly or indirectly preferring one beneficiary or group of beneficiaries over others.

(k) To Manage Foreign Property: To acquire, retain and transfer real or personal property outside the State of California; to appoint, remove or substitute surrogate trustees to facilitate holding title or managing such property; to delegate to or direct a surrogate trustee in the exercise of any discretion granted to the Trustee in this Declaration; to indemnify a surrogate trustee and to pay the same reasonable compensation as a Trust expense.

V - MISCELLANEOUS PROVISIONS

Section 5.01 Spendthrift Provision: Except as to Trustor, no interest in the principal or income of any trust created herein shall be anticipated, assigned, encumbered, transferred or subjected to creditors' claims or legal process before actual receipt by the beneficiary.

Section 5.02 Good Faith Distributions: Until the Trustee receives from some person interested in this Trust written notice of any death, birth, marriage, or other event upon which the right

to payments from this Trust may depend, the Trustee shall not incur any liability for disbursements made in good faith to persons whose interests may have been affected by such event.

Section 5.03 Accrued or Undistributed Income: Income accrued or unpaid on Trust property when received into the Trust shall be treated as any other income. Income accrued or held undistributed by the Trustee at the termination of any interest or estate hereunder shall go to the beneficiaries entitled to the next eventual interest in the proportions in which they take such interest. Periodic payments out of principal, not due upon the termination of any interest or estate, shall not be apportioned to that date. The Trustee is not required to prorate taxes and other current expenses to the date of termination.

Section 5.04 Limitation on Payment of Debts: Except as otherwise provided, the Trustee shall not pay any debt of a Trustor or any other person who is deceased which has been disclaimed by any such person before his or her death, barred by a statute of limitations, discharged in a bankruptcy or comparable proceeding, or for which payment could not otherwise have been legally enforced immediately before the death of such person.

Section 5.05 Receipts from Retirement Plans: Notwithstanding anything in this Declaration to the contrary, the Trustee shall not pay any death taxes, including interest or penalties, last illness and funeral expenses, attorneys' fees, administration expenses, debts, or other obligations of Trustor or his estate from funds received from qualified retirement plans or from insurance policies on his life to the extent they are excludable or deductible from Trustor's estate if not used for such payments for federal estate tax purposes under any provision of the Internal Revenue Code or for death tax purposes under any provisions of the California Revenue and Taxation Code or any other state whose provisions apply.

Section 5.06 Presumption of Competency: Unless otherwise provided: all rights granted to any person by any provision of this Declaration may be exercised by such person at any time during his or her lifetime and competency; and for all purposes herein, it shall be conclusively presumed that each such person is competent unless he or she has been declared incompetent by a court of competent jurisdiction, and until a duly certified or authenticated copy of the determination of such incompetency issued by such court has been served upon the Trustee.

Section 5.07 Rule Against Perpetuities: Unless sooner terminated under other provisions of this Declaration, all trusts established hereunder shall terminate twenty-one (21) years after the death of the last survivor of the beneficiaries in being at the time of the death of Trustor. The Trustee shall then convey, transfer and pay over the principal and accumulated income, if any, of the respective trusts to the beneficiaries then entitled to the income therefrom, in the same proportions as they were, at the time of such termination, entitled to receive such income.

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Section 5.08 Definitions:
(a) "Trustee": The term "Trustee" includes any Successor Trustor or Trustees.

(b) "Children" and "Issue": "Issue" refers to lineal descendants of all degrees, and the terms "issue", "child", and "children" include persons adopted as minors. All others, including stepchildren, foster children and persons adopted out of a Trustor's family, are specifically excluded, regardless of whether a parent-child relationship existed between such persons and those through whom benefits are claimed under this instrument.

Section 5.09 Governing Law: This instrument shall be governed by and construed in accordance with the laws of the State of California. References to any specific statutes, rules or regulations shall include successors.

Section 5.10 Contestant's Interest Revoked: Except as otherwise provided herein, Trustor has intentionally and with full knowledge failed to provide for her heirs. If any person, whether or not claiming to be a beneficiary under this instrument, directly or indirectly contests in any court the validity of all or any part of this instrument or any amendment to it, or seeks to void, nullify, or set aside all or any part of this instrument or any amendment to it, that person's right to take any interest hereunder shall be determined as if such person had predeceased the execution of this Declaration. This paragraph shall not apply to a disclaimer by any person of any benefit under this instrument.

Section 5.11 Recording: If it becomes necessary to record any portion of this instrument, the parties hereto, or the Trustee alone, agree to and are authorized to execute and record a short-form memorandum of this document. The Trustee is directed to use its best efforts to maintain the privacy of the dispositive provisions of this instrument from third parties.

Section 5.12 Severability: If any provision of this instrument is or becomes invalid or unenforceable, the remaining provisions shall continue to be fully effective.

Section 5.13 Number and Gender; Headings: The masculine, feminine or neuter gender and the singular or plural number, shall each be deemed in this instrument to include the others wherever convenient or wherever the context so indicates or requires. The index and headings in this instrument are inserted for convenience only and are not to be considered in the construction hereof.

I CERTIFY THAT:

1. I have read the foregoing Declaration of Trust;

2. The foregoing Declaration correctly states the terms and conditions under which the Trust Estate is to be held, managed, administered, and distributed by the Trustee;

3. I approve this Declaration, which consists of ten (10) pages plus Exhibit A, in all particulars; and

4. As the Trustee named herein, I approve and accept the trusts provided for in this Declaration.

EXECUTED on January 23, 1992, at San Diego, California.

TRUSTOR: TRUSTEE:

Kathryne Cameron Scott Kathryne Cameron Scott

KATHRYNE CAMERON SCOTT KATHRYNE CAMERON SCOTT

Approved as to Form:

Jack L. Oatman

JACK L. OATMAN, JR.
Attorney at Law

STATE OF CALIFORNIA)
) SS
COUNTY OF SAN DIEGO)

ON January 23, 1992, before me, Jack L. Oatman, Jr., a Notary Public in and for said State, personally appeared KATHRYNE CAMERON SCOTT, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in 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.

SEAL:

Jack L. Oatman
Notary Public

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EXHIBIT "A"

Initial Corpus of The Kathryne Cameron Scott Trust

1. Trustor's tangible personal property and personal effects, including, but not limited to, Trustor's jewelry, clothing, household furniture and furnishings, appliances, automobiles, books, pictures, silvrware and china. See Assignment attached hereto.

2. Trustor's real property commonly known as 1352 Minden Drive, San Diego, California 92111, legally described as:

   Lot 4 of Mission Heights, in the City of San Diego, County of San Diego, State of California, according to Map thereof No. 3142, filed in the Office of the County Recorder of San Diego County, October 22, 1954, in Book 5426, Page 3 of Official Records.

   A.P.N. 437-230-01-00

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ASSIGNMENT

I, KATHRYNE CAMERON SCOTT, hereby assign, transfer and deliver, without consideration, to KATHRYNE CAMERON SCOTT, or her successor, as Trustee of THE KATHRYNE CAMERON SCOTT TRUST dated January 23, 1992, all right, title and interest which I have in all my tangible personal property, wheresoever located, now owned or hereafter acquired by me individually or jointly with any other person.

As used in this document "tangible personal property" shall include, but not be limited to, jewelry, clothing, household furniture and furnishings, appliances, automobiles, books, pictures, and works of art.

EXECUTED on January 23, 1992, at San Diego, California.

Kathryne Cameron Scott

KATHRYNE CAMERON SCOTT

TRUSTEE'S ACCEPTANCE:

Approved and accepted at the date and place shown above.

Kathryne Cameron Scott

KATHRYNE CAMERON SCOTT, Trustee

STATE OF CALIFORNIA)
) SS.
COUNTY OF SAN DIEGO)

On January 23, 1992, before me, Jack L. Oatman, Jr., a Notary Public in and for said State, personally appeared KATHRYNE CAMERON SCOTT, 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 their authorized capacity(ies), and that by his/her/their signatures on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

SEAL:

OFFICIAL SEAL
JACK L. OATMAN, JR.
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Aug. 4, 1992

Jack L. Oatman

Notary Public

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quitclaim Transfer

Date 5/19/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO Thomas M. La Gamma

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1310 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees $85.00	85.00
Sales taxes	
Total Due	85.00
Paid receipt number R-60917	85.00
Balance due	0

PAID
MAY 19 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.

231627

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

Thomas M. La Gamma
Signature

Thomas M, LaGamma
Print Name

16084 Mackinaw Way
Address

Grass Valley, CA 95949
City Zip Code

(530) 268-7372
Telephone

Invoice # _____

Work Order # E 20785 -

Acct. # _____

REA-104 (3-04) Entered Contract in Nexus.

This information is available in alternative formats upon request.

E20785

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
A[illegible]EED PURCHASE
MOU[illegible] HOPE CEMETERY
(619) 527-3400

5[illegible]83

Date: 4/25, 20 06

From: Thomas M. LaGamma Address: 16084 Mackinaw Way
Grass Valley, CA 95949 Dollars ($ 425.06)

in _____ Payment of _____

Div 8 Sec 3 Blk/Row _____ Lot 1311 Grave 1

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☑ Charge
☐ Check

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

PAID
APR 24 2006
MOUNT HOPE CEMETERY

ISSUED BY Maria D.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	199	00
Opening/	100		
Closing	77181	104	00
Burial	100		
Containers	77182		
	100		
Handling Fee	77185	114	00
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101	8	06
	78390		
TOTAL PAID	$	425	06

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

LOT OWNER B-1482

ROBERSON, Ruth Rt. 1, Box 458 Lakeside, Calif.
NAME ADDRESS

LOT 1310 GR. Sec 3 Div 8 $190.00
1311

PAID
FEB 18 1957
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 28208

DATE 3-18- 19 86

FROM Ross Lee Gamma ADDRESS 8552 Winter Gardens Blvd Lakeside
One Hundred Thirty Three dollars & forty DOLLARS ($ 333.40)

IN full PAYMENT OF _____

LOT 1311 GRAVE _____ ROW _____ SECTION 3 DIVISION ~~BLOCK~~ 8

INVOICE NO. Cash

W.O. E-1226

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

PAID
MAR 18 1986

CREDIT	67007		
SALES CARE	77184		
HALF SALES	100		
OF LOTS	77184		
	100		
OPENINGS	77181	186	00
	100		
BOXES	77182	148	40

E20785

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 8 Section 3 Lot 1310 Grave 1

2. My legal authority to the above property is based on the following facts: I am the grandson of John I. Roberson and Ruth Roberson. My mother ~~Ruth~~ Infrosatie Roberson La Gamma is interned in Division 8, Section 3, Lot 1311, Grave #1. I now wish to ~~be~~ transfer title of Lot 1310 so my brother John Wayne La Gamma can be interned in Lot 1310, Section 3., Division 8.

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

Official receipts No. 28208 and Original Lot owner receipt B-1482 card. also Official receipt # 59583.

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 5-19-2008 (Date), _____ in San Diego (City)

Signature Thomas M. LaGamma Print Full Name Thomas M. LaGamma

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

Full Name Thomas M. LaGamma

Address 16084 Mackinaw Way

City, State & Zip Code Grass Valley, CA 95949

4. **The Last Step:** To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**

(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.

(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed.

5. **Notarization:** Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of _____ ss.

County of _____

On this _____ day of _____ in the year _____, before me _____

personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it.

_____

Notary Public

E20785

FOR OFFICE USE ONLY

Witnessed:

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

Signature _____ Print Full Name _____

Documents Presented:

_____

_____

_____

Processed by: _____

Approved by Cemetery Manager: _____

Transfer allowed: Yes ✓ **No** _____

If no, reason:

_____

_____

_____

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

Transfer Fee Non-Resident ($85.00) ✓ New Deed Issuance Paid Non-Resident ($85.00) _____

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-08

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

In a ASH VAULT (Type of Burial Container) Funeral, date, time MAY 23, 08 FRI

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 _____ Blk/Row _____ Lot 762 Grave 1

Grave space & Care Fund ..... B-2130 ..... -

Overtime/Late Arrival Fees ..... -

Opening/Closing & Setup ..... - _____

Burial Container ASH VAULT ..... - _____

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 20786

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At need
N.R.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/20/08

Pin 231643

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Cody Stapp IV 5mos

in a D-Liner (Type of Burial Container) Funeral, date, time SAT. 5/24/08 10:00

Church, Chapel, Graveside Vista La Mesa Christian 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 9 Section 1 Blk/Row _____ Lot 1890 Grave 1

Grave space & Care Fund	188.-
Overtime/Late Arrival Fees SATURDAY OVERTIME	472.-
Opening/Closing & Setup	237.-
Burial Container D-Liner 42"L x 22"W 19h	133.-
Handling Fees	48.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	10.31
Total Price	1,173.31
Paid receipt number Ap 061608	1,173.31
Balance due	Ø

PAID
MAY 20 2008
MOUNT HOPE CEMETERY

I hereby certify I am the Parents of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 231641 231642

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

RC Stapp
R Stapp

Roy Cody IV Stapp (Print Name) Kendra Roeann Stapp
640 W. Lincoln Ave 99 (Address)
Escondido CA 92026 (City, Zip Code)
(205)337-1673 or 4483 (Telephone)

Invoice # _____

Work Order # E 20787

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20787

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 (42"L x 22 w" x 19h)

Bush						Calmer
			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Roy Cody Stapp V.

Interment Date: Saturday 5-24-08 Time: 10:00 Church

Div: 9 Sect: 1 Blk/Row: — Lot: 1890 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

OFFICIAL RECEIPT

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

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

61259

Date: October 22, 20 08

From: Mother (Kendra Stapp) Address: 640 West Lincoln ave #99 Escondido CA 92026

One hundred, fifty-one and 00 Dollars ($151.00)

in full Payment of setting-fee for infant Roy Cody V. Stapp

Div 9 Sec 1 Blk/Row ~ Lot 1890 Grave 1

Invoice No.

Acct. No. E-20787

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP 687843
☐ Check

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

PAID

OCT 22 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette

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	151.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	151.00

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

E20787

OFFICIAL RECEIPT

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

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

61456

Date: 2-11, 20 09

From: KENDRA STAPP Address: 640 W. LINCOLN AVE #99 ESCONDIDO 92026

FORTY THREE & 47/100 Dollars ($ 43 47)

in FULL Payment of GALVANIZED FLOWER VASE FOR ROY CODY STAPP

Div 9 Sec 1 Blk/Row Lot 1890 Grave 1

Invoice No. 231643

Acct. No. E020787

W.O. 6767

BALANCE DUE 0

☐ Money Order

☒ Charge VISA AP 01118B

☐ Check

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

PAID

FEB 1 1 2009

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185	23	—
Recording &	100		
Misc. Fees	77183	~~43~~	~~47~~ 19.00
Sales Tax	60101		
	78390	1	47
TOTAL PAID	$	43	47

AC-212A (11-05)

This information is available in alternative formats upon request.

E20787

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
ROY	CODY	STAPP V

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	12/17/2007	05/19/2008	

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
KENDRA STAPP	MOTHER	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. DOMINGUEZ	FD 1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

640 W. LINCOLN AVE. #99
ESCONDIDO, CA 92026

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 ▶ Michel Domy

9B. DATE SIGNED 05/21/2008

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	05/21/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

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

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 5-24-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Moriega	
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

At need

INTERMENT ORDER

City of San Diego

Date 5/21/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adrian Weatherford 231646

in a Liner (Type of Burial Container) Funeral, date, time Weds May 28 11.00

Church, Chapel, Graveside _____ : CA BURIAL Mortuary. ELGIS ON

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

will be applied and billed to undersigned. 619-286 2674

Division 7 Section 16 Blk/Row _____ Lot 19 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases + Marker setting fee	65.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,424.64
Paid receipt number R-60925	3,424.64
Balance due	Ø

PAID

TRION YASE W06225 MAY 27 2008

MOUNT HOPE CEMETERY

Mort to Pay Jeannette Fax 28622674

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.

231645

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

Signature

CHARLES WEATHERFORD
Print Name

5977 SKYLINE DRIVE
Address

SAN DIEGO, CA 92114
City Zip Code

(619) 263-4004
Telephone

Invoice # _____

Work Order # E 20788

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20788

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 Liner

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Adrian Weatherford

Interment Date: 5/28/08 Weds Time: 11:00 Church

Div: 7 Sect: 16 Blk/Row: ____ Lot: 19 Grave: 4

Grave Laid out by: DAVID & KEN

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

Agrees with Map: Yes [ ] No [ ]

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

30 E20788

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
ADRIAN	MARQUIS	WEATHERFORD

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	09/25/1977	05/19/2008	

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
BONITA WEATHERFORD	MOTHER	CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
5977 SKYLINE DR. 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	9B. DATE SIGNED
▶ [signature]	05/23/08

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	05/23/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 5-28-08	12C. INTERMENT NUMBER—IF APPLICABLE 7
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fergu	
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 NGSD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSIE MANZANARES 226154

in a DD "B" (Type of Burial Container) Funeral, date, time MAY 28, 2008 WGD 11:30

Church, Chapel, Graveside _____ ; Humphreys Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 66 Grave 1

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

PAID
MAY 21 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.

Lola Tursi
Signature

Lola Tursi
Print Name
635 Belleville Ave.
Address
Belleville, N.J. 07109
City Zip Code
973-751-3329
Telephone

N.R.

Work Order # E 20789

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20789

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-11-89

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

in a Dble Crypt (Vault/Lawn) Funeral, date, time Fri 12/15 9:00

Church, Chapel, Graveside Church & Home ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ . 16 Chairs

Lot 66 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund		—
Additional spaces and care fund		
Opening/Closing & Setup	2nd 320.00	320.00
Burial Container		330.00
Handling Fees		320.00
Flower vases - Marker setting fee		
Recording and filing fee	2nd 35.00	35.00
Sales taxes	355.00	23.93
Total Due		1028.93
		355.00
Paid receipt number	38680	1383.93
Balance due		1383.93

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

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

_____
Signature of recorded holder of deed

Rosa Manzanares
Signature

2844 Boston Ave
Address

San Diego, Cal 92113
State Zip Code

619-232-2304
Telephone

Invoice # _____

Work Order # E 8419

Acct. # _____

PY-593 (REV. 8-86)

E20789

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Pete Manzanares

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

			Edwards			
		Perkins	X	Hamilton		
		DeJong	Deemer	Cook	Noyes	

Flagged Yes ✓ No

Blind check Initiated by: Paulette Date: 5/23/08

Interment space for: Rosie Manzanares

Interment Date: 5/28/2008 Time: 11:30

Div: 8 Sect: 1 Blk/Row: Lot: 66 Grave: 1

Grave Laid out by: KEN & DAVID

Agrees with Legal Card: Yes ✓ No

Agrees with Map: Yes ✓ No

Blind Check & Verified By: Date

Cremains were placed at: of grave

E20789
93

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
ROSIE	-	MANZANARES

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	08/27/1914	05/21/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
NATIONAL CITY	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
LOLA TURSI	SISTER	HUMPHREY MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD964

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

635 BELLEVILLE AVENUE
BELLEVILLE, NJ 07109

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: 05/22/2008

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	05/22/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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: 5-28-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING: ▶ Norman Ferguson	
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 & transfer fee

Date 05/21/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lynn Dawn Hall Ø 231640

in a ASH VAULT (Type of Burial Container) Funeral, date, time Friday May 23

Church, Chapel, Graveside _____ ; Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 761 Grave 1

PAID

MAY 21 2008

MOUNT HOPE CEMETERY

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	
Recording/Filing/Transfer Fees $65 + $65	130.00
Sales taxes	6.12
Total Due	449.12
Paid receipt number AP 035326	449.12
Balance due	Ø

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

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

Signature _____

MIKE HALL 231639

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Res

Work Order # E 20790

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20790

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

Daniel		Kambestad	Shaw	Shaw		
		Vandersluis	X	Straub	Steele	
			Vandersluis	Hopkins		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Lynn Dawn Hall Ø

Interment Date: 5/23 Friday Time: ?

Div: 8 Sect: 1 Blk/Row: ____ Lot: 761 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: Middle of grave

63 E20790

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
LYNN	DAWN	HALL

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	05/02/1945	05/15/2008	

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
MIKE HALL	SON	GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

2305 CAMINITO ANDADA
SAN DIEGO, CA 92107

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.

8A. APPLICANT SIGNATURE ▶ Kim Beaulieu

9B. DATE SIGNED 05/22/2008

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	05/22/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 5-23-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Morris	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY, 4300 IMPERIAL AVENUE, SAN DIEGO, CA 92113	13B. DATE CREMATED 05-22-2008	13C. CREMATION NUMBER—IF APPLICABLE 1918721
		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.

E20790

Attn. Kari Capella @ 530-836-1908
&
Judy Clark

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 B Section 1 Lot 761 Grave 1

2. My legal authority to the above property is based on the following facts: I am the only surviving daughter of Dawn D. Eddy. I am requesting the right to inter be transferred to myself & to my nephew Michael J. Hall

3. I have presented the following evidence to support the above facts.
Dawn D Eddy's Death certificate
or
Judy Clarks Birth Certificate

I declare under penalty of perjury under the laws of the State of California that the statements before mentioned are true and correct.

Signed on May 22, 2008 (Date), in Graeagle (City), Ca

Signature Judith Ruth Clark Print Full Name Judith Ruth CLARK

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

Full Name _____

Address _____

City, State & Zip Code _____

4. **The Last Step:** To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**
(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.
(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed.

5. **Notarization:** Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of CALIFORNIA
County of Plumas 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.

See attached
Notary Public

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Plumas

On 5/22/03 before me, Kari Capella
(Here insert name and title of the officer)

personally appeared Judith Ruth Clark

who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)

KARI CAPELLA
Commission # 1689865
Notary Public - California
Plumas County
My Comm. Expires Sep 23, 2010

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Transfer Form
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 5/22/08

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual (s)
- ☐ Corporate Officer
  (Title)
- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Other

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, ~~is/are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CALIFORNIA
DRIVER LICENSE
K0585543
LYNN DAWN HALL
3417 LOTUS DR
SAN DIEGO CA 92106
SEX:F HAIR:BRN
HT:5-05 WT:145
RSTR: CORR LENS

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/22/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jasper L. Adkins 206338

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Friday May 23 2:00

Church, Chapel, Graveside Direct Burial; Greenwood Diana / Gabriel Mortuary

All Funeral cars must arrive 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 92 Grave 5

Grave space & Care Fund E-14134 01-29-1998 0

Overtime/Late Arrival Fees .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

Total Due .....

Paid receipt number E-14134 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.

W. B. H.
Signature

Blanche Adkins
Print Name
904 North 33rd St
Address
S.D. Ca 92102
City Zip Code
619 239 5824
Telephone

Invoice # _____

Work Order # E 20791

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Preneed
lot + trusts
for both burials
in double depth

E20791

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jasper Lee and Blanche E. Adkins

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 92 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup (2 at 375.00)	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing (2 at 45.00)	90.00
Sales taxes	29.45
Total Due	2364.45
Paid receipt number R-49577	2364.45
Balance due	0

PAID
JAN 29 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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

deed #12208
mailed 1-30-98

Work Order # E 14134 ✓

X Jasper Lee Adkins
Signature
X 84 NORTH 33d St.
Address
X 92102
City Zip Code
X SAN DIEGO CALIF
Telephone 2395824

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20791

49577

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

Date 1-29 98

From SD County Credit Union Address 9985 Pacific Heights Blvd SD 92121

Two thousand three hundred sixty four & 45/100 Dollars 2364.45

In full payment of double depth crypt for Jasper Lee & Blanche E. Adkins

Lot 92 Grave 5 Row _____ Section 3 Division/Block 12

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

CREDIT	67007	
20% Sales Care	77164	159.00
80% Sales of Lots	100	636.00
Opening/Closing	77164	
	100	
	77161	
	100	
Burial Containers	77162	
	100	
Handling Fee	77165	
	100	
Recording & Misc. Fees	77193	15.00
	100	
Pre-Need Trust	60003	
	9022	
Sales Tax	60101	
	7500	29.45
TOTAL PAID	$	2364.45

Invoice No. _____

Appl. No. _____

W.O. E-14134

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ Off Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 97040

Issued by Cahna Amilone

AC-212 (Rev. 5-94)

E20791

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" "2pm"

		Woodlawn	Center	Bradford		
			X	Weston		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 5/22

Interment space for: Jasper L. ADKINS

Interment Date: AYD Time: AYD

Div: 12 Sect: 3 Blk/Row: ~ Lot: 92 Grave: 5

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☑

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83E2079

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JASPER	LEE	ADKINS

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	02/16/1925	05/16/2008	

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
BLANCHE E. ADKINS	WIFE	GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

904 33RD STREET
SAN DIEGO, CA 92102

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: 05/19/2008

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	05/19/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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.

E-14134

OFFICIAL RECEIPT

[redacted]

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

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

61665 E20791

Date: 05/13, 20 09

From: Blanch Adkins Address: 904 33rd St., SD CA 92102

Three dollars and 00/100 Dollars ($ 3.00)

in Full Payment of Balance of setting fee for Jasper L Adkins

Div 12 Sec 3 Blk/Row Lot 92 Grave 5

Invoice No.

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check 6163

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

PAID

MAY 13 2009

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	3.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	3.00

AC-212A (11-08)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

[redacted]

File

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

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

m nex us

61661

Date: May 11, 20 09

From: Blanche Atkins Address: 904 33rd St., SD CA 92102

One hundred Seventy-five and 00/00 Dollars ($ 175.00)

In full Payment of Selling fee for Jasper L. Atkins

Div 12 Sec 3 Blk/Row Lot 92 Grave 5

Invoice No. E-20791

Acct. No.

W.O.

BALANCE DUE $3.00

☐ Money Order
☐ Charge
☒ Check 6162

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

RECEIVED
MAY 11 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	175.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	175.00

AC-212A (11-06)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Preneed to at need

Date 5/23/08

231799

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Preneed ash burial for Elizabeth Jeter

In a Ash vault (Type of Burial Container) Funeral, date, time Friday aug. 22, 11:00

Church, Chapel, Graveside : Anderson Pags Mortuary

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

will be applied and billed to undersigned. _____

Division 7 Section 16 Blk/Row _____ Lot 72 Grave 11

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 P-0250	384.12
Balance due	-0-

PAID
MAY 23 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.

231798

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

Signature _____

Print Name See attached

Address

City Zip Code

Telephone 858-566 6904

Invoice # _____

Acct. # _____

Work Order # E 20792

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20792

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Mario Anthony Mark

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

			Page			
			X	Steinhouse		
			Guttelle	Hedgeman		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paullette Date: 8-18-08

Interment space for: Elizabeth Peters

Interment Date Friday Aug 22 Time: 11:00 G.S. Service

Div: 7 Sect: 16 Blk/Row: ____ Lot: 72 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

burial pd.

81 E20791

12427-02

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
ELIZABETH	LAVERNE	JETER

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	07/02/1927	08/13/2008	

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
SHERYL MARTIN	DAUGHTER	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

10310 PINECASTLE STREET
SAN DIEGO, CA 92131

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 ▶ Sherrie Ragsdale

9B. DATE SIGNED 8/19/08

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	08/19/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 8-25-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ragsdale	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIF CREMATORY: 601-D CRANE STREET, LAKE ELSINORE, CA 92530	13B. DATE CREMATED 8-19-08	13C. CREMATION NUMBER—IF APPLICABLE 12427
		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 Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/23/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAO PHAM 231652 10:00

in a Wilbert Vault (Type of Burial Container) Funeral, date, time Friday May 30, 2008

Church, Chapel, Graveside Arrival 11:30 ; Greenwood 619-518-8310 Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 6 Blk/Row 7 Lot 44 Grave 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container Wilbert Vault	N/A
Handling Fees	N/A
Flower vases – Ma[illegible]	178.00
Recording/Filing/Transfer Fees 6500 CANOPY	65.00
Sales taxes	N/A
Total Due	3040.00
Sales receipt number AP 13750	3,040.00
Balance due	0

PAID MAY 28 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 231648

attn: uyen
fax 619-527-3098

Invoice # _____

Work Order # E 20793

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20793

(FRI) MAY 29 2008 14:40/ST. 14:29/No. 7500000683 P 1

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 05/23/08

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

in a Wilbert Vault (Type of Burial Container) Funeral, date, time Friday May 30, 2008

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

619-518-8510

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

will be applied and billed to undersigned. _____

Division 7 Section 6 Blk/Row 7 Lot 44 Grave 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container Wilbert Vault	N/A
Handling Fees	N/A
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	N/A
Total Due	3,040.00

Paid receipt number _____

Balance due _____

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

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

X [signature]
Signature

X BACH VO
Print Name

X 4096 43RD ST
Address

X SAN DIEGO CA 92105
City Zip Code

X (619) 280-4622
Telephone

attn: Uyen
f.v 619-527-3098

FROM

E20793

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 (placed on Thurs 5/29)

		Benetos Bovington	Benetos			
			X			

Flagged Yes ✓ No _____

Blind check Initiated by: Paulette Date: 5/27/08

Interment space for: HAO PHAM

Interment Date: Friday 5/30 Time: 10:00am

Div: 7 Sect: 6 Blk/Row: 7 Lot: 44 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

61 E20793

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
HAO	TRAN	PHAM

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	02/16/1947	05/22/2008	

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
VINCENT PHAM	SON	GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
8030 BEECHWOOD COURT LEMON GROVE, CA 91945

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 05/28/2008

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	05/28/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	5-30-08	
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fergus	
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

Disinterment **INTERMENT ORDER**

City of San Diego

Date 5/27/08

Pin# 173369

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donna Lee smith 9yrs old

in a _____ (Type of Burial Container) Funeral, date, time ives June 3 11:00

Church, Chapel, Graveside _____ Alhiser-Conr Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 760-1745 2162 Tory

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row — Lot 18 Grave 1

Grave space & Care Fund .....

Overtime/Late Arrival Fees Disinterment 1321.00

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

PAID

MAY 27 2008

MOUNT HOPE CEMETERY

Total Due 1321.00

Paid receipt number AP 11023B 1321.00

Balance due 0

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

201657

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

X Hal Smith (Signature)

X HAL M SMITH (Print Name)

X 2540 LA PAZ AV (Address)

X HEMET, CA 92545 (City, Zip Code)

X 951-658-5529 (Telephone)

Norm & Ken (Disinterred)

Invoice # _____

Work Order # E 20794

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

HAL SMITH
HORTICULTURALIST

1265 FELICITA LANE
ESCONDIDO CALIFORNIA 92029
LICENSE NO. 416160
TEL 619 745 9916
FAX 619 745 1982

Son Steven Smith
if
Hal Smith

E 20794

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø Disinterment

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

Burial Container _____

BLOCKS	McEwen	BEL	X	Barton		
		FREI	Farsdale	Farsdale		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 5/28/08

Interment space for: Donna Lee Smith 9yrs old.

Interment Date: _____ Time: _____

Div: 8 Sect: 1 Blk/Row: ~ Lot: 18 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

E20794

THE CITY OF SAN DIEGO

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

Date: 5/27/2008

I/We HAL AND DOROTHY SMITH

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: CHILDRENS HOSPITAL SAN DIEGO 3020 CHILDRENS WAY
Street Address: MC 5005 Apt / Unit #:
City: SAN DIEGO ST: CA Zip-Code: 92123-4282
Telephone #: 858 966 5950

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

Division: 8 Section: 1 " " Blk / Row: " "
Lot(s): 18 Grave(s): 1

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

WITNESS my/our hand this 27th day 2008

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS — x Hal M Smith, Legal Owner / Representative Signature

WITNESS — Legal Owner / Representative Signature

Paulette Crawford, CEMETERY REPRESENTATIVE NAME — Paulette Crawford, Cemetery Representative Signature

CDL D2516420

10-25-08

DIVERSITY

E20794

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Donna Lee Smith

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Donna L. Smith 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 Donna L Smith 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 Donna L Smith is identified as:

Lot 18 Grave 1 Section 1 Division 8

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

X Hal M Smith	X Father
SIGNATURE(S)	RELATION TO DECEASED

Paulette Crawford
WITNESSED BY

X MAY 27 2008
DATE

DIVERSITY

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

E20794

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
Donna	Lee	Smith

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	09/03/1953	11/17/1962	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
La Mesa	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
Hal Smith	Father	Alhiser-Comer Mortuary 225 S. Broadway Escondido, CA 92025 - Yanell Aceves	FD 297 - 2800911

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
2540 La Paz Ave.
Hemet, CA 92545

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 ▶ Yanell Aceves

9B. DATE SIGNED 05/30/2008

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	05/30/2008	▶

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
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 Oak Hill Memorial Park 2640 Glenridge Rd. Escondido, CA 92027	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 Lakepointe Crematorium 571J 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	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 NGGD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-27-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TEWOLDE, BERHANE 231650

in a TS. (Type of Burial Container) Funeral, date, time THUR 5-29-08 1:00

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division MAS Section T Blk/Row _____ Lot 27 Grave A

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 –
Sales taxes	27.51
Total Due	3507.51
Paid receipt number R60926 MO. 848/849	1200.00
Balance due	2307.51

PAID
MAY 27 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.

231649

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

Signature [signature]

Print Name TEWOLDE YOhanes

Address 1437 J St. apt #218

City San Diego CA Zip Code 92101

Telephone (619) 822 4348

Invoice # _____

Work Order # E 20795

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20795

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

			Smith, James & Pricilla			
			X	Krueger, Erich		
		STREET				

Flagged Yes X No 1

Blind check Initiated by: MFD Date: 5/28/08

Interment space for: Tewolde Berhane

Interment Date: 5/29/08 Time: 1pm

Div: MAS Sect: T Blk/Row: ____ Lot: 27 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

E20795
25

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
Berhane	Yohannes	Tewelde

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	08/21/1982	05/21/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
Las Vegas	Nevada

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
Yirgalem Yohannes Tewelde	Uncle	Kevin Weaver Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
10084 Pelham Park Avenue
Las Vegas, NV 89148

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'S SIGNATURE ▶ [signature] — 9B. DATE SIGNED 05/27/2008

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	05/27/2008	▶ 2800898

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

- [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 Street San Diego, CA 92102	12B. DATE BURIED 5-29-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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
Lot only!

Date 5/27/08

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

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 7 Section 6 Blk/Row 6 Lot 54 Grave 1

Grave space & Care Fund 2264.-

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

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

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

Sales taxes ..... _____

PAID
MAY 28 2008
MOUNT HOPE CEMETERY

Total Due 2264.00

Paid receipt number AP 131750 2264.00

Balance due 0

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

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

X _____ Signature

attn: U yen
fax # 619-527-3098

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See Attached

Invoice # _____

Work Order # E 20796

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20796

5

Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container: Wilbert Vault	N/A
Handling Fees	N/A
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	N/A
Total Due	3,046.00
Paid receipt number	
Balance due	

E-20793

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.

23648

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

X [signature]
Signature

X BACH VO
Print Name

X 4096 43RD ST
Address

X SAN DIEGO CA 92105
City Zip Code

X (619) 280-6622
Telephone

FROM

Attn: Uyen
Fax 619-527-3098

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-27-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TESCHOUT, HARRY 223950

in a TS VAULT Funeral, date, time 6/2 1:00 MON. G.S

Type of Burial Container

Church, Chapel, Graveside ; GREENWOOD Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 132 Grave 3

Grave space & Care Fund (D8682 - E9290) 0

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

No Interment Transfer Money deposited into General Fund MD

1991 Total Due 1978

Paid receipt number R40410/25708

Balance due 0

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

I hereby authorize the interment in lot I hold under deed

Signature: Jo Ann Hanson

Print Name: Jo Ann Hanson

Address: 2244-56th St

City: San Diego, Ca Zip Code: 92105

Telephone: 619-264-7987

Invoice # _____

Work Order # E 20797

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20797

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 3-7-91

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harry and Helen Teachout

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Lot 132 Grave 3+4 Section 1 Division/Block 11

PAID
MAR 07 1991
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee 2 Recording fee	70.00
Sales taxes	
Total Due	70.00
Paid receipt number 4040	70.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

Harry N Teachout
Signature
2644-56th St
Address
San Diego Ca. 92105
State Zip Code
264-9987
Telephone

Invoice # _____

Acct. # _____

Work Order # E 9290

PY-583 (REV. 8-86)

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETE
E20797

DATE 2-18 19 78

CHARGE Harry N. Teachout

ADDRESS 2644 56th St., S.D. 92105

NAME OF DECEASED Pre-need lots & Services

OWNER Harry N. or Helen K. Teachout

ADDRESS (Same)

MORTUARY _____

A

LOT 132 GR 3+4 ROW SEC 1 DIV 11	400	00
OPENING TIME DAY DATE 2 Openings	270	00
VAULT SIZE 2 W-TS Vault	286	20
REMOVAL OR FOUNDATION VET.		
TOTAL	$956	20
PAID RECEIPT NUMBER 25708		
BALANCE	0	

U.S. Army, SN 12169132, Pfc.
Flat Markers Only

PAID
FEB 18 1978
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

#19788

AUTHORIZED IN PERSON

PHONE BY Helen A Teachout

ORDER TAKEN BY L. E. Olson

W.O. NO. D Nº 8982

INVOICE NO. Cash

FORM PR-974 REV.

E20797

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

Army ?

Musk	Reeder	Higgins	Hill			
	Lawson	Warner	X			
			Groves	Groves		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette C Date: 5/28

Interment space for: Harry Teachout

Interment Date: 6/2 Mon Time: 1:00 GS-

Div: 11 Sect: 1 Blk/Row: ____ Lot: 132 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

89 E20797

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
HARRY	NELSON	TEACHOUT

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	03/31/1919	05/24/2008 FND	

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
JO ANN HANSON	COMPANION	GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

2644 56TH STREET
SAN DIEGO, CA 92105

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 05/29/2008

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	05/29/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 6-2-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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 5/29/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary B. Gilbert 208113

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time SAT. MAY 31, 2008 11:00

Church, Chapel, Graveside _____ ; CA BURIAL CLAUDETTE Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 28 Grave 11

Grave space & Care Fund E-4677	Ø
Overtime/Late Arrival Fees SATURDAY FEE	851.00
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases - Marker setting fee VA SETTING FEE	192.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	2675.77
Paid receipt number R-60931	2675.77
Balance due	Ø

PAID
MAY 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.

23/653

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

Signature

LINTANA F. GILBART
Print Name

2323 HARRISON AVE
Address

SAN DIEGO CA. 92113
City Zip Code

(619) 232-9067/232-6532
Telephone

Invoice # _____

Work Order # E 20798

Acct. # _____

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 CEME E20798

DATE 11-30 1984

CHARGE Mary B. Gilbert

ADDRESS 2323 Harrison Ave SD, Ca 92113

NAME OF DECEASED Prenee d

OWNER

ADDRESS

MORTUARY

LOT 28 GR 11 ROW SEC 1 BLK DIV 11	495	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 11-30-84 32093	495	00
BALANCE	0	

PAID

NOV 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 BY
IN PERSON
PHONE BY Mary B Gilbert TAKEN BY Long

W.O. NO. E 4677

INVOICE NO.

PY-[illegible] #11069

Army of the United States

Honorable Discharge

This is to certify that

MARY B MADISON

4406869 TEC 5 55th WAC Hosp Co

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 Sheridan Ill

Date 26 November 1945

[illegible]

[redacted]

ENLISTED RECORD AND REPORT OF SEPARATION
HONORABLE DISCHARGE

[illegible]	A 406 869	TEC 5	[illegible]	[illegible]
[illegible]	26 Nov 45	Fort Sheridan Ill		
[illegible] 1 Box 144 Pensacola Fla		9 Dec 16	Pensacola Fla	
[illegible]		Brown Black	5-4	137 [illegible]
[illegible]		Cook III	2-05-01	

MILITARY HISTORY

21 Feb 45	12 Mar 45	Tallahassee Fla
[illegible]		Sec 9
Surgical Tech	661	None

None

Victory Medal

None

Mar 45	Mar 45	Feb 45		None
0 8 15	None	Tec 5		

None

Court of Govt [illegible] Demobilization Bar 19-2 AR 615-365 15 Dec 44

None

PAY DATA [illegible]

[illegible]	[illegible]	200	100	[illegible]	[illegible]

[illegible]

[illegible]	[illegible]	21 Nov 45	11 Nov 45	[illegible]

Lapel Button issued
ASR Score (2 Sep 45) 6
Inactive Status ERC from 21 Feb 45 to 11 Mar 45

E20798

E20798

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

		Small	Gilbert	Blair		
		Fox	X	Huskonen		
		Daniels	Allen			

Flagged Yes ✓ No

Blind check Initiated by: [signature] Date: 5/29

Interment space for: Mary B. Gilbert

Interment Date: Sat 5/31 Time: 11:00 Church

Div: 11 Sect: 1 Blk/Row: Lot: 28 Grave: 11 New Hope

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

E20 798
91

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
MARY	BROWN	GILBERT

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	12/09/1916	05/26/2008	

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
LINTENA GILBERT	DAUGHTER	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

2323 HARRISON AVE
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 ▶ [signature] 9B. DATE SIGNED 5/29/08

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	05/29/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST.,SAN DIEGO, CA 92103	12B. DATE BURIED 5/31/08	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 5/29/08

Pin 231655

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AYAH SALTI (INFANT) girl 2:00

in a baby slab (Type of Burial Container) Funeral, date, time Friday 30, 2008

Church, Chapel, Graveside _____ ; Bishop Mortuary. Gwen

All Funeral cars 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 97B Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	178.00
Burial Container	71.00
Handling Fees	35.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	5.50
Total Due	354.50
Paid receipt number R-60933	354.50
Balance due	Ø

PAID
MAY 29 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 231654

Invoice # _____

Work Order # E 20799

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20799

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 5/29/08

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

of AYAH SALTI (INFANT)

in a baby slab Funeral, date, time Friday 30, 2008

Church, Chapel, Graveside 2:30pm : Bishop Mortuary

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

will be applied and billed to undersigned.

Division MUSLIM Section ____ Blk/Row ~ Lot 97A Grave 1

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	178.00
Burial Container	71.00
Handling Fees	35.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	5.50
Total Due	354.50

Paid receipt number ____

Balance due ____

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

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

X [signature]
Signature

X Mwafak Salti
Print Name

X 5260 Fiore Tur #1102
Address

X San Diego CA 92122
City Zip Code

X (858) 450-2930 (858) 337-0900
Telephone

Invoice # ____

Work Order # E 20799

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request

E20799

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
AYAH	-	SALTI

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			05/27/2008

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA JOLLA	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
MWAFAK SALTI	FATHER	BISHOP MORTUARY 3444 CITRUS STREET LEMON GROVE, CA 91945 KATRINA LAMAR	FD-1673

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
5260 FIORE TERRACE, SAN DIEGO, CA 92122

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	9B. DATE SIGNED
▶ Katrina Lamar	05/30/2008

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	05/30/2008	▶ 2800909

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 VITAL RECORDS 3851 ROSECRANS STREET SAN DIEGO, CA 92110	-

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
- [ ] 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 5/30/08	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.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-29-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TELLEZ, LILY 223981

in a DD A Funeral, date, time WED 6-4-08 9:30

Type of Burial Container

Church, Chapel, Graveside : EL CAMINO Mortuary.

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

will be applied and billed to undersigned.

Division 11 Section Z Blk/Row _____ Lot 35 Grave 7

Grave space & Care Fund (E8781 6-4-1990)	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup (2)	
Burial Container	
Handling Fees (2)	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees (2)	
Sales taxes	
Total Due	0
Paid receipt number	
Balance due	0

No interfund Transfer money deposited in General Fund See DCR 011862

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

RUBEN TELLEZ 226968
Print Name

5678 ANTIGUA BLVD
Address

SAN DIEGO 92124
City Zip Code

858 2771544
Telephone

Invoice # _____

Work Order # E 20800

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20800

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Credit Lot

Date 6-14-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lily & Ruben Tellez

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 YES.

Lot 35 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	495.00
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	495.00
Paid receipt number 39365	100.00
Balance due	395.00

PAID

MA[illegible] 90

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

3-23-00 Paid for 2 open Close, Double Crypt, Handling Fee, 2 Recording Fee, Tax on Crypt paid with credit card

DCR 011862

I hereby certify I am the Money Deposit Non fund of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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

Ruben Tellez
Signature

5678 ANTIGUA BLVD
Address

S.D. CALIF 92124
State Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 8781

PY-593 (REV. 8-85)

E 20800

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

				Williams		
			X		Goody	
		Dodd	Gates			

Flagged Yes ✓ No _____

Blind check Initiated by: Paulette Date: 5/30/08

Interment space for: LILY TELLEZ

Interment Date: Weds. 6/4 Time: 9:30

Div: 11 Sect: 2 Blk/Row: ____ Lot: 35 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

E20800
72

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
LILY	M.	TELLEZ

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	12/22/1935	05/28/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
POWAY	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
RUBEN TELLEZ	HUSBAND	EL CAMINO MEMORIAL-N.C. 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

5678 ANTIGUA BLVD.
SAN DIEGO, CA 92124

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 ▶ Carla Arias

9B. DATE SIGNED 06/02/2008

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	06/02/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 6/4/08	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 5/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonard ELSTON Jr. ⊗ 207169

in a ASH VAULT (Type of Burial Container) Funeral, date, time Tues June 10 2:30

Church, Chapel, Graveside ; Cypress Mortuary. Silvia

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

will be applied and billed to undersigned. _____

Division 7 Section 14 Blk/Row ~ Lot 44 Grave 4

Grave space & Care Fund E-19909

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 pd 10/20/06 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.

Signature Ann Elston

X Ann Elston

Print Name

X

Address

X

City Zip Code

X

Telephone

SD Ros.

Invoice # _____

Work Order # E 20801

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20801

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: Leonard Elston Jr. ⊗

Interment Date: Tuesday 6/10 Time: 230pm G.S.

Div: M Sect: 14 Blk/Row: ____ Lot: 44 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: Top of grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need

Date 9-21-06

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 7 Section 14 Blk/Row _____ Lot 44 Grave 4

Grave space & Care Fund	1210.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup — See E-13950	
Burial Container — (2) Ash Vaults 79+79	N/A
Handling Fees — (2) H/F 85+85	158.-
Flower vases – Marker setting fee	170.-
Recording/Filing/Transfer Fees — See E-13950	
Sales taxes — (2) Taxes 6.12+6.12	N/A
	12.24
Total Due	4666.24
Paid receipt number MC Approved	166.24
Balance due	300.00

PAID

OCT 20 2006

I hereby certify I am the Son + 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.

Leonard Elston
Signature

207169
X LEONARD ELSTON JR.
Print Name
2875-55th St. #14
Address
SAN DIEGO, 92105
City Zip Code
619-501-7401
Telephone

Invoice # _____

Acct. # _____

Work Order # E-19909

E 20801

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Trust lot

Date 11/12/97

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

in a Ash 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 359 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund		300.00
Additional spaces and care fund		
Opening/Closing & Setup	2@ 105.00	210.00
Burial Container		
Handling Fees		
Flower vases – Marker s		
Recording and filing fee	2@ 45.00	90.00
Sales taxes		
Total Due		600.00
Paid receipt number 49162		600.00
Balance due		0

PAID
INFULL
NOV 12 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Pre-need Transfer Location to 7-14-44-4 9-21-06

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

Leonard O. Elston
Signature
2875 55th St. #19
Address
San Diego Cal. 92105
City Zip Code
527-5091
Telephone

Invoice # _____

Acct. # _____

Work Order # E 13950

90283

E20801

ACM 1/0 821

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEONARD	DAVID	ELSTON JR.	10/08/1937	04/28/2008	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	MARION ELSTON, WIFE 2875 55TH ST #16 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
EL CAMINO MEMORIAL-IMPERIAL AVE, 3953 IMPERIAL AVE SAN DIEGO, CA 92113	FD-670	Lisa Castro	5/1/2008

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	05/01/2008	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 TAKEN IN ANOTHER DISTRICT IN CALIFORNIA
	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

10. AUTHORIZED DISPOSITION(S)

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 6-10-08	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED MAY 0 8 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.)

E20801

RECEIPT FOR CREMATED REMAINS AND RELEASE AND INDEMNITY

1. **Information Concerning the Decedent:**

   a. Name of Decedent: Mr Leonard D Elston Jr

   b. Date of Death: 4/28/2008

   c. Place of Death:

   d. Name and Address of Funeral Home:

   El Camino Memorial
   3953 Imperial Avenue
   San Diego, CA 92113

   e. Name and Address of Crematory:

   Cypress View Mausoleum & Crematory
   3953 Imperial Avenue
   San Diego CA 92113

   f. Name(s) of the Person(s) Who Contracted for the Cremation of the Decedent:

   Mr Darrell Williams

   g. Name and Address of Person To Whom the Cremated Remains of the Decedent Are to Be Delivered under the Authorization for Cremation and Disposition.

   Mrs Marion Elston
   2875 55th St. #16
   San Diego, CA 92105

   NOTE THE CREMATED REMAINS SHOULD BE DELIVERED ONLY TO THE PERSON(S) NAMED ABOVE

2. Receipt for Cremated Remains: Release and Indemnity. The undersigned, being the person named above who is to receive the cremated remains of the decedent under the Authorization for Cremation and Disposition, does hereby:

   a. Acknowledge the receipt of the cremated remains of the decedent on the date and at the time below;

   b. Assume any and all responsibility and liability for the delivery of the cremated remains of the decedent to the undersigned; and

   c. Release and agree to indemnify, defend and hold harmless the funeral home and crematory named above, and each of their respective affiliates, directors, officers, agents and employees, of and from any and all claims, demands, damages, liabilities, causes of action and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with the delivery of the cremated remains of the decedent to the undersigned, including, but not limited to, any claims brought by any other person or entity claiming the right to receive the cremated remains of the decedent.

Signature of Person Receiving the Cremated Remains

Mrs Marion Elston
Printed Name

Wife
Relationship to Decedent

Date and Time of Signature and Receipt of the Cremated Remains

Driver's License or Social Security Number

Quit Claim Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: Hartwell Ragsdale III 215868

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Bl/Row _____ Lot 2560 + 2561 Grave 1

PAID

MAY 29 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 2 @ 65.00	130.00
Sales taxes	
Total Due	130.00
Paid receipt number R-60934	130.00
CK 5898 Balance due	0

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

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

X _____ Signature

X Print Name See attached

X Address

X City Zip Code

X Telephone

Invoice # _____

Work Order # E 20802

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20802

Quit Claim Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TD: Hartwell Ragsdale III 215868

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned _____

Division 10 Section _____ Block _____ Lot 2560 + 2561 Grave 1

PAID

MAY 29 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 2 @ 65.00	130.00
Sales taxes	
Total Due	130.00
Paid receipt number R-60934	130.00
Balance due	0

CK 5898

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

X H.W. RAGSDALE, III
Print Name

X 5050 FEDERAL BLVD.
Address

X SAN DIEGO 92102
City Zip Code

X 619 263-3141
Telephone

Invoice # _____

Work Order # E 20802

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E20802

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

LAWRENCE M. ADAMS

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

MOUNT HOPE

DIVISION 10 LOT 2561 + 2563 + ~~2564~~ 2560 73.

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

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

X Lawrence M. Adams

Signature Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of _____ County of _____

On _____,19____ before me, the undersigned, a Notary Public in and for said State

personally appeared,_____

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

WITNESS my hand and official seal please refer to "2008" Revised form.

X _____ (SEAL)

Notary Public Signature

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT ___Power Of Attorney___

DATE OF DOCUMENT _____ NUMBER OF PAGES_____

SIGNER(S) OTHER THAN NAMED ABOVE_____

NOTARY ACKNOWLEDGEMENT

Dated March 14, 2008.

STATE OF CALIFORNIA,)
COUNTY OF San Diego.)

On March 17, 2008. before me,
Antonio Martinez, Notary Public
personally appeared Lawrence Minor Adams.

who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Antonio Martinez, Notary Public (Notary Seal)

ANTONIO MARTINEZ
Commission # 1757960
Notary Public - California
San Diego County
My Comm. Expires Jul 20, 2011

E20802

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20802 DATE: 6/11/2008

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: Hartwell Waddell Ragsdale III and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $0.00 situated in Mount Hope Cemetery described as:

DIVISION: 10 SECTION: BLOCK / ROW: LOT: 2560 GRAVE(s): 1
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 11st day of June, 2008.

Signature / Date

Daniel 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

E20802

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20802 DATE: 6/11/2008

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: Hartwell Waddell Ragsdale III and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $0.00 situated in Mount Hope Cemetery described as:

DIVISION: 10 SECTION: BLOCK / ROW: LOT: 2561 GRAVE(s):
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 11st day of June, 2008.

Signature / Date

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

INTERMENT ORDER

City of San Diego

Pre-need

Date 5-30-08

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

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 4 Blk/Row _____ Lot 24 Grave 3

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-
Paid receipt number MIC 4P047667	500.
Balance due	1764.-

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.

2B1651

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

Signature

Nvard Sadovnikova
Print Name

4485 Kansas St #12
Address

San Diego CA 92116
City Zip Code

(619) 675-15-19
Telephone

Invoice # _____

Work Order # E 20803

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

12 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

at need place under stone wife will come in later to be buried here.

City of San Diego

Date 6-2-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth Milne Evans ⊗ 231666

in a Ashwult (Type of Burial Container) Funeral, date, time SAT. JUNE 21 2:00

Church, Chapel, Graveside FAMILY Mortuary

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1515 Grave 1

Grave space & Care Fund	⊖
Overtime/Late Arrival Fees SAT FEE	298.-
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	682.12
Paid receipt number R-600942	682.12
Balance due	⊖

PAID
JUN 4 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.

231665

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

Hope A. Bell (Signature)

Hope A. Bell (Print Name)
4825 Biona Dr. (Address)
San Diego, CA 92116 (City, Zip Code)
619-284-5866 (Telephone)

Invoice # _____

Work Order # E 20804

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20804

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH William C. Bell X - Deep

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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 stone wife will come later Full body.

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Ruth Milne Evans

Interment Date: 6/21/08 Time: 2:00 pm

Div: 8 Sect: 3 Blk/Row: ____ Lot: 15/5 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

E20804
94

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
RUTH	MILNE	EVANS

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	02/22/1914	05/15/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA MESA	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
CROSBY HEBB MILNE	BROTHER	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. DOMINGUEZ	FD 1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

39323 CLEMENTS ST.
BOULEVARD, CA 91905

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 ▶ Mabel Dominguez

9B. DATE SIGNED 06/04/2008

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	06/04/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
DISENTER/BU	

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 6-24-08	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.

At Need

Stone on grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY PAGE GAY

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

Church, Chapel, Graveside Delivery only. Mortuary 619 264 3168

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

will be applied and billed to undersigned. _____

Division 6 Section 4 Blk/Row _____ Lot 24 Grave 10

Grave space & Care Fund B-9324	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	149.-
Burial Container	79.-
Handling Fees	85.-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.-
Sales taxes	6.12
Total Due	$ 384.12
Paid receipt number	
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 20805

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20805

MT. ~~HOPE~~ CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 3-2-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hubert Gay 208074

in a ASH VAULT (Type of Burial Container) Funeral, date, time Mon. MARCH 15th 11:00

Church, Chapel, Graveside ; Cypress/El Camino Mortuary. 264-3168

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 24 Grave 9 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund B9324	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number R-57269	297.73
Balance due	Ø

PAID
MAR 0 2 2004
MOUNT HOPE CEMETERY

I hereby certify I am the widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope 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

Mary Page Gay
Signature

2671 Harcourt Dr
Address

San Diego CA 92123-3601
City Zip Code

858-278-2234
Telephone

Paulette

Work Order # E 18341

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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OFFICIAL RECEIPT

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

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

60945

Date: June 12, 20 08

From: _____ Address: _____

Three Hundred, Eighty-Four and 12/00 Dollars ($ 384.12)

in Full Payment of Burial of Mary Page Gay's ashes.

Div 6 Sec 4 Blk/Row _____ Lot 24 Grave 10

Invoice No. E 20805

Acct. No. _____

W.O. _____

BALANCE DUE Ø

☐ Money Order
☐ Charge
☑ Check

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

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	149.00
Opening/	100	
Closing	77181	79.00
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	85.00
Recording &	100	
Misc. Fees	77183	65.00
Sales Tax	60101	6.12
	78390	
TOTAL PAID	$	384.12

AC-212A (11-06)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

60945

Date: June 1 , 20 08

From: _____ Address: _____

Three Hundred, Eighty-Four and 12/100 Dollars ($ 384.12)

in Full Payment of Burial of Mary Page's ashes.

Div 6 Sec 4 Blk/Row _____ Lot 13 Grave 10

Invoice No. E 20805

Acct. No. _____

W.O. _____

BALANCE DUE Ø

☐ Money Order
☐ Charge
☑ Check

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

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	149.00
Opening/	100	
Closing	77181	79.00
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	85.00
Recording &	100	
Misc. Fees	77183	165.00
Sales Tax	60101	6.12
	78390	
TOTAL PAID	$	384.12

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

Cover Sheet
Suzanne
fax 858 511343

E20805

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 6-12-08		From: Paulette
To: Suzanne		Telephone #: 619-527-3400
Telephone #:		Fax #: (619) 527-3403
Fax #: 858-551-1343		Pages (including this cover sheet):
Subject: re: Mary Page Gay		

COMMENTS: Hello Suzanne, I just spoke with Robert at Cypress/El Camino. He asked me to fax the interment order to you. This includes all burial charges.

Paulette

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

N.R.

Date 6-4-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VALENTI, JAUNITA B. ~~$~~ 224996

in a ASH (Type of Burial Container) Funeral, date, time JUNE 19 TH 1:00

Church, Chapel, Graveside _____ : WARDS FUNERAL Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 142 Grave 10

Grave space & Care Fund	3-30-81 E22243/E18602	–
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E18602	–
Burial Container	E18602	–
Handling Fees	E18602	–
Flower vases – Marker setting fee	–	–
Recording/Filing/Transfer Fees	E18602	–
Sales taxes		–
Total Due		0
Paid receipt number		
Balance due		

No preneed transfer $ Deposited into General fund

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

FRANK VALENTI
Print Name

Address

City Zip Code

CELL 509-741-7531
Telephone 509-548-1250

Invoice # _____

Work Order # E 20806

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20806

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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: VALENTI, JUANITA B.

Interment Date: 6/19/2008 Time: 1:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 142 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: Middle of grave

E20806

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust Paid

Date 7-19-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Juanita B. Valenti 224996

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Division 11 Section 1 Blk/Row _____ Lot 142 Grave 10

Grave space & Care Fund E-2243	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number R-57810	848.20
Balance due	Ø

PAID

JUL 19 2004

MOUNT HOPE CEMETERY

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

I hereby authorize the interment in lot 228001 hold under deed.

Frank Valenti (Signature)

Paulette

FRANK VALENTI (Son) (Print Name)

5610 MEREDITH AVE (Address)

SAN DIEGO, CA. 92120 (City, Zip Code)

(619) 286-2885 (Telephone)

Work Order # E 18602

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
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57810

Date: July 19, 20 04

From: Frank P. Valenti, Jr. Address: 5610 Meredith Ave. SD CA 92120

Eight hundred Forty-Eight and 20/00 Dollars ($ 848.20)

in full Payment of Pre-need trust acct. for Juanita B. Valenti

Div 11 Sec 1 Blk/Row _____ Lot 142 Grave 10

Invoice No. E-18602

Acct. No. _____

W.O. _____

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 5981

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

ISSUED BY Paulette C.

CREDIT	67007	—
20% Sales Care	77184	—
80% Sales	100	—
of Lots	77184	413.00
Opening/	100	
Closing	77181	209.00
Burial	100	
Containers	77182	160.00
	100	
Handling Fee	77185	50.00
Recording &	100	
Misc. Fees	77183	
Pre-Need	53033	
Trust	77186	16.20
Sales Tax	60101	
	78390	
TOTAL PAID	$	848.20

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

CDL H0012522 4-9-04 5610 Meredith Ave. SD CA 92120

E 20806

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-30 1981

CHARGE Juanita B. Valenti

ADDRESS 5610 Meredith Av. S.D. 92120

NAME OF DECEASED Pre Need

OWNER Same as Above

ADDRESS Same

MORTUARY

LOT 142 GR 10 ROW SEC 1 BLK 11 DIV 355 00

OPENING TIME DAY DATE

VAULT BOX SIZE

REMOVAL OR FOUNDATION VET.

2) Floral Vase (Install on Grave #9 & Lot 6, Gr. 7, 100F, Blk 22) 14 84

TOTAL 369 84

PAID RECEIPT NUMBER #29366 369 84

BALANCE 0

PAID

MAR 30 1981

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 Juanita B. Valenti

ORDER TAKEN BY Vales

E 2806 0840 .16

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

Pink Copy

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

No. 29366

DATE 3-30-81 19

FROM Juanita B. Valenti ADDRESS 5610 Meredith

IN Floral Vase Installed on Grave #9 Lot 6 Gr. 7 100F Blk 22

PAYMENT OF Cemetery Site of Two Flank Graves

LOT 142 GRAVE 10 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO.

W.O. E 2243

UNPAID BALANCE AFTER THIS PAYMENT

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

PAID

APR 0 1981

MT. HOPE CEMETERY

CITY AUDITOR

APR - 1 1981

ISSUED BY

CREDIT SALES CARE	67007 77184	75 00
HALF SALES OF LOTS	100 77184	284 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	14 84
TOTAL-PAID $		369 84

AC-915 (REV 7-78)

E20806

94

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
JUANITA	BERNICE	VALENTI

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	04/09/1914	06/01/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LEAVENWORTH	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
FRANK VALENTI	SON	FRANK VALENTI 12245 SKI VIEW LANE LEAVENWORTH, WA 98826	NONE

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
12245 SKI VIEW LANE
LEAVENWORTH, WA 98826

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 ▶ Frank Valenti

9B. DATE SIGNED 06/16/2008

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	06 / 16 / 2008	▶ Wilma J. Wooten, M.D. MM

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 HEALTH DEPARTMENT
3851 ROSECRANS ST. STE 802
SAN DIEGO, CA 92110

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 19 JUNE 2008	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ [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.

AN USED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-4-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pin#231662 BRANDON ALBERT TOPASNA

in a _____ (Type of Burial Container) Funeral, date, time JUNE 6 FRI 12:08 10:30

Church, Chapel, Graveside _____ : EL CAMINO (MS) Mortuary

All Funeral cars 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 1165 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number AP 685989	527.67
R-60943 Balance due	0

PAID
JUN 5 2008
MOUNT HOPE CEMETERY

I hereby certify I am the x 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. 231663 231661

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

x Vicki A A
Signature

x Joshua Topasna + Vickie Albert
Print Name

x 8438 New Salem St. #73
Address

x San Diego, CA 92126
City Zip Code

x HM# 858-653-4900 cell (858) 689-5332
Telephone

Invoice # _____

Work Order # E 20807

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E2080

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 12:30 Wed 6/4/08

CALL TAKEN BY: David

RECEIVED CALL FROM:

- [x] MORTUARY NAME: El Camino (Nat. City)
- [ ] FAMILY MEMBER/REPRESENTATIVE
  - CONTACT PERSON: Vicky Albert (Mother)
  - TELEPHONE NO: 858-568-5332

NAME OF DECEASED:

LAST NAME: Albert

FIRST NAME: Baby BRANDON

DOD: DOB:

VETERAN [ ] BRANCH OF SERVICE:

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [x] ~~CHILD~~ Infant

FUNERAL SERVICE

TYPE OF SERVICE: [ ] CHURCH [ ] CHAPEL [x] GRAVESIDI

LOCATION OF SERVICE:

DATE OF SERVICE: Fri 6/6 TIME OF SERVICE: 10:30

EXPECTED ARRIVAL TIME AT MT. HOME: 10:30

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

DIV: 9 SECT: 1 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:

E20807

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 _____

				MENDOZA		
			X			
			SMITH	REYES		

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

Blind check Initiated by: Jem Date: 6-5-05

Interment space for: Brandon Topasna

Interment Date: 6/6 Fri Time: 12:00pm

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1165 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 20807

UNIVERSITY of CALIFORNIA, SAN DIEGO
MEDICAL CENTER

06/03/2008

To whom it may concern:

Patient Vickie Albert had a termination procedure performed on her fetus, Brandon Albert Topasna, due to fatal anomalies. The procedure was performed by Dr. Gina Reggiardo on 05/31/2008 at UCSD Medical Center. If you have any questions please call Shelley Ebbert from the UCSD Office of Decedent Affairs at 619-543-2963.

Sincerely,

Shelley Ebbert

Shelley Ebbert
Decedent Affairs Officer
Admissions and Registration
UCSD Medical Center

ADMISSIONS & REGISTRATION
200 WEST ARBOR DRIVE, # 8938 SAN DIEGO, CALIFORNIA 92103-8938

Quit Claim Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-2008

231660

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO Mr. + Mrs. Karl + Teresa Watts

in a _____ (Type of Burial Container) Funeral, date, time 231659

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row ~ Lot 1777 Grave 1

Grave space & Care Fund .....

Overtime/Late Arrival Fees .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting .....

Recording/Filing/Transfer Fees 85-

Sales tax .....

Total Due 85-

Paid receipt number Visa card 85-

Balance due Ø

PAID
JUN 5 2008
MOUNT HOPE CEMETERY

AP 00108 5

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 20808

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Mailed receipt + copy of interment order

Quit Claim Transfer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-200

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO Mr. & Mrs. Karl & Teresa Watts

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row ~ Lot 1777 Grave 1

Grave space & Care Fund .....

Overtime/Late Arrival Fees .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Memorial settling .....

Recording/Filing/Transfer Fees 85-

Sales tax .....

Total Due 85-

Paid receipt number Visa card 85-

Balance due ∅

PAID

JUN 5 2008

MOUNT HOPE CEMETERY

AP 06/085

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

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

Teresa A Watts
Signature

Teresa A Watts
Print Name

1437 E Dakota
Address

Fresno CA 93704
City Zip Code

559-430-6103
Telephone

Invoice # _____

Work Order # E 20808

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

~~OK to transfer~~ E20808
~~Please send receipt~~
~~to the Watts Family.~~

Sent family receipt + copy of interment order for their signature.

6/5 E20808
Mailed copy of interment + the $85 visa receipt for the transfer.

E20808

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

From: Teresa Watts
1437 E. Dakota
Fresno, CA. 93704

June 1, 2008

To Whom It May Concern:

Please transfer title of the Burial plot/Interment Lott 1777, Section 3, Division 8 to Mr. and Mrs. Karl & Teresa Watts. Please see the copy of the attached deed, my mother Jacqueline Lee Crain is no longer owner of it. If there is any cost involved in the transferring of title, please let me know. If you have any questions please call me at 559-430-6103. I live up in Fresno California at the address above. Please send me something acknowledging receipt of this letter and conformation that the burial plot/Interment Lott 1777, Section 3 Division 8 is transferred in our names. Thank-you for your time.

Regards,

Karl & Teresa Watts

Mr. & Mrs. Karl & Teresa Watts

E-20808

E 20808

Above Space Reserved for Recording
[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Quitclaim Deed

Date of this Document: 10 7 89

Reference Number of Any Related Documents: 10789

Grantor:

Name: Jacque line Lee Crain
Street Address: 1437 E Dakota
City/State/Zip: Fresno, CA. 93704

Grantee:

Name: Teresa Ann Watts
Street Address: 1437 E Dakota
City/State/Zip: Fresno, CA. 93704

Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and condo name): S Burral plott / Interment Lott 1777, Section 3, Division 8

Assessor's Property Tax Parcel/Account Number(s): 1777, Section 3, Division

THIS QUITCLAIM DEED, executed this 30th day of April 20 07, by first party, Grantor, Jacque line Lee Crain, whose mailing address is 1437 E Dakota Fresno, CA. 93704, to second party, Grantee, Teresa Ann Watts, whose mailing address is 1437 E Dakota Fresno, CA 93704

WITNESSETH that the said first party, for good consideration and for the sum of 1.00 Dollars ($ 1.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim,

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13299-1 • Rev. 05/05

which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Fresno, State of California to wit: _____

IN WITNESS WHEREOF, the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:

Signature of Witness: Teresa A Watts
Print Name of Witness: Teresa A Watts

Signature of Witness: _____
Print Name of Witness: _____

Signature of Grantor: x Jacqueline Lee Crain
Print Name of Grantor: x Jacqueline Lee Crain

State of California)
County of Fresno)

On 4/30/07, before me, Anita Bernardi Clifton, Notary Public appeared Teresa Ann Watts and Jacqueline Lee Crain, 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.

Anita Bernardi Clifton
Signature of Notary

Affiant ____ Known X Produced ID
Type of ID California Drivers License
(Seal)

ANITA BERNARDI CLIFTON
COMM. #1640306
NOTARY PUBLIC-CALIFORNIA
FRESNO COUNTY
My Comm Exp. Feb. 20, 2010

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LF298-1 • Rev. 05/05

AT NEED

N.R.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-08

220278

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MURPHY BERNARD F. 2:00 H:00 am

in a T.S. Vault (Type of Burial Container) Funeral, date, time Mon June 16

Church, Chapel, Graveside ; FEATHERINGILL Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot ~~1788~~ 1787 Grave 1

Grave space & Care Fund	E7462 7-16-1969		–
Overtime/Late Arrival Fees			
Opening/Closing & Setup	E11567 6-13-1994	(2)	–
Burial Container	"	(2)	–
Handling Fees	"	(2)	–
Flower vases – Marker setting fee	—	—	–
Recording/Filing/Transfer Fees	E11567 6-13-1994		–
Sales taxes	"		–
		Total Due	0
		Paid receipt number	—
		Balance due	0

AIR FORCE

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 _____

226656

Print Name Cornelia, Murphy

Address

City See attached Zip Code

Telephone

Invoice # _____

Work Order # E 20809

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

6-10-08

MARCIA YARBOROUGH

COUCI WILL REMOVE CORRECT/REPLACE MARKERS
SIDE BY SIDE

PRE-NEED TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-13-94

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BERNARD & CORNELIA MURPHY

in a T. S. VAULT (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

War time veteran NO

Lot 1787 1788 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	C-9636	Ø
Additional spaces and care fund		
Opening/Closing & Setup	2 @ $375.00	750.00
Burial Container	2 @ $250.00	500.00
Handling Fees	2 @ $185.00	370.00
Flower vases – Marker setting fee		
Recording and filing fee	2 @ $45.00	90.00
Sales taxes	2 @ $17.50	35.00
Total Due		1745.00
Paid receipt number	45120	1745.00
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.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 11567

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MURPHY BERNARD F. 11:00 am

in a T.S. Vault (Type of Burial Container) Funeral, date, time MON June 16

Church, Chapel, Graveside _____ , FEATHERWELL Mortuary.

All Funeral cars 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 ~~1788~~ 1787 Grave 1

Grave space & Care Fund	E7462 7-16-1969		–
Overtime/Late Arrival Fees			
Opening/Closing & Setup	E11567 6-13-1994	(2)	–
Burial Container	"	(2)	–
Handling Fees	"	(2)	–
Flower vases – Marker setting fee	–	–	–
Recording/Filing/Transfer Fees	E11567 6-13-1994		–
Sales taxes	"		–
Total Due			0
Paid receipt number			–
Balance due			Ø

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

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

Cornelia J. Murphy

Signature

CORNELIA MURPHY

Print Name

3360 N. Hwy 101 #10

Address

DEPOE BAY, OR 97341

City Zip Code

541 764 2999

Telephone

Work Order # E 20809

Invoice # _____

Acct. # _____

REA-104 (3-94)

This information is available in alternative formats upon request.

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E20809

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

N

		BERGER	BERNARD MURPHY X	CJ GINGER	HENSON	
		CRAWFORD			GIBSON	

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Tom Date: 6-10-08

Interment space for: BERNARD MURPHY

Interment Date: mon 6/16 Time: 11 am

Div: 10 Sect: _____ Blk/Row: ____ Lot: 1787 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

E20809

ORDER — HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-16 1969

CHARGE Bernard F. Murphy 463-6406

ADDRESS 1639 Glencoe Dr. Lemon Grove 92045

NAME OF DECEASED

OWNER Bernard F. + Cornelia J. Murphy

ADDRESS Same

MORTUARY

LOT 1787 1788 GR ROW SEC DIV 10	29000	
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	29000	
PAID RECEIPT NUMBER 16463		
BALANCE		

Regulation Flush Marker Only

E11567

PAID
JUL 16 1969
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

14446

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

AUTHORIZED IN PERSON / PHONE BY Bernard F Murphy

ORDER TAKEN BY K Mello

W.O. NO. C 7462

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. 16463

DATE July 16 1969

FROM Bernard F. Murphy ADDRESS 1639 Glencoe Dr. Lemon Grove

Twenty thousand ninety and no/100 DOLLARS $ 290.00

IN full PAYMENT OF Pre-need lots

LOT 1787 + 1788 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO. Cash

W.O. C-7462

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JUL 17 1969

ISSUED BY K Mello

CREDIT SALES CARE	306	145 00
HALF-SALES OF LOTS	100 7784	145 00
OPENINGS	100 7781	
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		290 00

FORM AC-212

OREGON DEPARTMENT OF HUMAN SERVICES
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

H81687
I.D. TAO NO.

STATE FILE NUMBER

TO BE COMPLETED BY FUNERAL FACILITY

1. Legal Name — First: Bernard; Middle: Fredrick; Last: Murphy; Suffix:
2. Death Date: June 09, 2008
3. Sex: Male
4. Age: 87 years
5. Social Security Number: 059-14-2284
6. County of Death: Lincoln
7. Birthdate: April 23, 1921
8. Birthplace: Yonkers, New York
9. Decedent's Education: High school grad. or GED
10. Was Decedent of Hispanic Origin? No
11. Decedent's Race(s): White
12. Was Decedent Ever in U.S. Armed Forces? Yes
13. Residence: Number and Street: 3360 N Hwy 101 #10
14. City/Town: Depoe Bay
15. Residence County: Lincoln
16. State or Foreign Country: Oregon
17. Zip Code + 4: 97341
18. Inside City Limits? Yes
19. Marital Status at Time of Death: Married
20. Spouse's Name Prior to First Marriage: Cornelia J German
21. Usual Occupation: Mechanic
22. Kind of Business/Industry: Air Craft
23. Father's Name: John Murphy
24. Mother's Name Prior to First Marriage: Nora B Hulsman
25. Informant's Name: Cornelia J German
26. Telephone Number: Not Available
27. Relationship to Decedent: Spouse
28. Mailing Address: 3360 N Hwy 101 #10, Depoe Bay, OR 97341
29. Place of Death: Decedent's Residence
30. Facility Name:
31. Location of Death: 3360 N Hwy 101 #10
32. City/Town or Location of Death: Depoe Bay
33. State: Oregon
34. Zip Code + 4: 97341
35. Method of Disposition: Removal from State
36. Place of Disposition: Mt. Hope Cemetery
37. Location: San Diego, California
38. Name and Complete Address of Funeral Facility: Pacific View Memorial Chapel 560 SW Fleet Avenue, Lincoln City, Oregon 97367
39. Date of Disposition: TBD
40. Funeral Director's Signature: ▶ S. Richard Woolsey
41. OR License Number: CO-3818
42. Registrar's Signature: ▶
43. Date Received:
44. Local File Number:
45. Amendment:

Working Copy

TO BE COMPLETED BY MEDICAL CERTIFIER

46. Was case referred to Medical Examiner?
47. Autopsy?
48. Were autopsy findings available to complete the cause of death?
49. Time of Death:
50. CAUSE OF DEATH
IMMEDIATE CAUSE ↓
a.
Due to (or as a consequence of) ↓
b.
Due to (or as a consequence of) ↓
c.
Due to (or as a consequence of) ↓
d.
Approximate Interval: Onset to Death
51. Other significant conditions contributing to death, but not resulting in the underlying cause given above
52. Manner of Death
53. If Female:
54. Did tobacco use contribute to death?
55. Date of Injury
56. Time of Injury
57. Place of Injury
58. Injury at Work?
59. Location of Injury
60. Describe how injury occurred
61. If transportation injury, specify:
62. Name and Address of Certifier
63. Name and Title of Attending Physician if Other than Certifier: Not Available
64.
65. Title of Certifier
66. Date Signed
67. License Number
68. Amendment

45-2V (01/06)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87 E20809
E20809

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
BERNARD	FREDRICK	MURPHY

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	04/23/1921	06/09/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
DEPOE BAY	OREGON

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
BATEMAN FUNERAL HOME	FUNERAL HOME	FEATHERINGILL MORTUARY 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. DOMINGUEZ	FD-1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
915 N.E. YAQUINA HEIGHTS DR.
NEWPORT, OR 97365

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 ▶ Mabel Dominguez

9B. DATE SIGNED 06/11/2008

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	06/11/2008	▶ 2800967

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 8522 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	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
10 chairs

N.R.

Date 6-6-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARLENE MCGOWN ⊗ 171044 00:08

in a ASH VAULT (Type of Burial Container) Funeral, date, time 6/12/08 Thurs

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

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row ~ Lot 120 Grave 12

Grave space & Care Fund	D-8778	Ø
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	E-16309	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		—
Paid receipt number	(See attached)	—
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.

Russell Johnson
Signature

Preneed Done DP 3821470

x Russell Johnson
Print Name

x 209914
Address

x _____ Zip Code
City

x 619 266-8219
Telephone

Invoice # _____

Work Order # E 20810

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20810

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2-01

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

in a ASH 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 120 Grave 12 Row Section 1 Division/Block 11

Grave space & Care Fund ..... Pre-Need	Ø
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.13
Total Due	269.13
Paid receipt number R-53517	269.13
Balance due	Ø

PAID
APR 02 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.

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

Signature of recorded holder of deed

X Russell R Johnson (Signature)
X 4961 westover pl (Address)
X San Diego CA 92102 (City, Zip Code)
X (619) 266 8219. (Telephone)

Work Order # E 16309

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20810

53517

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 4-2, 2001

From: Russell Johnson Address: 4961 Westover Place San Diego 92102

two hundred sixty nine & 13/100 Dollars ($ 269.13)

In full Payment of Pre-Need Trust for Arline McGowan

Lot 120 Grave 12 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E- 16309

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3455

AC-212 (Rev. 5-94)

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

ISSUED BY J Shullin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	269	13
Sales Tax	60101 78390		
TOTAL PAID	$	269	13

E20810

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Louis McGown (full body)

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

Burial Container Ash vault

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Arlene McGown ⊗

Interment Date: 6/12/08 Thurs. Time: 10:00 G.S.

Div: 11 Sect: 1 Blk/Row: ____ Lot: 120 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: MIDDLE of grave

Keep old market # 3000000

OFFICIAL RECEIPT

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

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

61808

Date: 7-13, 20 09

From: Lois Robinson Address:

Seventy - One and 00 Dollars ($ 71 00)

in full Payment of Re-det Fee for Irene E McCann

Div 11 Sec 1 Blk/Row Lot 120 Grave 12

Invoice No. E-20810

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☒ Charge AP 009-130
☐ Check

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

PAID
JUL 13 2009
MOUNT HOPE CEMETERY

ISSUED BY Pauline 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	71	00
Sales Tax	60101		
	78390		
TOTAL PAID	$	71	00

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

90 E20810

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ARLENE	EMMA	MCGOWN

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	02/22/1918	06/04/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA MESA	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
LOIS JOHNSON	DAUGHTER	TELOPHASE CREMATION SOCIETY-SD 7851 MISSION CENTER CT #104 SAN DIEGO, CA 92108	FD1272

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
4961 WESTOVER PL SAN DIEGO, CA 92102

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 ▶

9B. DATE SIGNED 06/06/2008

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	06/06/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	12B. DATE BURIED 6-12-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUSINESS EL CAJON CA 92021	13B. DATE CREMATED 6/9/08	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 06/06/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Crosby Williams 231670 am 11

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Wednesday June 11, 2008

Church, Chapel, Graveside _____ ; Ragsdale Mortuary, Joseph

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 229 Grave 11

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	1,066.00
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	4494.77
Paid receipt number R60957	4494.77
Balance due	-0-

PAID – JUN 09 2008 MOUNT HOPE CEMETERY

MORT. TO PAY

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

231669

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 20811

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20811

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: Crosby Williams

Interment Date: ~~Friday 10/13~~ Weds 11 Time: 11:00 Church

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 06/06/2008

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

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Wednesday June 11, 2008

(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 $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 229 Grave 11

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ 533 -	1,066.00
Burial Container	589.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ 65.-	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number _____	
Balance due	

MORT. TO 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.

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

x Geraldine Williams
Signature

x GERALDINE F. WILLIAMS
Print Name
x 4204 KEELER AVE
Address
x SAN DIEGO, CA 92113
City Zip Code
x 619/656-2627
Telephone

Invoice # _____

Work Order # E 20811

Acct. # _____

RSA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

ACCOUNT NO. U2[illegible]0081-23-3 CROSBY L WILL[illegible]MS

SERVICE ADDRESS [illegible]204 KEELER AV

Jun 13 2008 — PAYMENT DUE DATE

$280.95 — TOTAL AMOUNT DUE

TYPE OF SERVICE	METER	SERVICE PERIOD FROM	TO	DAYS	METER READING PREVIOUS	CURRENT	USAGE HCF	AMOUNT	CODE
Water Base Fee		03-25	05-28	64		Meter Size = 3/4 Inch		30.64	
Water Used		03-25	05-28	64	1865	1897	32	81.63	
					32 HCF @ $2.5509 =		$81.63		
Sewer Base Fee		03-25	05-28	64				26.67	
Sewer Usage Fee		03-25	05-28	64				139.94	
Storm Drain Fee								2.07	
						TOTAL AMOUNT DUE		$280.95	

rd 6/5/08

CONSERVATION INFORMATION

	DAYS	USAGE BILLED IN HCF*	AVERAGE GALLONS PER DAY	% CHANGE
THIS YEAR	64	32	374	+37.0
LAST YEAR	63	23	273	

Saving water helps you save money.

* 1 HCF (HUNDRED CUBIC FEET) = 748 GALLONS

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

Jun 09 2008 13:08 Anderson-Ragsdale 6192631507 P.3

E20811

67

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
CROSBY	LEE	WILLIAMS

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	12/04/1940	06/05/2008	

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
GERALDINE WILLIAMS	SPOUSE	ANDERSON - RAGSDALE MORTUARY 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
2344 AMELIA ISLAND DR. CHULA VISTA, CA 91915

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	9B. DATE SIGNED
▶ Sienrika Pryor	6/11/08

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	06/11/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 6-12-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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.

INFANT
AT LEGO

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 06-06-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PID: 231673 RAGSDALE, CIERRA NAVEH

in a _____ Funeral, date, time Thurs June 12 12:00

Type of Burial Container

Church, Chapel, Graveside ; RAGSDALE Mortuary

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1164 Grave 1

Grave space & Care Fund	1042.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	999.00
Handling Fees	36.00
Flower vases – Marker setting fee	65.00
Recording/Filing/Transfer Fees	
Sales taxes	7.67
Total Due	527.67
Paid receipt number R60950	527.67
Balance due	-0-

PAID
JUN 09 2008
MOUNT HOPE CEMETERY

Odessy Johnson / Mother
231674

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

231672

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

* Pauline Winberly
Signature

* JOE WINBERLY
Print Name

* 123 BROADWAY
Address

* S.D. CA 92102
City Zip Code

(619) 262-5708
Telephone

Invoice # _____

Work Order # E 20812

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20812

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 _____

					MONDEZA	
			X	TOPSANA		
				SMITH	REYES	
			TORRES	WILLIAMS		

Flagged Yes ✓ No _____

Blind check Initiated by: Tom. Date: 6-9

Interment space for: (INFANT) RAGSDALE

Interment Date: 6/12 Thurs Time: 200 G.S.

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1164 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

E20812

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
CIERRA	NAVEH	RAGSDALE

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			05/12/2008

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
ODESSY JOHNSON	MOTHER	JOSEPH LEMON, JR. ANDERSON-RAGSDALE MORTUARY SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
4123 BROADWAY
SAN DIEGO, CA 92101

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 ▶ Joseph Lemon Jr.

9B. DATE SIGNED 06/10/2008

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	06/10/2008	▶ 2800956

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

- [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
- [ ] 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 6-12-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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.

Preneed
LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/9/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EUSTACIO C. ULLOA and LUISA Hernandez

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 A Blk/Row _____ Lot 32 Grave 9

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	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number P-D1269	899.00
Balance due	3,596.77

Co-Purchaser
LUISA Hernandez
Pm: 231668

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.

Pm: 231667

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

x Eustacio Ulloa
Signature

EUSTACIO C ULLOA
Print Name

3212 49th ST #A
Address

SAN DIEGO, CA 92105
City Zip Code

619 282-5073
Telephone

Invoice # _____

Work Order # E 20813

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20813

OFFICIAL RECEIPT

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

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

P 01209

Date: June 9 20 08

From: Eustacio ULLOA & Louisa Hernandez Address: 3212 40th ST #A SD 92105

Eight hundred ninety nine ——— 100/00 Dollars ($ 899.00)

In _____ Payment of Downpayment for Preneed Lot & trust

Div MASONIC Sec A Blk/Row _____ Lot 32 Grave 9

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 414

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID

JUN 9 2008

MOUNT HOPE CEMETERY

ISSUED BY (J) Maria

CREDIT	67007	452	80
20% Sales Care	77184		~~20~~
Pre-Need	63033		
Trust	77186		
100/77184		446	20
TOTAL PAID	$	899	00

E 20814

Interment Order
cover sheet
not included

MT HOPE CEMETERY

Transaction History

Contract: E-20814-A

Contract Date: 06/10/2008
Purchased By: Schossow, Kathleen
3019 Serbian Place
San Diego, CA 92117
619-275-4234

Status: Paid In Full

Beneficiary: Schossow, Stephen

Dept: Mt Hope Cemetery
Counselor: TOM BROWN

Deferred Payment Price	**2,648.12**	**Amount Paid**	**2,648.12**	**Balance Due**	**0.00**
Base Price	2,642.00			Amount Financed	0.00
Interest	0.00	Downpayment	2,648.12	Number of Installments	1
Sales Tax	6.12	Transfer Allowance	0.00	Regular Payment of	0.00
Credit Life	0.00	Discount	0.00	Odd Payment of	0.00
		Late Charges/Fees	0.00	Date First Payment Due	07/10/2008
				Payment Plan	Monthly

Items Purchased	**Quantity**	**Qty Fulfilled**	**Price**
Division 5, Section 4,, Lot 58, Grave 3-A			
O/C Res-Resident - Division 5 SD Resident	1	0	2,264.00
O/C Resident AN - Ash Grave SD Resident	1	0	149.00
OBC - Resid AN - HHH Urn Vault SD Resident	1	0	79.00
Hndl Fee Res AN - Ash Vlt Hndl SD Resident	1	0	85.00
Misc -Resid AN - Recording Fee SD Resident	1	0	65.00

Date	**Transaction Type**	**Receipt No - Ref No**	**Trans**	**Amount**	**Allocations**
06/10/2008	**Downpayment**	**9247 -- R-60959**	**0**	**2,648.12**	452.80 Perp. Care
	TOTALS:			**2,648.12**	

Transaction History Summary:

Fund Name	**Original Amount**	**Allocations**	**Amount Due**	**Amount Cancelled**
Perp. Care	452.80	452.80		
TOTALS:		452.80		

ALSO E 20878

AT USGO

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

N.R.

Date 6/10/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lazo, Samuel Santiago 236678

in a LINER (Type of Burial Container) Funeral, date, time Tues. June 17, 1100

Church, Chapel, Graveside El Camino Mortuary 474-3646

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 39 Grave 7

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4465.82
Paid receipt number R60962	4465.82
Balance due	0

PAID JUN 10 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. 231677

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

Yanitza I. Lazo (Signature)

Yanitza Isabel Lazo (Print Name)

836 Florence (Address)

Imperial Beach CA 91932 (City, Zip Code)

619 271-8909 (Telephone)

Work Order # E 20815

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20815

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 6-10-08 9:00

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

- [x] MORTUARY NAME: El Camino 474-3646
- [ ] FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON:

TELEPHONE NO:

NAME OF DECEASED:

LAST NAME: LAZO

FIRST NAME: SAMUEL

DOD: DOB:

VETERAN [ ] BRANCH OF SERVICE:

[ ] REGULAR SIZE CASKET [ ] OVERSIZE [ ] CHILD

FUNERAL SERVICE

TYPE OF SERVICE: [ ] CHURCH [ ] CHAPEL [x] GRAVESIDE 11:00

LOCATION OF SERVICE: Graveside

DATE OF SERVICE: 6/17/08 TIME OF SERVICE: Tuesday

EXPECTED ARRIVAL TIME AT MT. HOME:

CEMETERY PROPERTY: [x] 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 El Camino they came in on Tues. June 10

E20815

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

			Tucker	Torres		
			X	Sever		Bennett

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: _____ Date: 6/12

Interment space for: Samuel S. Lazo

Interment Date: 6/17/08 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 39 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

E20815

34

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
SAMUEL	SANTIAGO	LAZO

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	12/31/1973	06/09/2008	

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
YANITZA I. LAZO	WIFE	EL CAMINO MEMORIAL - NC 670 NATIONAL CITY BLVD NATIONAL CITY, CA 91950	FD-284

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

836 FLORENCE ST
IMPERIAL BEACH, CA 91932

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 Casta

9B. DATE SIGNED 6/17/2008

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	06/17/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

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

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	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.

SEAMAN-VOE

OFFICIAL RECEIPT

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

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

61840

Date: 7.29, 20 02

From: TAMIZZA LAZO Address: 536 FLORENCE ST. 92154

ONE HUNDRED SEVENTY EIGHT & NO/100 Dollars ($ 178.00)

in FULL Payment of MARKER SETTING FEE FOR SAMUEL S. LAZO

Div 11 Sec 2 Blk/Row Lot 39 Grave 7

Invoice No. 231678

Acct. No. E020815

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge N° 0037.2
☐ Check

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

RECEIVED
JUL 29 2009
By

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	178	—
Sales Tax	60101		
	78390		
TOTAL PAID	$	178	—

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 6/10/2008

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

in a Liner (Type of Burial Container) Funeral, date, time Friday June 13 1:00

Church, Chapel, Graveside Mt Zion ; Ragsdale Mortuary.

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

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 212 Grave 5

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93

Paid receipt number _____

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

Montrelia Davis
Print Name

29909 Marrison Ave
Address

Murrieta CA 92562
City Zip Code

(951) 691-3175
Telephone

Invoice # _____

Work Order # E 20816

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Quitclaim

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 06/10/08

231719 231720

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jo Mary and Jon Thomsic

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 20+21 Grave 1

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	—
	—
Total Due	—
Paid receipt number R-60957	85.-
Balance due	Ø

PAID
JUN 10 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 _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached for signature

Invoice # _____

Work Order # E 20817

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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OFFICIAL RECEIPT

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

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

60957
E 20817

Date: 6/10, 2008

From: Mary G. Thomsic Address: 353 Winslow ave., Long Beach Ca 90814

EIGHTY-FIVE Dollars ($ 85.—)

in full Payment of deed for lot

Div 10 Sec ~ Blk/Row ~ Lot 20 & 21 Grave 1

Invoice No.

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 915

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

PAID
JUN 10 2008
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	85.—
Sales Tax	60101	
	78390	
TOTAL PAID	$	85—

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

E20817

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353
Winslow
Ave.

Long
Beach,
California

90814

(562)
986-
5604

ShortCircuit2
@
verizon.net

June 4, 2008

Mount Hope Cemetery
Department of Public Works
3751 Market Street
San Diego, CA 92102

Attention: Administrator:

I am writing to send a check in the amount of $85.00 to issue a deed for the following sites to the name below:

Lot 20 and 21-Division 10

Mary and Jon Thomsic
353 Winslow Avenue
Long Beach, CA 90814
562 986-5604
562 355-7838

Please let me know if you have any questions. Thank you for your attention to this matter.

Sincerely,

Mary Thomsic

Mary Thomsic

PAID
JUN 10 2008
MOUNT HOPE CEMETERY

Document3

E20817

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-7-1974

CHARGE John Groff

ADDRESS 7 Bahia Ln., Oceanside, Ca. 92045

NAME OF DECEASED Pre-need

OWNER John & Hazel Groff

ADDRESS above

MORTUARY

LOT 20 21 GR ROW SEC DIV 10	360	00
OPENING TIME DAY DATE	270	00
VAULT BOX SIZE	201	40
REMOVAL OR FOUNDATION VET. Recording Fee	15	00
TOTAL	$846	40
PAID RECEIPT NUMBER 21739		
BALANCE	0	

two (2) Pre-need normal openings
One (1) " " ash opening
two (2) " " Cement liner
One (1) " " ash Vavet.
Lot 21 Mary Franovich

PAID
OCT 7 1974
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.
D 5048

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

#9625

AUTHORIZED IN PERSON PHONE BY

ORDER TAKEN BY D. Phillips

W.O. NO.

INVOICE NO. CASH

E20817

E20817

M
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353
Winslow
Ave.

Long
Beach,
California

90814

(562)
986-
5604

ShortCircuit2
@
verizon.net

May 30, 2008

Mount Hope Cemetery
Department of Public Works
3751 Market Street
San Diego, CA 92102

Attention: Administrator:

Enclosed is a letter from John Groff stating that ownership for the following grave sites should be put in my name. All the necessary documents are enclosed. The sites are:

Lot 20 and 21 – Division 10

Please send a deed to my attention:

Mary Thomsic
353 Winslow Avenue
Long Beach, CA 90814
562 986-5604
562 355-7838

Please let me know if you have any questions.

Thank you for your attention.

Sincerely,

Mary Thomsic

Mary Thomsic

Document3

E20817

E20817
Mr. Melvin Young
will mailing a
check in the amount
of
re: grave # 2
Lot 134, Div 7
sec 14.

$100

E20817
Call Ms Thomsc
have her Mail
a check for
$85

E20817
DAVID IS
this Legit
Paulette

E20817

John Groff

15928 Lime Grove Road

Poway, CA 92064

858 748-8621

naida@cox.net6

May 12, 2008

Mount Hope Cemetery
Department of Public Works
3751 Market Street
San Diego, CA 92102

Attention: Administrator:

I am writing to have the ownership name changed on two gravesites at Mount Hope Cemetery. The description is:

Lot 20 and 21- Division 10
2 Pre-need normal opening
2 Cement liners
1 complete ash burial

Payment for these items was made in cash on 10/7/74 by John and Hazel Groff-a copy of the receipt, #21739, is enclosed. Also enclosed is a copy of Deed #7625 (Purchase Order #D-5048) dated 10/7/74. The purchase was made by John and Hazel Groff, who are deceased.

As John Groff's son, and only living next of kin, I am requesting title be changed to the following:

Mary Thomsic
353 Winslow Ave.
Long Beach, CA 90814
562 986-5604

Please let me know if you have any questions. Thank you for your attention.

Sincerely,

John Groff

E 20817

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of San Diego }

On 5-16-08 (Date) before me, Brian Antonio Dutra, Notary Public (Here Insert Name and Title of the Officer)

personally appeared John L. Groff (Name(s) of Signer(s))

who 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.

BRIAN ANTONIO DUTRA
Commission # 1654717
Notary Public - California
San Diego County
My Comm. Expires Mar 28, 2010

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature BAD. NOTARY (Signature of Notary Public)

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Mount Hope Cemetery

Document Date: May 12, 2008 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____
☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

© 2007 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.NationalNotary.org Item #5907 Reorder: Call Toll-Free 1-800-876-6827

E 20817

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

№ 21739

DATE 10-7-1974

FROM John Groff ADDRESS 7 Bahia, Oceanside, Ca

Eight hundred Forty Six and 40/100 DOLLARS ($ 846.40)

IN full PAYMENT OF two pre-need lots, 2 pre-need normal opening, two cement liners & 1 complete ash burn

LOT 20 & 21 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. CASH

W.O. D-5048

UNPAID BALANCE AFTER THIS PAYMENT 0

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

PAID
OCT 7 1974
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY D. Phillips

CREDIT SALES CARE	306 951	180.00
HALF SALES OF LOTS	100 7784	180.00
OPENINGS	100 7781	270.00
BOXES	100 7782	201.40
REMOVALS FOUNDATIONS	100 7783	15.00
TOTAL PAID $		846.40

FORM AC-212

10/7/1974

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

7625

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO John & Hazel Groff for the sum of $ 360.00 (DOLLARS)

LEGAL DESCRIPTION Lots 20 & 21 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5048

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

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

Flush Marker Only Allowed

R. Wallace
Cemetery Manager

W. L. MacFarlane
Property Director

PV-884

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 6/11/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Worthy Harris Sr. 231680

In a Liner (Type of Burial Container) Funeral, date, time Tues June 17 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 120 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	20.93
Total Due	3358.93
Paid receipt number R-60969	2000.-
AP825178	
Balance due	1358.93
	1358.93

PAID
JUN 11 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.

231679

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

x Carmenlita Harris
Signature

Carmenlita Harris
Print Name

2717 Cameron Way
Address

Mesquite, Tx 75181
City Zip Code

214-924-6886
Telephone

Invoice # _____

Work Order # E 20818

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20818

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Θ

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

			Tinaman			
	Holmes	Lewton	X	Wave		
		Johnson				

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 6/12

Interment space for: Worthy Harris Sr.

Interment Date: 6/17/08 Time: 10:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 120 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

E20818

61

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
WORTHY	-	HARRIS SR

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	02/14/1947	06/08/2008	

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
WORTHY HARRIS JR	SON	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

25597 WHITE ASPEN CIRCLE
MENIFEE, CA 92584

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 ▶ Siemuka Pryor

9B. DATE SIGNED 6/16/08

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	06/16/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

MOCK set-up

Date 6/11/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Settles 231681 2:30 pm

in a _____ (Type of Burial Container) Funeral, date, time Friday June 13

Church, Chapel, Graveside _____ ; Preferred Mortuary MARK

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

will be applied and billed to undersigned. _____

Military Section (Honors)

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

Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees MOCK set-up	65.00
Sales taxes	
Total Due	65.-
Paid receipt number R-60977	65.-
Balance due	Ø

PAID
JUN 13 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 Pin 185 Mark Jenkins

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20819

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

MOCK set-up

Date 6/11/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Settles 2:30 pm

in a _____ Type of Burial Container Funeral date, time Friday June 13

Church, Chapel, Graveside _____ Preferred Mortuary MOCK

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

will be applied and billed to undersigned. _____

Military Section (Honors)

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

Grave space & Care Fund _____

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees MOCK set-up 65.00

Sales taxes _____

Total Due 65.-

Paid receipt number R-60977 65.-

Balance due 0

PAID
JUN 13 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

MARK Jenkins
Print Name

6163 University Ave
Address

S.D 92115
City Zip Code

619-584-7000
Telephone

Invoice # _____

Work Order # E 20819

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 6/13/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred Tanner 223769

in a Double Depth "A" (Type of Burial Container) Funeral, date, time Friday June 20 11:00

Church, Chapel, Graveside _____ . WMS S. Memorial Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 16 Blk/Row _____ Lot 64 Grave 11

Grave space & Care Fund E-372	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	1,632.77
Paid receipt number 12-60984	1,632.77
Balance due	0

PAID
JUN 17 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 231711 Address

X _____ City Zip Code

X see attached Telephone

Invoice # _____

Work Order # E 20820

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20820

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

				Hanlon		
		Lindsay Hubbard	X	Tanner	Duckett	
			Leonard Stevenson			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Mildred Tanner

Interment Date: 6/20/08 Fri Time: 11:00 Church

Div: 7 Sect: 16 Blk/Row: ~ Lot: 64 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

U

DL A1270438 EXP 2011

OFFICIAL RECEIPT

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

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

61600

Date: April 22, 2009

From: Yolanda Jones Address: 2738 Casey St, SD CA 92139

one hundred, seventy-eight — Dollars ($ 178.00)

in Full Payment of Setting fee for Mildred J. Tanner

Div 7 Sec 16 Blk/Row — Lot 64 Grave 11

Invoice No. E020820

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge M - AP042374
☐ Check

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

PAID
APR 22 2009
MOUNT HOPE CEMETERY

ISSUED BY Paulette

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.

E20820 74

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
MILDRED	JEAN	TANNER

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	01/05/1934	06/12/2008	

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
DAMEON MONTANA	SON	WMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO, CA 92104	FD1575

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

4627 33RD STREET APT 1
SAN DIEGO, CA 92116

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 ▶ S A Williams

9B. DATE SIGNED 06/16/2008

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	06/16/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 6/30/08	12C. INTERMENT NUMBER—IF APPLICABLE E-20820
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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.

Plz, pay no later than 6/18/2 A.M. (before 12 no

E 20820

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 6/13/08

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

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

Church, Chapel, Graveside _____ WMS 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 7 Section 16 Blk/Row _____ Lot 64 Grave 11

Grave space & Care Fund	E-372
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	1,632.77
Paid receipt number	
Balance due	

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

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

X Dameon Montaño (Signature)

X Dameon Montaño (Print Name)

X 4627 33rd St #1 (Address)

X S.D CA 92116 (City, Zip Code)

X 619 715-2881 (Telephone)

Invoice # _____

Work Order # E 20820

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 6-13-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 224801 TURNER, ROBERT LEE SR.

in a DD 4 (Type of Burial Container) Funeral, date, time JUNE 19 THU 12:30

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

DEPTHGL B 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 11 Grave 1

Grave space & Care Fund E14988	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	68.00
Sales taxes	41.77
Total Due R-60974	1630.77
Paid receipt number	1630.77
Balance due	0

PAID
JUN 17 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

TERRY TURNER 231690
Print Name

44771 Corte Gutierrez
Address

Temecula CA 92592
City Zip Code

619-977-7383
Telephone

Invoice # _____

Work Order # E 20821

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20821

LOTS ONLY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need

Date 4-7-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dire Ann Turner #224804

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 11 Grave 1 & 3 & 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	995.00 x 3	2985.00
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		2985.00
Paid receipt number 51014		1492.50
Balance due		1492.50

Pd IN Full Dec 2004

Sent to Collections 11-19-04

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 353-43rd St.

City San Diego, CA 92102 Zip Code

Telephone 909-302-5540

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

Signature of recorded holder of deed

Invoice # _____

Work Order # E 14988

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E20821

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: Robert Turner

Interment Date: 6/19/08 Time: 12:30

Div: 12 Sect: 1 Blk/Row: ____ 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

OFFICIAL RECEIPT

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

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

61721

Date: 06/10, 2008

From: Annie Turner Address: 353 43rd St SD 92102

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

in full Payment of Selling fee for Robert L. Turner.

Div 12 Sec 1 Blk/Row ~ Lot 11 Grave 1

Invoice No. E-20821

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP032245
☐ Check

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

PAID
JUN 10 2009
MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	178.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	178.00

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

71 E20821

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ROBERT	LEE	TURNER

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	11/21/1936	06/11/2008	

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
ANNIE D TURNER	WIFE	CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
353 43RD STREET SAN DIEGO, CA 92102

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	9B. DATE SIGNED
▶ D Mitchell	06/12/08

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	06/12/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

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

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 6-19-08	12C. INTERMENT NUMBER—IF APPLICABLE	12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Perez
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.

"Army At need"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/13/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 174942-Albert L. Thornton Sr.

in a DD "A" (Type of Burial Container) Funeral, date, time June 19, 2008 11:00

Church, Chapel, Graveside ; HEATH N.C. Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 14 Blk/Row _____ Lot 5 Grave 1

Grave space & Care Fund C-6735	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	1632.77
Paid receipt number R60983	1632.77
Balance due	Ø

PAID JUN 17 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.

2243/6

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

Evelyn M. Thornton (Spouse)
Signature

PAMELA THORNTON
Print Name

2841 MORNINGSIDE ST.
Address

SD 92139
City Zip Code

619-475-0926
Telephone

Invoice # _____

Work Order # E 20822

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

OFFICIAL RECEIPT

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

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

61899

Date: 8/31, 20 09

From: EVELYN THORNTON Address: 2891 MORNINGSIDE ST. S.D. 92134

SIXTY SIX & 00/100 Dollars ($ 66.00)

in FULL Payment of GROUND TRION VASE(1) FOR ALBERT LEE THORNTON

Div 7 Sec 10 Blk/Row — Lot 5 Grave 1

Invoice No. 174442

Acct. No. E020822

W.O. 7218

BALANCE DUE ∅

☐ Money Order
☐ Charge AP053013
☐ Check

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

RECEIVED
AUG 31 2009
By

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77162	
	100	
Handling Fee	77185	25 —
Recording &	100	
Misc. Fees	77183	35 —
Sales Tax	60101	3 06
	78390	
TOTAL PAID	$	66 00

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

E20822

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 "A"

			X			

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

Blind check initiated by: _____ Date: _____

Interment space for: Albert Thornton Sr

Interment Date: 6/19/08 Time: 11:00

Div: 7 Sect: 14 Blk/Row: ____ 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

E 20822

MT. HOPE CEMETERY

ORDER

CITY OF SAN ~~DIEGO,~~ CALIFORNIA

DATE 1-14-1969

CHARGE Albert L. Thornton, Sr.

ADDRESS 3765 - 42nd St., S.D. Calif.

NAME OF DECEASED Pre-need

OWNER

ADDRESS

MORTUARY

LOT 4 5 GR 2 1 ROW SEC 14 DIV 7		240	00
OPENING TIME DAY DATE			
VAULT BOX SIZE			
REMOVAL OR FOUNDATION VET.			
TOTAL		240	00
PAID RECEIPT NUMBER 15996		240	00
BALANCE		0	

David L. Thornton removed from Lot 130, Gr 4, Sec 14, Div 7 and interred in Lot 4, Grave 3, Sec 14 Div 7. See Ovit Claim deed #329.

PAID
JAN 14 1969
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

#4112

(over)

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 Albert L. Thornton

ORDER TAKEN BY D. Phillips

W.O. NO. C 6735

INVOICE NO. CASH

FORM PR-974 REV.

David Thornton was a Viet Nam casualty. His family purchased a lot & he was buried. They misunderstood the marker restrictions, in that the one originally purchased was restricted to a flat marker only, and they wanted an upright monument. Therefore, we disinterred him and re-interred him in lot 4 Grave 3 of Section 1, division 7 at no extra charge. Lot was exchanged. See Quitclaim deed # 329.

E20822

84

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
ALBERT	LEE	THORNTON

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	12/19/1923	06/13/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
NATIONAL CITY	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
EVELYN THORNTON	WIFE	HEATH FUNERAL HOME 611 HIGHLAND AVE NATIONAL CITY, CA 91950	FD807

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

2891 MORNINGSIDE ST.
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 103055

9A. APPLICANT SIGNATURE ▶ Sharon Burke

9B. DATE SIGNED 06-17-08

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	06/17/2008	▶ WILMA WOOTEN, MD # 9488

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 19 JUNE 2008	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
bury under
gravestone

Date 6/13/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys St. John Ø 223153

in a Asn Vault (Type of Burial Container) Funeral, date, time 7/24/08 AYD

Church, Chapel, Graveside Delivery only Neptune Soc Mortuary.

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

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 77 Grave 1

C-4949

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due P-00707	Ø
Paid receipt number	
Balance due	Ø

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

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

X Clair St John
Signature

X CLAIR ST JOHN
Print Name

X 1317 Marline Ave
Address

X EL CAJON CA 92021
City Zip Code

X
Telephone

4/13/07 N.R.

Invoice # _____

Work Order # E 20823

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20823

OFFICIAL RECEIPT

[redacted]

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

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

P 00707

Date: February 15, 2007

From: Gladys E. St. John Address: 1317 Marline Ave, El Cajon CA 92021

Five hundred, ten and 06/100 Dollars ($ 510.06)

in full Payment of pre-need trust for remains to be on grave of Flora France St. John

Div 8 Sec 3 Blk/Row ____ Lot 77 Grave 1

Invoice No. Pin 223153

Acct. No. ____

W.O. ____

BALANCE DUE Ø

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☒ Check 5061

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

PAID

FEB 15 2007

MOUNT HOPE CEME...

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	510.06
Trust	77186	
TOTAL PAID		$ 510.06

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

for burial

E20823

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Flora F. St John (mother)

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

Burial Container ashvault

	Helwig	Fisher	X			
		Robinson	Bence			

Flagged Yes ✓ No

Blind check Initiated by: Paulette Date: 6/24

Interment space for: Gladys St. John ⊗

Interment Date: 6/25 Time: AYD

Div: 8 Sect: 3 Blk/Row: — Lot: 77 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: M. Right of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

89 08-1277

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

E 20823

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
GLADYS	ELIZABETH	ST JOHN

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	11/25/1918	06/12/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA MESA	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
CLAIR ST JOHN	DPOA	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

1317 MARLINE AVE
EL CAJON, CA 92021

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 ▶ Thomas M. Ryan

9B. DATE SIGNED 6/16/08

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	06/16/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE 3751 MARKET ST, SAN DIEGO, CA 92102	12B. DATE BURIED 7/24/08	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 LENEDA INC., 14065 HWY 8 BUS., EL CAJON., CA 92021	13B. DATE CREMATED 6/18/08	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
M @ 3:15 pm

Date 6-13-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose L. Aguayo 20634312:00

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Monday June 23

Church/Chapel/Graveside Greenwood Mortuary, Paria

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. AP080943 / R-61055

Division 8 Section 5 Blk/Row Lot 691 Grave 1

Grave space & Care Fund E-8099	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 2002 E-16602 Reciepts	–
Balance due	0

Interfund Transfer DP 3821471

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 Virginia Aguayo
Signature

X VIRGINIA AGUAYO
Print Name

4762 SOLOLA AVE #101
Address

SAN DIEGO 92113
City Zip Code

(619) 263-6694
Telephone

N.R.

Invoice #

Work Order # E 20824

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20824

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-7-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSE & VIRGINIA AGUAYO

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 691 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund	Pre-Need	0
Additional spaces and care fund		—
Opening/Closing & Setup	2 at 375	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		—
Recording and filing fee	2 at 45	90.00
Sales taxes		28.50
Total Due		1568.50
Paid receipt number	MC	392.00
Balance due		1176.00

Paid in full on 10-4-02 R- 54478

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 receded holder of deed

X Jose J Aguayo
Signature

X 4762 Solola Ave #101
Address

X San Diego 92113
City Zip Code

X (619) 263-6694
Telephone

Invoice # _____

Work Order # E 16602

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

E20824

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: Jose L-Aguayo

Interment Date: 6/23/08 MON Time: 12:00

Div: 8 Sect: 5 Blk/Row: 4 Lot: 691 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

79 E20824

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
JOSE	LUCAS	AGUAYO

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	10/18/1928	06/09/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
COALINGA	FRESNO

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
VIRGINIA HERNANDEZ AGUAYO	WIFE	GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

4762 SOLOLA AVENUE, APT. 101
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 ▶ [signature]

9B. DATE SIGNED 06/20/2008

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	06/20/2008	▶ EDWARD L MORENO, MD

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
FRESNO HEALTH DEPARTMENT 1221 FULTON MALL, FIRST FLOOR FRESNO, CA 93721	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

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 6-23-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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 NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

N.R.

Date 6-17-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GEORGE KRECUL 231685

in a LINER (Type of Burial Container) Funeral, date, time 6-20 FR 11:00

Church, Chapel, Graveside _____ ; EL CAMINO Mortuary.

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

will be applied and billed to undersigned. _____

Division 3 Section 5 Blk/Row _____ Lot 7 Grave 4

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4465.82
Paid receipt number R60982	4465.82
Balance due	0

PAID JUN 17 '08 MOUNT HOPE CEMETERY

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

231684

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

x S.Z. Varagic
Signature

x STELLA Z. VARAGIC
Print Name

x 1986 HACIENDA DR.
Address

x EL CAJON, CA 92020
City Zip Code

x 619-469-4626
Telephone

Invoice # _____

Work Order # E 20825

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20825

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.

E
N S
W

Burial Container Liner

			Berdinel			
	Juanita Johnson	Frederick Pederson	X			
			Eva Krecul	Olga Krecul		

Flagged Yes ✓ No _____

Blind check Initiated by: Maria Date: 6/18/08

Interment space for: George KRECUL

Interment Date: 6/19/08 Time: 11:00

Div: 3 Sect: 5 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

E 20825

61

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
GEORGE	-	KRECUL

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	02/04/1947	06/15/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA MESA	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
STELLA VARAGIC	NIECE	EL CAMINO MEMORIAL - LA MESA 8390 ALLISON AVE LA MESA, CA 91941	FD-296

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

1986 HACIENDA DR
EL CAJON, CA 92020

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 6/19/2008

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	06/19/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

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

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 6-20-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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 6/16/2008

231689

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Damien Reynolds 19yrs

in a Liner (Type of Burial Container) Funeral, date, time Friday, June 20 @ 11am

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 142 Grave 1

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-60985	3358.93
Balance due	0

PAID
JUN 18 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 _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Invoice # _____

Acct. # _____

Work Order # E 20826

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20826

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

A1 need

Date 6/16/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Damien Reynolds 19yrs

in a Liner (Type of Burial Container) Funeral, date, time Friday, June 20 @ 11am

Church, Chapel, Graveside CA Burial Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 142 Grave 1

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

231688

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

Jerilyn Glenn (Signature)

Jerilyn Glenn (Print Name)

515 27th St #2 (Address)

S.D. CA 92103 (City, Zip Code)

619-248-1022 (Telephone)

Invoice # _____

Work Order # E 20826

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20826

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: Damien Reynolds.

Interment Date: 6/20/08 Time: 11am

Div: 12 Sect: 2 Blk/Row: ____ Lot: 142 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

19 E20826

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
DAMIEN	MATTHEW	REYNOLDS

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	03/02/1989	06/12/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
PLEASANTON	ALAMEDA

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
JERILYN GLENN-SULLIVAN	MOTHER	CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

33387 BOLOMITE STREET
MENIFEE, CA 92584

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 06/17/08

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	06/17/2008	▶ ANTHONY ITON, M.D.

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
ALAMEDA HEALTH DEPARTMENT 1000 BROADWAY, SUITE 500 OAKLAND, CA 94607	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

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 6-20-08	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 6/17/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Gladys Young 230596

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 7 Section 14 Blk/Row _____ Lot 134 Grave 2

Grave space & Care Fund C-6929	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number R-60960	660.-
Balance due	794.82

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 231676x hold under deed.

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Signature _____

Invoice # _____

Work Order # E 20827

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20827
Await for Mr.
Melvin Young to
send back.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/18/2008

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

in a N/A (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Philip Austin TX 512-472-1834 Mortuary.

All Funeral cars 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 Niche Grave 2

Grave space & Care Fund E-10358 0

Overtime/Late Arrival Fees E-20941

Opening/Closing & Setup See

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due 0

Paid receipt number E-10358

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 20828

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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Family # 512-986-3813

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELEN MARIE PEACE 231687

in a LINER (Type of Burial Container) Funeral, date, time JUNE 20 FRI 12:30 10:00

Church, Chapel, Graveside ; RAGSDALE Mortuary.

Calvary

All Funeral cars must arrive 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 119 Grave 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-60981	3,358.93
Balance due	0

PAID
JUN 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.

231686

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

X Mary Shorter
Signature

✓ Mary Shorter
Print Name
533 San Alberto Way
Address
San Diego Cal 92114
City Zip Code
(619) 784-4207 6
Telephone

Invoice # _____

Work Order # E 20829

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20829

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: HELEN M. PEACE

Interment Date: 6/20 FRI Time: 2:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 119 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

E20829

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
HELEN	MARIE	PEACE

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	07/14/1936	06/14/2008	

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
MARY SHORTER	DAUGHTER	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
323 SAN ALBERTO WAY
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 ▶ Stennika Pryor — 9B. DATE SIGNED 6/17/08

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	06/17/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

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

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 6-20-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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 6/17/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sam Ransom 231683

in a Liner (Type of Burial Container) Funeral, date, time Thurs. June 19th 1:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 212 Grave 5

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-60991	3,358.93
Balance due	0

PAID
JUN 18 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.

Clifford Ransom Sr.
Signature

Clifford Ransom, Sr. 231644
Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20830

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20830

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

67

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
SAM	ACHIE LEE	RANSOM

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	04/12/1941	06/12/2008	

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
CLIFFORD RANSOM	BROTHER	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

P.O. BOX 82391
SAN DIEGO, CA 92138

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 ▶ Sienna Ransom

9B. DATE SIGNED 6/16/08

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	06/16/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

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

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 6-19-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Berger	
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.

Pre Need
No Interfund Transfer
see attached

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-18-08

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 3 Section 5 Blk/Row _____ Lot 7 Grave 5

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4465.82
Paid receipt number R-60989	4465.82
Balance due	Ø

PAID
JUN 18 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.

x S.Z. Varagic
Signature

231684
x STELLA Z. VARAGIC
Print Name
x 1986 HACIENDA DR.
Address
x EL CAJON, CA 92020
City Zip Code
x 619-469-4626
Telephone

Invoice # _____

Work Order # E 20831

Acct. # _____

6/19/08 Mailed Deed

REA 104 (3/04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20831

FORM 61 **LEGAL DESCRIPTION** SAN

LOTS 6 & 7 SEC. 5 DIV. 3

-6	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	RE
		224618				
c.1	TREANOR, Ida H.	Treanor, Grant	3-1899	3- 9-1899		Over
						Reclaimed
2		~~"~~ ~~"~~	~~3/1899~~			
3	SANDERS, Joseph H.	Sanders		1-31-1899		Over
4	CLINGER, Thelma M.	CUMMINGS, Allen B.	9/10/1963 125.00	9/11/1963	C-0106	
5	EDGAR, James M.	Todd, M. J.	1-16-1900	2- 3-1899		
	SPEARS, Inf.(of A. F.)			12-26-1876		
6	SPEARS, Ellen(Inf.)			1873		
-7		Varoric, Stella F.	11/25/1988 $595.			
c.1	Krecul, Eva	Mountain	1873 $20.00	11/29/1988 •	E-7769	Top Seal
		215773				Reclaimed
2	ZEICH, OLGA	"	"	02-18-99 •	E-14895	Liner
3	LAFOR, William	"	"	5-30-1873		
	E20825					Reclaimed
4		"	"	•		
						Reclaimed
5	E-20831 & INGC	"	"	•		
	E-20831 DV					Reclaimed
6		"	"	•		

TAYLOR SYSTEM OF CEMETERY RECORDING

PRE NEED) OFFICIAL RECEIPT

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

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

60989 E20831

Date: 6-18, 2008

From: STELLA VARAGIC Address: 1986 HACIENDA DR EL CAJON CA 92020

FOUR THOUSAND FOUR HUNDRED - SIXTY FIVE & Dollars ($ 4465 82)

in FULL Payment of TRUST, & 1-OT

Div 3 Sec 5 Blk/Row Lot 7 Grave 5

Invoice No.

Acct. No. E20831

W.O.

BALANCE DUE ~~0~~

☐ Money Order
☐ Charge
☑ Check 2717

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

ISSUED BY

CREDIT	67007	602	20
20% Sales Care	77184	2405	80
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181	708	-
Burial	100	358	-
Containers	77182		
	100	275	-
Handling Fee	77185		
Recording &	100	95	-
Misc. Fees	77183		
Sales Tax	60101	27	82
	78390		
TOTAL PAID	$	4465	82

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

PAVEL ZEICU
STELLA Z. VARAGIC
1986 HACIENDA DR.
EL CAJON, CA 92020

18-49/30
1223
0301344917

2717

DATE 6/18/08

PAY TO THE ORDER OF MT HOPE CEMETERY $4,465.82

Four thousand four hundred sixty five & 82/100 DOLLARS

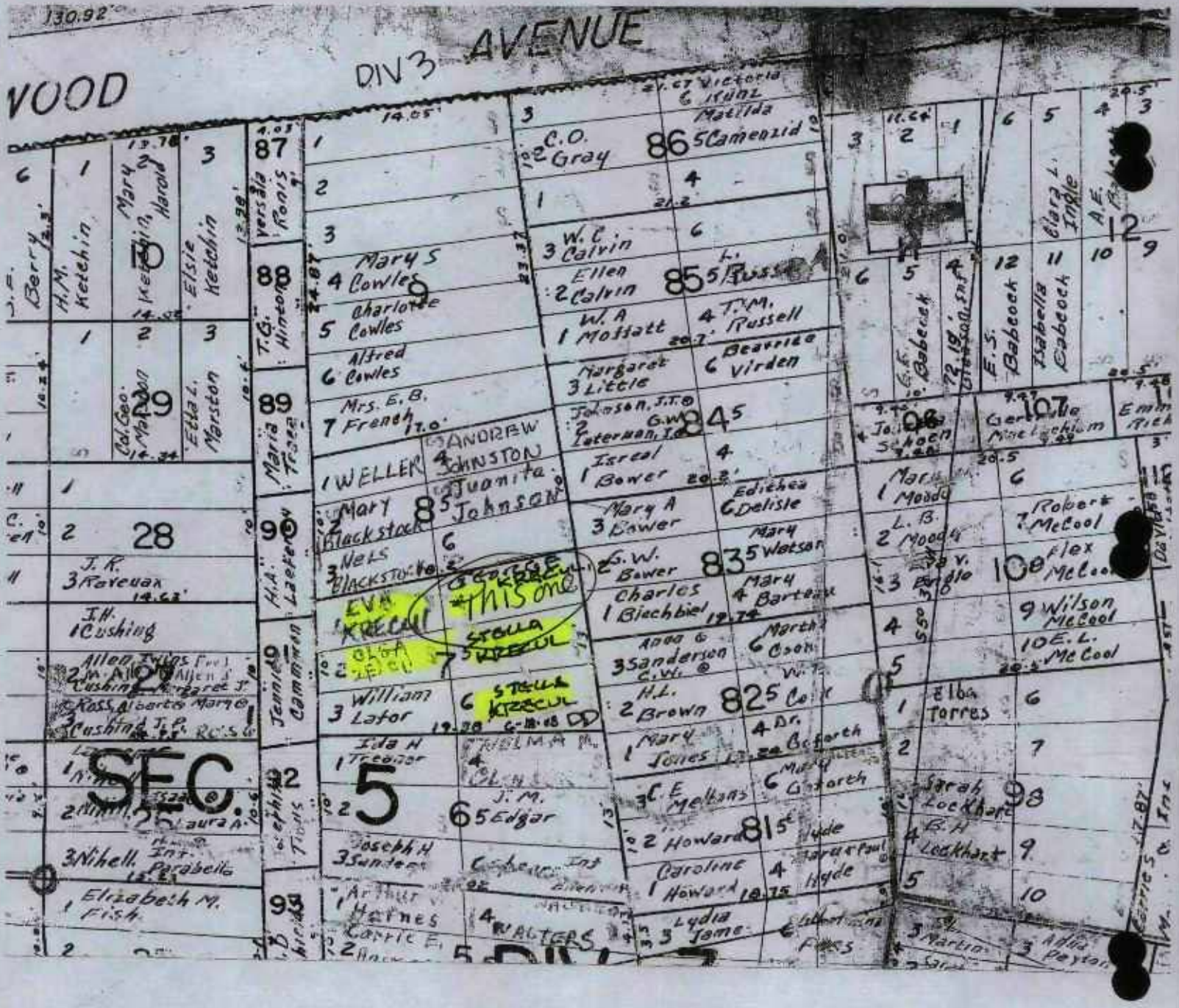
UNION BANK OF CALIFORNIA
LAKE MURRAY #30
8630 LAKE MURRAY BLVD., SAN DIEGO, CA 92119
800 238 4486

SIGNATURE BANKING

FOR

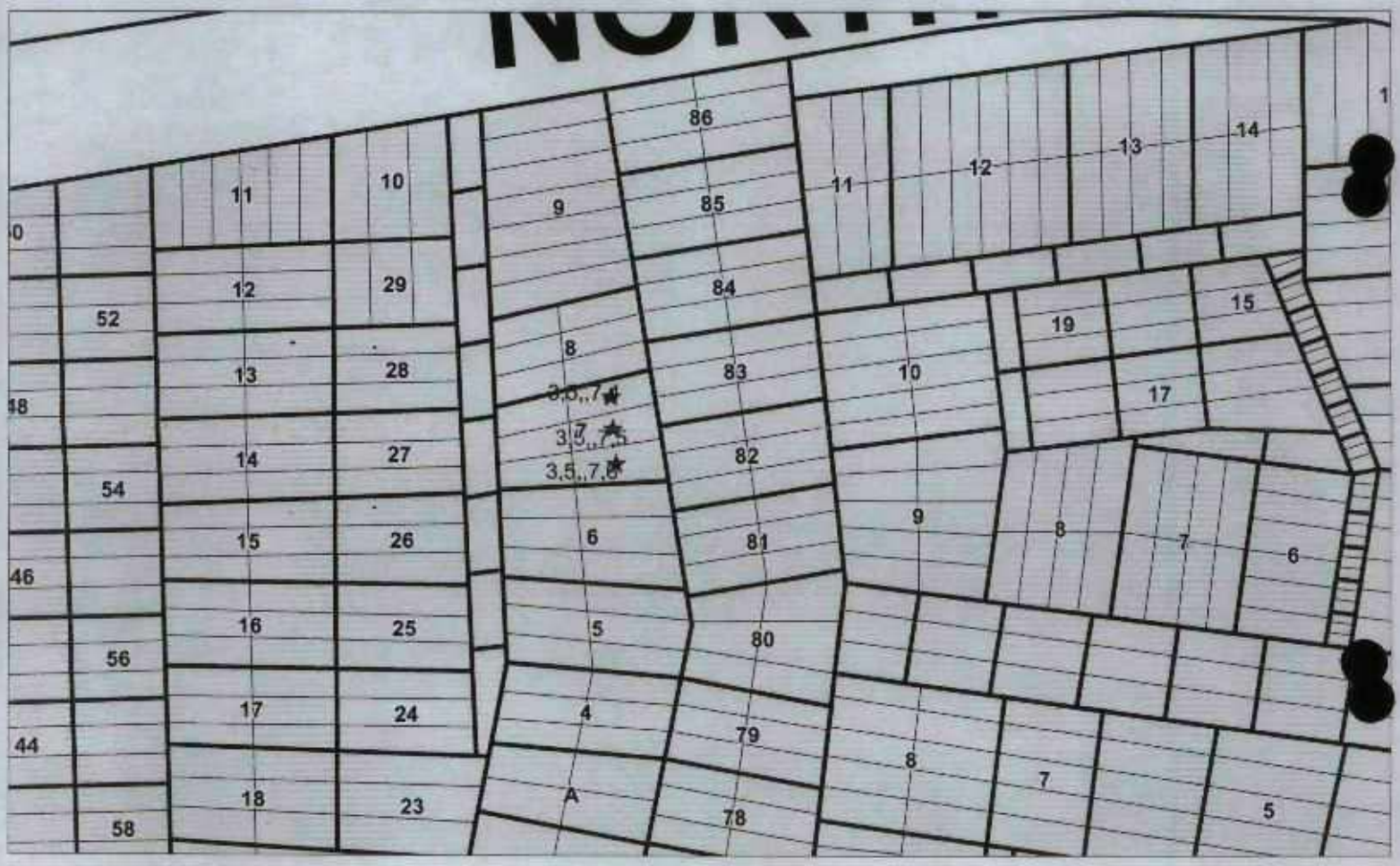
D.S.Z. Varagic

⑆122000496⑆ 0301344917⑈ 2717



E20831

E20831


NORTH
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PRENEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-18-08

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

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 3 Section 5 Blk/Row _____ Lot 7 Grave 6

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup (2) 708-[illegible]85	1501.00
Burial Container	717.00
Handling Fees	604.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees (1)	85.00
Sales taxes	55.57
Total Due	5973.57
Paid receipt number R-60990	5973.57
Balance due	Ø

PAID JUN 18 2008 MOUNT HOPE CEMETERY

NO INTERFUND XFER NEEDED SEE ATTACHED

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 S. Z. Varagic
Signature

x STELLA Z. VARAGIC 231684
Print Name

x 1986 HACIENDA DR.
Address

x EL CAJON, CA 92020
City Zip Code

x 619-469-4626
Telephone

Invoice # _____

Work Order # E 20832

Acct. # _____

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

6/19/08 Mailed Deed

© 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

60990

Date: 6-18, 20 08

From: STELLA VARAGIC Address: 1986 HACIENDA DR. EL CAJON, CA 92

FIVE THOUSAND NINE HUNDRED SEVENTY THREE 57/ Dollars ($ 5973 57)

in FULL Payment of LOT & TRUST

Div 3 Sec 5 Blk/Row Lot 7 Grave 6

Invoice No.

Acct. No. E20832

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check 5752

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

PAID

JUN 18 2008

MOUN

ISSUED BY

CREDIT	67007	602	20
20% Sales Care	77184	2405	80
80% Sales	100		
of Lots	77184	1501	—
Opening/	100		
Closing	77181	717	—
Burial	100		
Containers	77182	624	—
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	85	—
Sales Tax	60101	55	57
	78380		
TOTAL PAID	$	5973	57

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

---

DR. VLATKO VARAGIC
DR. STELLA ZEICU VARAGIC
1986 HACIENDA DR. PH. 619-449-4580
EL CAJON, CA 92020

16-49 30
1220
0301232765

5752

DATE 6/18/08

PAY TO THE ORDER OF MT HOPE CEMETERY $ 5,973.57

Five thousand nine hundred seventy three 57/100 DOLLARS

UNION BANK OF CALIFORNIA
LAKE MURRAY #30
8630 LAKE MURRAY BLVD., SAN DIEGO, CA 92119
800 238 4486

SIGNATURE
BANKING

MEMO

D.S.Z. Varagic

⑆122000496⑆ 0301232765⑈ 5752

E20832

130.92'

DIV 3 AVENUE

VOOD

SEC. 5

87 Versalia Ronis
88 T.G. Hinton
89 Maria Trace
90 H.A. Laeker
91 Jennie Cammeron
92 Lephia Tiens
93

1 Mary S Cowles
5 Charlotte Cowles
6 Alfred Cowles
7 Mrs. E.B. French
1 WELLER
2 Mary Blackstock
3 Nels Blackstock
1 EVA KRECUL
2 OLGA KRECUL
3 William Lator
1 Ida H Treanor
2 J.M. Edgar
3 Joseph H Sunders
1 Arthur Haines
2 Carrie E. Haines
4 WALTERS
5 DIV 3

3 C.O. Gray
1 W.C. Calvin
2 Ellen Calvin
1 W.A. Moffatt
3 Margaret Little
2 Johnson, J.T. G.W. Laterman, J.T.
1 Isreal Bower
3 Mary A Bower
2 G.W. Bower
1 Charles Blechbiel
3 Anna Sanderson C.W.
2 H.L. Brown
1 Mary Jones
3 C.E. Melbans
2 Howard
1 Caroline Howard
3 Lydia Jame
6 Victoria Kunz
Matilda Camenzid
4
6
5 L. Russell
4 T.M. Russell
6 Beatrice Virden
4
6 Edithea Delisle
5 Mary Watson
4 Mary Barteau
6 Martha Cook
5 W.F. Cook
4 Dr. Goforth
6 Mary Goforth
5 Hyde
4 Mary & Paul Hyde
6 Albertina Fess

3 Mary Moody
2 L.B. Moody
3 Eva V. Engle
4
5
1 Elba Torres
2
3 Sarah Lockhart
4 B.H. Lockhart
5
3 Martin
3 Anna Peyton

6 Clara L. Ingle
5 A.E. Babcock
4 E.S. Babcock
12 Isabella Babcock
11
10
9
6 G.F. Babcock
5 72.19' Gleason, Inf.
4
107 Gertrude McLachlain
6
7 Robert McCool
8 Alex McCool
9 Wilson McCool
10 E.L. McCool
6
7
8
9
10

E 20832

60990

OFFICIAL RECEIPT

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

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

Date: 6-18, 20 08

From: STELLA VARAGIC Address: 1986 HACIENDA DR. EL CAJON, CA 92021

FIVE THOUSAND NINE HUNDRED - SEVENTY THREE ~~$57~~ Dollars ($ 5973 57)

in FULL Payment of LOT & TRUST

Div 3 Sec 5 Blk/Row ____ Lot 7 Grave 6

Invoice No. ____

Acct. No. E 20832

W.O. ____

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 5752

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

PAID

JUN 18 2008

MOUNT

ISSUED BY ____

CREDIT	67007	602	20
20% Sales Care	77184	2408	80
80% Sales	100		
of Lots	77184	1501	—
Opening/	100		
Closing	77181	717	—
Burial	100		
Containers	77182	604	—
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	85	—
Sales Tax	60101	55	57
	78390		
TOTAL PAID	$	5973	57

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

ATNGED

N.R.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-19-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois Beryl Riley 231692

in a TS (Type of Burial Container) Funeral, date, time 6-23-08 MON 1:00

Church, Chapel, Graveside _____ ~~El Cajon-Lakeside~~ SANTEE Mortuary.

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

will be applied and billed to undersigned. _____

Division 1 Section 6 Blk/Row _____ Lot 36 Grave 2

Grave space & Care Fund	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	472.00
Handling Fees	350.00
Flower vases – Marker setting fee	–
Recording/Filing/Transfer Fees	85.00
Sales taxes	36.58
Total Due	1651.58
Paid receipt number R609946	1651.58
Balance due	-0-

PAID JUN 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. 231602

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

Carlew Riley
Signature

x CARLE W. RILEY
Print Name

x 3625 VISTA DE LA CANADA
Address

x ESCONDIDO 92029
City Zip Code

x (760) 741-1198
Telephone

Invoice # _____

Work Order # E 20833

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20833

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

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: LOIS BERYL RILEY

Interment Date: MON 6-23 Time: 1:00

Div: 1 Sect: 6 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85 E20833

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
LOIS	BERYL	RILEY

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	07/13/1922	06/18/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
DESCANSO	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
CARLE RILEY	SON	EL CAJON-LAKESIDE-SANTEE MORTUARY & CREM 684 S. MOLLISON AVE EL CAJON, CA 92020	FD1022

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

3625 VISTA DE LA CANADA
ESCONDIDO, CA 92029

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 ▶ Carle Riley

9B. DATE SIGNED 06/23/2008

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	06/23/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

11. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

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 6/23/08	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 N/A	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 N/A	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 N/A	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 N/A	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
Non-Res.

Date 6/23/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MR. IRA TOLIVER 224475

in a Double Depth "A" (Type of Burial Container) Funeral, date, time 6/27/2008 Friday 11:00

Church, Chapel, Graveside CALVARY : 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 139 Grave 1

Grave space & Care Fund E-6021	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	717.-
Handling Fees	604.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	55.57
Total Due	2169.57
Paid receipt number R61000	2169.57
Balance due	0

PAID JUN 25 2008 MOUNT HOPE CEMETERY

Army

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

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

Signature _____

Print Name Ola Mae Toliver

Address 224471

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 20834

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20834

Credit Sale

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/8/86

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

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 139 Grave -1- Row _____ Section -1- Division/~~Block~~ 11

Grave space & Care Fund	To allow Double	495.00
Additional spaces and care fund	Crypt for Two	—
Opening/Closing & Setup	Ground Burial	—
Burial Container		—
Handling Fees		—
Flower vases - Marker setting fee	Grave only	—
Recording and filing fee		—
Sales taxes		—
	Total Due	495.00
	Paid receipt number 33530 ✓	25.00
	Balance due	470.00 (over)

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 ar on and interment.

JAN 15 2008

OLA TOLIVER
CALLED. NEPHEW
WILL HANDLE.
TRUST 2169.57
2nd B 793.00
2962.57

Ira L. Toliver
Signature

415 D St apt 34
Address

Chula Vista Ca 92010
State Zip Code

427-6184
Telephone

Invoice # _____

Work Order # E 6021

Acct. # _____

PY-553 (REV. 8-86)

E20834

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"

		Wilson	Wilson			
			X			
		Kay	Knudsen	Knudsen		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Pauline Date: 6-24-08

Interment space for: MR. IRA TOLIVER

Interment Date: 6/27/08 Time: 11:00 am Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 139 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

E20834

91

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
IRA	L.	TOLIVER

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	01/27/1917	06/20/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
NATIONAL CITY	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
OLA MAE TOLIVER	WIFE	ANDERSON - RAGSDALE MORTUARY 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

2290 MACKENZIE CREEK ROAD
CHULA VISTA, CA 91914

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 ▶ Siennika Pryor

9B. DATE SIGNED 6/24/08

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	06/24/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

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

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 6-27-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fen	
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.

~~PRE-NEED~~ To at need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Billie Wallace Pin: 231695 11:00

in a DD "A" Funeral, date, time Thurs. July 17 2008
Type of Burial Container

Church, Chapel, Graveside Ragsdale Mortuary

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 51 Grave 9

Grave space & Care Fund	2264.
Overtime/Late Arrival Fees	–
Opening/Closing & Setup (2)	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 P01281	4494.77
Balance due	0

PAID JUN 24 2008 MOUNT HOPE CEMETERY

NO INTEREUND.
TRANSFER - MONIES
DEPOSITED IN GENERAL FUND
SEE DCR 08-0000023

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 C. Wallace
Signature

Ervin R Wallace 231696
x [signature]
Print Name

x 5701 Division ST
Address

x S. D. 92114
City Zip Code

x 619 470-8466
Telephone

Invoice # _____

Work Order # E 20835

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20835

OF SAN DIEGO DEPARTME ATE DCR No.

DAILY CASH RECEIPTS

Park & Recreation/Mount Hope Cemetery June 30, 2008

2009-0000023
07-02-2008/08:56 AM
USER:JACOSTA AMOUNT:$16,589.72
1/OFFICE OF THE TREASURER CASHIERS DIV
002-00859348

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
Receipts							
61003, P01281, 83, 87, 88, 89	67007			77184			2,412.46
61003, P01281,87	100	072		77184			5,433.60
61003, 04, P01281,87	100	072		77181			2,905.00
61003, 04, P01281,87	100	072		77182			2,334.00
61003, 04, P01281,87	100	072		77185			1,966.00
61048, 03, 04, 10, P01281,87	100	072		77183			410.00
P01274, 82, 83, 84, 86	63033			77186			947.78
61003, 04, P01281, 87	60101			78390			180.88
PREPARED BY Tom Brown x73401	DEPOSITED BY: MS 72 Mt. Hope Cemetery		AUDITED BY:	KEY PUNCH DATE: 6/30/2008			$16,589.72

AC -1221 (REV. 7-79)

OFFICIAL RECEIPT

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

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

P 01281

Date: _____, 20 08

From: ERVIN WALLACE Address: 5701 DIVISION ST. S.D. 92114

FOUR THOUSAND FOUR HUNDREDD NINETY FOUR & 77/100 Dollars ($ 4494.77)

In PARTIAL Payment of LOT & TRUST

Div 11 Sec 2 Blk/Row _____ Lot 51 Grave 9

Invoice No. _____

Acct. No. EW835

W.O. _____

BALANCE DUE -0-

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check #105

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

PAID

JUN 24 2008

MOUNT HOPE CEMETERY

ISSUED BY _____

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

SEE DRR 09-0000023

TOTAL PAID $ 4494 77

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

E 20835

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 24 day of June, 2008, Between Edwin & Billie Wallace herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Division 11, Section 2, Block/Row ___. Lot 51, Grave 9, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $4494.37 payable as follows: $ 844.00 cash herewith, the receipt of which is hereby acknowledged; $ — on the — day of —, 20—. And the balance in *installments of* $ 150.00 *or more, payable at the office of Mt. Hope Cemetery, on the* ____day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

CHECK #105

ZGCGIP P01281

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

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchase, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the

current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

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

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

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

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

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

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

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

E20835

WITNESS our hands this day and year above written.

TOTAL $ 4494.77

DOWNPAYMENT $ 899.00

23 MONTHS $ 150.00

FINAL
24TH MONTH $ 127.72

TWO YEAR CONTRACT

I agree to pay the required monthly

Payments of $ 150.00 for 23 months.

Final payment to be $ 127.72 on

The 24th month.

First monthly payment to begin on:

MONTH

YEAR 6-24-08

Purchaser's Signature

PURCHASER PHONE (619)-470-8466

x Billie and Erwin Wallace
Print Name

x
Signature

x 5701 Division Street
Street Address (Mail)

x San Diego Ca 92114
City State Zip Code

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

By:

PAID
JUN 24 2008
CEMETERY

check
$4494.77
#105

PC:pc
April 3, 2008

E 20835

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"

Trayton	Wesly	Johnson	X			
	Garrett	Garrett	Castle			

Flagged Yes ✓ No _____

Blind check Initiated by: Paulette Date: 7/14/08

Interment space for: Billie Wallace

Interment Date: Thur 17th 7/17 Time: 11:00 Church

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

E 20835

72

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
BILLIE	MAE	WALLACE

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	02/06/1936	07/11/2008	

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
ERVIN WALLACE	HUSBAND	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

5701 DIVISION STREET
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 ▶ Glennika Pryor

9B. DATE SIGNED 7/15/08

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	07/15/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 7-17-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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

PRE NEED LOT & TRUST.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-25-08

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 5 Blk/Row 45 Lot 13 Grave 1

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	–
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	–
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3896.77
Paid receipt number P01287	3896.77
Balance due	0

PAID JUN 25 2008 MOUNT HOPE

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

231703

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

Signature

Vyacheslav Sukharev
Print Name

9967 Caminito Chirimolla
Address

SD 92131
City Zip Code

(858) 586-1264
Telephone

858-699-4053

Invoice # _____

Work Order # E 20836

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

VYACHESLAV SUKHAREV

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 9/23/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerry Humphrey 231706 11:09

in a DD "A" (Type of Burial Container) Funeral, date, time Mon. June 30th

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 167 Grave 6 7

Grave space & Care Fund	2264-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R61003	3896.77
Balance due	0

PAID JUN 26 2008 MOUNT HOPE CEMETERY

Mortuary To pay

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.

231797

I hereby authorize the interment in lot I hold under deed

Signature: Rosetta Humphrey

Print Name: ROSETTA HUMPHREY

Address: 7452 SKYLINE DRIVE

City: SAN DIEGO, CA Zip Code: 92114

Telephone: (619) 264-3210

Invoice # _____

Work Order # E 20837

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20837

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: Jerry Humphrey

Interment Date: 6/30/08 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 167 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

E 20837

69

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
Jerry	G.	Humphrey

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	04/22/1939	06/18/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
Miami	Florida

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
Rosetta Humphrey	Wife	Siennika Pryor Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
7452 Skyline Drive
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 ▶ Siennika Pryor

9B. DATE SIGNED 06/26/2008

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	06/26/2008	▶ 2801023

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

- [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 Street San Diego, CA 92102	12B. DATE BURIED 6-30-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ [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.

Pre-need
Lot & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/23/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aide Valenzuela 231691

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 175 Grave 6

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-01283	1,036.00
Balance due	4,144.57

PAID
JUL 24 2008
MOUNT HOPE CEMETERY
Receipt R-01325

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

Aide Valenzuela
Print Name
1810 La Corta
Address
Lemon Grove 91945
City Zip Code
698 1864
Telephone

Invoice # _____

Work Order # E 20838

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
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 012[illegible]

Date: 6/23/ , 2008

From: Aide Valenzuela Address: 1810 La Corta Lemon Grove 91945

One thousand thirty six Dollars ($ 1,036.00)

in _____ Payment of Downpayment for Pre-need lot & Trust

Div 12 Sec 2 Blk/Row _____ Lot 175 Grave 6

Invoice No. E-20838

Acct. No. _____

W.O. _____

BALANCE DUE 4,~~144~~.57

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID
JUN 23 2008
MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	602	20
20% Sales Care	77184		
Pre-Need	63033		
Trust	77186		
100/77184		433	80
TOTAL PAID	$	1,036	00

OFFICIAL RECEIPT

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

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

P 0132[illegible]

Date: July 24 , 2008

From: Aide Valenzuela Address: on file

Dollars ($ 4,144.57)

in _____ Payment of Pre need lot trust

Div 12 Sec 2 Blk/Row _____ Lot 175 Grave 6

Invoice No. E-20838

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 3130

AC-212 (11-05)

This information is available in alternative formats upon request.

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

PAID
JUL 24 2008
MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	2,170	00
Trust	77186		
100/77184		1,975	00
TOTAL PAID	$	4,144	57

E20838

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-20838 DATE: 7/24/2008

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: Aide Valenzuela and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $3,011.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 175 GRAVE(s): 6
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 24th day of July, 2008.

Signature / Date

Cemetery Manager

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

DIVERSITY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
3751 Market Street
San Diego, CA 92102

at Need resident fee

Date 6/23/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny McClellan Sr. 231705

in a Liner (Type of Burial Container) Funeral, date, time Mon. June 30th 11:00

(Church) Chapel, Graveside _____ CABURIAL ELCAJON Mortuary

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

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 212 Grave 11

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R61009	919.49
6/26/08 R61013 6-30-08 Balance due	2439.44

PAID JUN 30 2008 MOUNT HOPE CEMETERY

619) 286-2674 Victims of Crime

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.

231708

I hereby authorize the interment in lot I hold under deed

Patricia L. McClellan (Signature)

PATRICIA L. McCLELLAN (Print Name)

1710 BAYVIEW HTS DR #2 (Address)

SAN DIEGO CA 92105 (City, Zip Code)

619 264-0581 (Telephone)

LISA WATKINS 619 531-2263 FAX 619 525-8433

Work Order # E 20839

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20839

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: Johnny McClellan Sr.

Interment Date: 6/30/08 Time: 11:00 Church (Mon.)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 212 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
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61013

Date: 6 30, 20 08

From: COUNTY OF SD CSD DA EMERG FUND Address: 330 W BROADWAY S.D. 92101

TWO THOUSAND FOUR HUNDRED-THIRTY NINE & 44/ Dollars ($ 2439 44)

in FULL Payment of INTERMENT OF JOHNNY McCLELLAN SR. (SEE R61009)

Div 12 Sec Z Blk/Row Lot 212 Grave 11

Invoice No.

Acct. No. E20839

W.O.

BALANCE DUE 0

VICTIMS OF CRIME

☐ Money Order
☐ Charge
☑ Check 001258

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

PAID

JUN 30 2008

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	1342	51
of Lots	77184		
Opening/	100	533	—
Closing	77181		
Burial	100	270	—
Containers	77182		
	100		
Handling Fee	77185	206	—
Recording &	100		
Misc. Fees	77183	65	—
Sales Tax	60101	20	93
	78390		
TOTAL PAID	$	2439	44

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

E20839

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
MOUNT HOPE CEMETERY

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, acqeisition 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 ▶ [signature] Date ▶ 6/24/2008

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,

E20839

58

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JOHNNY	AY	MCCLELLAN SR.

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	01/22/1950	06/20/2008 FND	

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
JOHNNY RAY MCCLELLAN JR	SON	CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
642 ESCUELA STREET
SAN DIEGO, CA 92102

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 06/30/08

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	06/30/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

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

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 6-30-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferg	
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.

E20839

THE CITY OF SAN DIEGO

June 24,2008

Victims of Crime Fund
Hall of Justice
330 W. Broadway
San Diego, CA 92101

RE: Emergency Processing of Immediate Payment

Dear Sir or Madam:

This letter is to request an emergency processing of an immediate payment from the Victims of Crime Fund. Mt. Hope Cemetery is the municipal Cemetery for the City of San Diego and our policies do not allow service to be initiated until they are paid in full. The current policy requires a 48-hour advance payment to properly ensure gravesite preparation.

Your cooperation is greatly appreciated and together we hope to continue to help those affected by crime in our community.

Name of Deceased: Johnny McClellan Sr.

Amount: $2,439.44

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/23/08

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

in a Liner (Type of Burial Container) Funeral, date, time June 24th 2008

Church, Chapel, Graveside WMS San Diego Memorial Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ~ Lot 189 Grave 10

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	733.00
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	

fax 619-692-0896

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 20840

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Address:

1245 Market St.
1225
San Diego CA 92102

AT-need

ashes: Rightcenter

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/24/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY EILEEN PERLATTI ⊗ 231694

in a Ash Vault (Type of Burial Container) Funeral, date, time Tues, July 8 @ 10:30

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 5 Section 8 Blk/Row _____ Lot 14 Grave 11

Grave space & Care Fund	B-4668	Ø
Overtime/Late Arrival Fees		
Opening/Closing & Setup		149.00
Burial Container		79.00
Handling Fees		85.00
Flower vases - Marker setting fee		178.00
Recording/Filing/Transfer Fees		65.00
Sales taxes		6.12
Total Due		562.12
Paid receipt number	R 61005	562.12
Balance due		Ø

PAID
JUN 24 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.

Pin: 231693

I hereby authorize the interment in lot I hold under deed

Morris L. Perlatti
Signature

MORRIS PERLATTI
Print Name

5074 FABER WAY
Address

SAN DIEGO CA 92115
City Zip Code

619-583-2033
Telephone

Invoice # _____

Work Order # E 20841

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E2084

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: Mary Eileen Perlatti

Interment Date: _____ Time: _____

Div: 5 Sect: 8 Blk/Row: ___ Lot: 14 Grave: 11

Grave Laid out by: RK & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: DAVID N. Date 7-7-08

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

8\ E20841

12007-03

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
MARY	EILEEN	PERLATTI

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	03/05/1927	06/23/2008	

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
MORRIS PERLATTI	SPOUSE	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. DOMINGUEZ	FD 1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

5074 FABER WAY
SAN DIEGO, CA 92115

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 ▶ Mabel Dominguez

9B. DATE SIGNED 06/24/2008

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	06/24/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/RES	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED 7-8-08	12C. INTERMENT NUMBER—IF APPLICABLE	12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fenn
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SO. CA CREMATORY: 601 D CRANE ST., LAKE ELSINORE, CA 92530	13B. DATE CREMATED 6-25-08	13C. CREMATION NUMBER—IF APPLICABLE 12007	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 RES-MORRIS PERLATTI: 5074 FABER WAY, SAN DIEGO, CA 92115	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.

Pre-need TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-24-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MORRIS LEE PERLATTI ⊗

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

Church, Chapel, Graveside _____ Mortuary

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

will be applied and billed to undersigned. _____

Division 5 Section 8 Blk/Row _____ Lot 14 Grave 11

Grave space & Care Fund B-4668	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
Flower vases – Marker setting fe	
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	384.12
Paid receipt number P-01285	384.12
Balance due	Ø

PAID
JUN 24 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.

231693

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

Morris L. Perlatti
Signature

MORRIS PERLATTI
Print Name

5074 FABER WAY
Address

SAN DIEGO CA 92115
City Zip Code

619-583-2033
Telephone

Invoice # _____

Work Order # E 20842

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

At Need
In grave with
Edward B. Constancio

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/25/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Q. Constancio

in a ash vault (Type of Burial Container) Funeral, date, time ~~6-26-08 Thurs.~~ Fri 2:00

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 $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 101 Grave 4

Grave space & Care Fund D-7927	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.-
Burial Container	104.-
Handling Fees	114.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.-
Sales taxes	8.06
Total Due	510.06
Paid receipt number AP 506595 R-61002	510.06
Balance due	Ø

"No Burial"

OK

Refunded family DP 4234982

PAID
JUN 25 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 _____

Rebecca Fortier
Print Name

29300 Thornhill Dr
Address

Sun City CA 92586
City Zip Code

951-672 3595
Telephone

DP# 4234982

Invoice # _____

Work Order # E 20843

Acct. # Pd. 12/17/08 CK# 7598636

REA-104 (3-04)

Rebecca 951-672 3595

This information is available in alternative formats upon request.

Printed on recycled paper

E20843
REBECCA

JUN 25 2008

NEEDS TO CHANGE
ADDRESS ON MOMS
BURIAL PAPER

NEW BURIAL E20843
PERMIT WILL BE
FAXED TO MH
TODAY
RESCHEDULED TO

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-26 1977

CHARGE Mary R. Constancio

ADDRESS Belbu

NAME OF DECEASED EDWARD BROWN CONSTANCIO

OWNER MARY R. CONSTANCIO 291-4342

ADDRESS 2019 Howard Ave. S.D. 92104

MORTUARY LEWIS COLONIAL (DENNIS LEWIS)

A X-DEEP

LOT 101 GR 4 ROW SEC 1 DIV 11

OPENING TIME 11 a.m. MAY DAY DATE 3-29-77 TUES.

~~VAULT~~ BOX Bell SIZE

REMOVAL OR FOUNDATION (VET)

	D.I.P.	
	300	00
	135	00
	95	40
	40	00
TOTAL	$570	40
BALANCE		

PAID RECEIPT NUMBER

FLAT MARKER ONLY

Tech/5 U.S.A. #39401337

30 DAY NOTE

(10) Vets Claim Filed for Marker. (10)

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

$9000

AUTHORIZED IN PERSON / PHONE BY x Mary R. Constancio ORDER TAKEN BY [illegible]

W.O. NO. D 7927 INVOICE NO. 32965

FORM PR-974 REV.

E 20843

CITY OF SAN DIEGO, CALIFORNIA

INVOICE

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

DATE 3/29/1977 NO. 32965

DEPT. Cemetery DEPT. REP. NO. YOUR ORD D-29

Mary R. Constancio
2019 Howard Ave.
San Diego, Calif. 92104

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
CITY OPERATIONS BUILDING, COMMUNITY CONCOURSE
SAN DIEGO, CALIFORNIA 92101
DETACH AND FORWARD WITH REMITTANCE

THIS INVOICE IS DUE AND PAYABLE 4/29/77 (DATE) AND BECOMES DELINQUENT THEREA

DESCRIPTION OF CHARGE	AMOUNT
Edward B. Constancio Services	
Lot 101 Gr 4 Sec 1 Div 11 (D.I.P.)	$ 300.
Interment Charge	135.
Cement burial liner	90.
Sales Tax	5.
Marker Installation	40.
05-25-77 T.#2475.3 420.40	$ 570. 150.
30 DAY NOTE	
Vets. Claim Filed	

PAID JUL 29 1977

FOR ACCOUNTING USE ONLY			INV. PREPAR
FUND	REVENUE ACCOUNT	AMOUNT	
306	7784	$ ~~60.00~~	
100	7784	240.00 150.00	rwd
100	7781	~~135.00~~	
100	7782	~~95.40~~	

E20843

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Edward B. Constancio (fullbody)

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

Burial Container GBH Vault

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Mary R. Constancio ⊗

Interment Date: ~~6/26/08~~ Time: _____

Div: 11 Sect: 1 Blk/Row: ____ Lot: 101 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

OFFICIAL RECEIPT

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

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

61002

Date: 6/25 20 08

From: Rebecca Fortier Address: 92586

Five hundred ten and 06 Dollars ($ 510.06).

In full Payment of Interment of mother Mary R. Constanco

Div 11 Sec 1 Blk/Row Lot 101 Grave 4

Invoice No. E - 20843

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP506895
☐ Check

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

PAID

JUN 25 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	199.00
Closing	77181	109.00
Burial	100	114.00
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	85.00
Misc. Fees	77183	8.06
Sales Tax	60101	
	78390	
TOTAL PAID	$	510.06

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

Interment of
Mary R. Constancio

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

E-20843

DATE: 06/25/04 TIME: 10:34:49
MERM: 322156665644 STR#: 4301 TER#: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 489
CD TYPE: VISA
TR TYPE: MP

TOTAL: $510.06M

ACCT: **********2706 EXP: ****
AP: 586695 AVS: ZIP MATCH

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

THANK YOU
PLEASE COME AGAIN

X Phone / pick up

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

11, 1,, 101, 4

E20843

FY 09 12/02/08 11:02:16

THE CITY OF SAN DIEGO
REQUEST FOR DIRECT PAYMENT

DP NO. 4234982

VENDOR INFORMATION	PREPARER INFORMATION	ENCUMBRANCE DOC. NO.
VENDOR NUMBER & ALPHA: 0004387890 RCF	DEPT/GROUP: 072	☐ COMPLETE
VENDOR NAME: REBECCA C. FORTIER	NAME: PAULETTE CRAWFORD	SORT KEY
VENDOR ADDRESS: 29300 THORNHILL DRIVE	PHONE NO: 619 527 3400	AUTHORITY FOR PAYMENT RES/DOC NO:
SUN CITY CA 92586	MAIL STATION: 072	
	PREPARED FOR DEPT. NO: 072	PURCHASING APPROVAL

DESCRIPTION OF EXPENSE/SPECIFIC CITY BENEFIT & PURPOSE:

MS. REBECCA C. FORTIER WILL NOT BE BURYING HER MOTHER'S CREMAINS AT MOUNT HOPE CEMETERY AND SHE IS REQUESTING A REFUND FOR MONIES PAID.

AGENT

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

Maria A. Coveusly

DEPT. HEAD OR DESIGNEE

COMMENTS AND/OR SPECIAL INSTRUCTIONS:

COPY

FUND OVERRIDE ☐

PAYMENT DATE 12/09/08

RELEASED: 12/02/08 11:02

FINAL-RLSD NEW-VEN

PAYEE REMITTANCE INFORMATION

SEQ	INVOICE NUMBER OR DESCRIPTION	INVOICE DATE	PAYMENT CATEGORY	LATE CODE	AMOUNT	TAX CODE
A	R61002	06 25 08	4		510.06	N
				TOTAL AMOUNT $	510.06	

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

SEQ	CY/PY	FUND	DEPT.	ORG.	ACCT.	JOB ORDER	OPER ACCT	BENE/ EQUIP	FAC.	AMOUNT	AUDITOR APPROVAL	DATE
001	0	100			78201					510.06		
								TOTAL AMOUNT $		510.06		

DP4234982 09 0004387890RCF

R 4234182

E 20843

Use Only

Auditors Rcvd _____

Application Date _____

Refund No. _____

The City of San Diego

Date Rcvd By Dept _____

Processed By _____

APPLICATION FOR REFUND

Daily Cash Receipt (DCR) No. _____

Fund _____ Acct _____

Apprvd By _____ Date _____

To City Auditor & Comptroller:

The undersigned hereby requests refund of $ 510.46 Date paid 6/25/08 on Rebecca Fortier (Name of Receipt or Permit No.)

No. 61002 for the following reason(s):

X There were unforseen charges, for example I'd have to pay for the marker (that belongs to my dad Edw. B Constancio) to be removed, then I'd have to pay to have said marker etched with mom's name, plus pay again to put said marker back into the ground. I am recovering from cancer, my funds are limited and I didn't realize the Veterans section + cemetary are not a national cemetary like + C Rancocas in Pt. Loma. Thank you.

Refund Requested by:

Print Name: X REBECCA C FORTIER Address: X 29300 THORNHILL DRIVE

Signature: X Rebecca C Fortier SUN CITY CA 92586

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

CITY USE ONLY

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

Print Name: Maria Dovensky Title Administrative Aid Date 11/24/2008

Signature: _____ Dept. Name Park/Rec - CPI Phone 527-5474 M.S. 072

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

FORM AC-1006 (Revised 4/91)

E20843

OFFICIAL RECEIPT Vets allowance

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

№ 24958

DATE 7-26 1977

FROM Mary R. Constancio ADDRESS 2019 Howard Ave. SO. C
One hundred fifty & no/100 — DOLLARS ($ 150.00
IN full PAYMENT OF Edward B. Constancio Sen.

LOT 101 GRAVE 4 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. 32965

W.O. D-7927

UNPAID BALANCE AFTER THIS PAYMENT 0

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

SAN DIEGO CITY TREAS. JUL 28 '77 PAID #11

ISSUED BY R. Ridehn

CREDIT SALES CARE	306 951	
HALF SALES OF LOTS	100 7784	150 00
OPENINGS	100 7781	
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		150 00

FORM AC-212

E20843

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

№ 24753

DATE 5-25 1977

FROM Mary R. Constancio ADDRESS 2019 Howard Ave. SO. C
Four hundred twenty & 40/100 — DOLLARS ($ 420.40
IN part PAYMENT OF Edward B. Constancio Services

LOT 101 GRAVE 4 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. 32965

W.O. D-7927

UNPAID BALANCE AFTER THIS PAYMENT 150.00

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

SAN DIEGO CITY TREAS. MAY 26 '77 PAID #3

ISSUED BY R. W. Dehn

CREDIT SALES CARE	306 951	60 00
HALF SALES OF LOTS	100 7784	90 00
OPENINGS	100 7781	135 00
BOXES	100 7782	95 40
REMOVALS FOUNDATIONS	100 7783	40 00
TOTAL PAID $		420 40

FORM AC-212

E20843

C75A5 DOCID: **DP4234982** MOD: **PAYEE-INFO** OPO: PG 1

ENTER=INVOICES, PA1=MORE PAYEE-INFO, PF13=OLDP, OR A PFK (BELOW)

DOC STATUS: COMPLETED 121708

PAYEE: 001 NAME/ADDRESS VENDOR NO: 0004387890 - RCF

REBECCA C. FORTIER
29300 THORNHILL DRIVE

SUN CITY CA92586

SORT KEY:

DATE	STATUS	PAYMTID	INVOICE/DESCRIP	NET AMOUNT	TX	CROSS REF
12 17 08	PAID-COMPUTER	7598636	R61002	510.06	N	

PFK 1=GEN 2=COM 3=ACC 4=PAY 5=INV 6=RCV 7=CRD 8=MENU 9=CMT 10=C7502 11=TAX

[illegible]-14-[illegible] VM

MARK AT EVAN BROWN - SUNCITY
951-679-1114 HAS MARY CONSTANCIO.
WATS INFO ON HUSBAND EDWARD B.
DOB 7427 11.1.101.4. $.90.06
NOW REC.
URN ADDED

E20843

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/26/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Amie L. Long 212581

in a TS Vault (Type of Burial Container) Funeral, date, time Tues, July 1 @ 10:00 am

Church, Chapel, Graveside Mt. Erie ; 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 5000 Grave 1

Grave space & Care Fund C-5237	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	1,243.51
Paid receipt number R-61008	1,243.51
Balance due	0

PAID JUL 1 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
X
Address
X
City Zip Code

Telephone

Invoice # 231710 / Daugh

Work Order # E 20844

Acct. # Rene Livingstone

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20844

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 VAUIT

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Amie L. Long

Interment Date: 7/1/08 Time: 10:00

Div: 10 Sect: _____ Blk/Row: _____ Lot: 5000 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

E20844

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
AMIE	LEE	LONG

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	05/07/1921	06/25/2008	

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
RENEE LIVINGSTON	DAUGHTER	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

10275 GREENLEAF ROAD
SPRING VALLEY, CA 91977

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 ▶ Siemika Ryan

9B. DATE SIGNED 6/30/08

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	06/30/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

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 7-1-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fenger	
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.

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

E20844

DATE 12-27 1967

CHARGE Annie L. Long

ADDRESS 5238 Reynolds St. S.D. (18)

NAME OF DECEASED Pre-Need Lot

OWNER Same

ADDRESS

MORTUARY

LOT 5000 GR ROW SEC DIV 10 265.00

OPENING TIME DAY DATE

VAULT BOX SIZE

REMOVAL OR FOUNDATION

PAID RECEIPT NUMBER 14989 TOTAL $265.00

BALANCE

Reg. Monument Only

PAID

DEC 27 1967

MT. HOPE CEMETERY

CITY OF SAN DIEGO

#3428

THE CITY CHARTER MAKES NO PROVISION OF CREDIT.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON

PHONE BY Annie L. Long

ORDER TAKEN BY R. W. Dehne

W.O. NO. C 5237

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. 14989

DATE 12-27 1967

FROM Annie L. Long ADDRESS 5238 Reynolds St.

Two hundred sixty five & 00/100 DOLLARS ($265.00)

IN full PAYMENT OF Pre-Need lot

LOT 5000 GRAVE ROW SECTION DIVISION 10

INVOICE NO. CASH

W.O. C-5237

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR

DEC 29 1967

ISSUED BY R. W. Dehne

CREDIT SALES CARE	356 851	132 50
HALF SALES OF LOTS	100 7784	132 50
OPENINGS	100 7781	
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		265 00

FORM AC-212

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/27/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pin: 231733 Davidsito Valdez Jr.

in a O Liner (Type of Burial Container) Funeral, date, time Weds July ~~2nd~~ 3rd ~~11:00~~ 10:30

Church, Chapel, Graveside : Cypress View Mortuary

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 427 Grave 1

Grave space & Care Fund	188.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	237.00
Burial Container	133.00
Handling Fees	48.00
Flower vases – Marker set	43.47
Recording/Filing/Transfer Fees	85.00
Sales taxes	10.31
Total Due	744.78
Paid receipt number R- 61011	744.78
Balance due	0

PAID
JUN 27 2008
MOUNT HOPE CEMETERY
W06355

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

David Valdez 231732
Print Name

1051 Del Mar Ave Apt#40
Address

Chula Vista CA 91911
City Zip Code

(619) 871-9915
Telephone

Invoice # _____

Work Order # E 20845

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20845

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 Q-Liner

			Arzobal	Ramirez		
			X			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: MFD Date: 6/27/08

Interment space for: Davidsito Valdez Jr.

Interment Date: _____ Time: _____

Div: 9 Sect: 1 Blk/Row: ____ Lot: 427 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

E20845

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
DAVIDSITO	-	VALDEZ JR

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			06/25/2008

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
BRENDA VALDEZ	MOTHER	EL CAMINO MEMORIAL-IMPERIAL AVE 3953 IMPERIAL AVE SAN DIEGO CA 92113 L CASTRO	FD-670 2801070

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1051 DEL MAR AVE #40
CHULA VISTA CA 91911

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 07/03/2008

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	07/03/2008	▶

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...PO 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 7-3-08	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.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-30-08

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

of BERNICE QUILLAR 228439 1:00

in a LINER Funeral, date, time JUL 2 WED 2:30 MERIDIAN

Type of Burial Container

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 247 Grave 1

Grave space & Care Fund E18895 1-6-05 0

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

GALV Flower vases – Marker setting fee (1)

Recording/Filing/Transfer Fees

Sales taxes

Total Due 0

Paid receipt number _____

Balance due _____

7/2/2008 NO INTERFUND TRANSFER MONEY WAS DEPOSITED INTO General Fund See Attached DCR 58390

WD 6348

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 20846

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre Need

E20846

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/6/05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernice Quillar 228439

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 247 Grave 1

PAID

JAN - 6 2005

MOUNT HOPE CEMETERY

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases - Marker setting fee 25.85 & 138.00	163 85
Recording/Filing/Transfer Fees	50 —
Sales taxes	16 20
Total Due	1997 05
Paid receipt number Rx 58390	1997 05
Balance due	0

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

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

x Erma Gray
Signature

(R). Maria

x ESMA GRAY 208195
Print Name

x 3330 54th
Address

x San Diego S.D. 92105
City Zip Code

x 619-265-9275
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18895

REA-104 (3-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58390

Date: Jan. 6, 2005

From: Erma Gray Address: 3330 54th St. S.D. 92105

one thousand nine hundred ninety-seven 05/100 Dollars ($ 1997.05)

in full Payment of pre-need lot & trust for Bernice Quillar (marker set fee & 1 galv. vase)

Div 12 Sec 2 Blk/Row _____ Lot 247 Grave 1

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

PAID

JAN - 6 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	197	—
20% Sales Care	77184		
80% Sales	100	788	—
of Lots	77184		
Opening/	100	413	—
Closing	77181		
Burial	100	~~209~~	— 220.-
Containers	77182		
	100	~~160~~	— 174.-
Handling Fee	77185		
Recording &	100	~~163~~	~~00~~ 188.-
Misc. Fees	77183		
Pre-Need	63033	~~50~~	—
Trust	77186		
Sales Tax	60101	17	05
	78390		
TOTAL PAID	$	1997	05

Invoice No. E-18895

Acct. No. _____

W.O. _____

BALANCE DUE 0

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 98

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

E20846

91

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
BERNICE	-	QUILLAR

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	08/10/1916	06/27/2008	

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
ESMA GRAY	CONSERVATOR	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

3330 54TH STREET
SAN DIEGO, CA 92105

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 ▶ Stemilka Pryu

9B. DATE SIGNED 7/1/08

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	07/01/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

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

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 7/2/08	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.

E20847

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 7/1/2008

Pin: 231717

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vander A. TANNER Tuesday

in a Liner (Type of Burial Container) Funeral, date, time 7/8/2008 1:00

Church, Chapel, Graveside _____ Ragsdale Mortuary

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ✓ Lot 152 Grave 5

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
~~Flower vases~~ – Marker setting fee	178.-
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3536.93
Paid receipt number R-61618	3536.93
Balance due	0

PAID
JUL 7 2008
MOUNT HOPE CEMETERY

MORT. TO PAY

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.

231731

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

Mabelle Owens
Signature

Mabelle Owens
Print Name

1670 Hilton Head Ct #2285
Address

El Cajon, Ca. 92019
City Zip Code

(619) 442-8037
Telephone

Invoice # _____

Work Order # E 20847

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20847

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

				Jimmerson	Jimmerson	
		Quarles	X	Bpart		

Flagged Yes ✓ No

Blind check Initiated by: Pauleye Date:

Interment space for: Vander A. Tanner

Interment Date: 7/8/08 Time: 1:00 pm

Div: 12 Sect: 2 Blk/Row: Lot: 152 Grave: 5

Grave Laid out by: KEN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☑

Blind Check & Verified By: DAVID N Date 7-7-08

Cremains were placed at: _____ of grave

E20847

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

14

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
VANDER	ALLEN	TANNER

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	04/17/1934	06/29/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA MESA	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
MABELLE OWENS	NIECE	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

1670 HILTON HEAD CT #2285
EL CAJON, CA 92019

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 ▶ Glenn Ka Pryor

9B. DATE SIGNED 7/08/08

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	07/08/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7-8-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fe[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.

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-1-08

Pin # 221223

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHIRLEY OLSEN PETERS

in a ASH VAULT (Type of Burial Container) Funeral, date, time JUL 28 MON 10AM

Church, Chapel Graveside ; Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1934 Grave 1

Grave space & Care Fund C-4440 (5-8-1967)	-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	8.00
Total Due	$510.08
Paid receipt number R61074	510.08
Balance due	-0-

PAID JUL 25 2008 MOUNT HOPE CEMETERY

I hereby certify I am the Step-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.

231762

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name SUSAN PETERS

Address 2220 Belladonna

City Redding Ca. Zip Code 96002

Telephone (530) 223-6284

Invoice # _____

Work Order # E 20848

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20848

89

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
SHIRLEY	M.	OLSON-PETERS

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	11/29/1918	06/25/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
REDDING	SHASTA

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
SUSAN PETERS	STEP DAUGHTER	LAWNCREST CHAPEL 1522 E CYPRESS AVENUE REDDING, CA 96002	FD-177

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

2220 BELLADONNA
REDDING, CA 96002

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: 07/02/2008

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	07/02/2008	▶ ANDREW W DECKERT, MD

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
SHASTA HEALTH DEPARTMENT 2650 BRESLAUER WAY REDDING, CA 96001	SAN DIEGO COUNTY HEALTH DEPT. P.O. BOX 85222 SAN DIEGO, CA 92186

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CREMATION/BURIAL	

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 7-28-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fang	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY REDDING CREMATORY, REDDING, CA 96001	13B. DATE CREMATED 07/03/2008	13C. CREMATION NUMBER—IF APPLICABLE 014307
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Donna D Schuis	
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.

E20848

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Raymond Geo. H. Olson

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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: Shirley Olsen Peters ~~X~~

Interment Date: 7/28/08 Time: 10am mon July 28

Div: 8 Sect: 3 Blk/Row: ____ Lot: 1934 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

014307

Name of Cemetery/Funeral Home Redding Cemetery/Crematory Lawncrest Chapel

E20848

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: Shirley M. Olson-Peters

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above named cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this 23 day of July, 2008

Address 1502 East Cypress Ave Redding 96002
Street City State Zip

Signature: Susan Peters Daughter
Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature:
Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness:
Representative of Cemetery/Funeral Home

GEN 5024 REV 12/91 White - Cemetery Copy Yellow - Customer Copy

Pre-need
Lot + TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/3/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Rosaura Castillo and Heirs

in a DDCrypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 202 Grave 5

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup (2) @ $533	1,066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees (2) @ $65	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number P-1295	899.00
Balance due	3595.77

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.

231712

I hereby authorize the interment in lot I hold under deed

Maria Rosaura Castillo
Signature

MARIA ROSAURA CASTILLO
First Name
7686 WESTBROOK AVE.
Address
SAN DIEGO, CA 92139
City Zip Code
(619) 470-0992 Home
Telephone
(619) 438-1035 cell

Invoice # _____

Work Order # E 20849

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beulah Martin 214171

in a Liner (Type of Burial Liner) Funeral, date, time Weds July 9 1:00

Church, Chapel, Graveside Delivery only El Cajon Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 442-6677 Dallas Jackie

will be applied and billed to undersigned.

Division Mas Section P Blk/Row ~ Lot 14 Grave 1

Grave space & Care Fund D-1309	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number AP 92359A	1,454.82
Balance due	Ø

PAID
JUL 7 2008
MOUNT HOPE CEMETERY

R-61019

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

fax 619-440-8381
fax 440-0176

X Print Name
X Address
X City Zip Code
X Telephone

See attached

Invoice #

Acct. #

Work Order # E 20850

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

61284

Date: November 3, 2008

From: Janice E. Thruston Address: 8409 Melrose El Cajon CA 92021

Two Hundred, thirty-Seven and 00/100 Dollars ($ 237.00)

in Full Payment of Setting fee for Beulah R Martin

Div Mason Sec P Blk/Row — Lot 14 Grave 1

Invoice No. E-20850

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge VISA AP 80966A
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
NOV 3 2008
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	237.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	237.00

AC-212A (11-05)
This information is available in alternative formats upon request.

E20850

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 _____

			EUGENE LEE			
	HALLIE MARTIN	BAGIL MARTIN	X			
			HELEN POOLE			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Beulah Martin

Interment Date: Weds. 7/9 Time: 1:00 G.S.

Div: NAS Sect: P Blk/Row: ____ Lot: 14 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 7-7-68

Cremains were placed at: _____ of grave

FROM (MON) JUL 7 2008 10:55/ST. 10:55/No. 7500000888 P 1

ATTN Paulette 527-3403

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beulah Martin

in a Liner Funeral, date, time Weds July 9 1:00

Church, Chapel, Graveside Delivery only El Cajon Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 442-6677 Jackie

will be applied and billed to undersigned.

Division MaS Section P Blk/Row ~ Lot 14 Grave 1

Grave space & Care Fund D-1309	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	1,454.82
Paid receipt number AP 92359A	1,454.82
Balance due	Ø

PAID JUL 7 2008 MOUNT HOPE CEMETERY

I hereby certify I am the Trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Janice Thruston
Signature

Fax 619-440-8381
Fax 440-0176

X JANICE E THRUSTON
Print Name

X 8409 Melrose Ln.
Address

X El Cajon, CA 92021
City Zip Code

X 619-443-3294
Telephone

231734

Invoice #

Work Order # E 20850

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20859 96

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
BEULAH	RUTH	MARTIN

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	11/05/1911	06/30/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
EL CAJON	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
JANICE THRUSTON	DAUGHTER	EL CAJON-LAKESIDE-SANTEE MORTUARY & CREM 684 S. MOLLISON AVE EL CAJON, CA 92020	FD1022

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
8409 MELROSE LN EL CAJON, CA 92021

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	9B. DATE SIGNED
▶ Jackie Romero	07/03/2008

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	07/03/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7-9-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Lerque	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	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 N/A	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 N/A	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 N/A	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.

Pre-need Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/3/08

231714

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margarita Arguello and Heirs

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 202 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup (2) @ 533	1,066.00
Burial Container DD Crypt	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees (2) @ 65	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number P-01293	899.00
Balance due	3595.77

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

MARGARITA ARGUELLO
Print Name
1912 MANZANA WAY
Address
SAN DIEGO, CA 92139
City Zip Code
(619) 520-8160
Telephone

Invoice # _____

Work Order # E 20851

Acct. # _____

REA-104 (3-04) 7/8/08 Coupons mailed

This information is available in alternative formats upon request.

E20851

Pre-need Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/3/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margarita Arguello and theirs

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 202 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup (2) @ 533	1,066.00
Burial Container DD Crypt	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees (2) @ 65	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number P-01293	899.00
Balance due	3595.77

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 Margarita Arguello
Signature

MARGARITA ARGUELLO
Print Name
1912 MANZANA WAY
Address
SAN DIEGO, CA 92139
City Zip Code
(619) 520-8160
Telephone

Invoice # _____

Work Order # E 20851

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/3/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Errol Plaisted

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 J Block _____ Lot 32 Grave 7,8 9,10,11 & 12

PAID

JUL 3 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 6' x 65 (Quitclaim)	390.00
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

Robert Plaisted
Signature

Robert Plaisted
Print Name

7743 Gloria Lake Ave
Address

San Diego CA 92119
City Zip Code

(619) 461-7527
Telephone

Invoice # _____

Work Order # E 20852

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20852

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 MASON Section J Lot 32 Grave 9, 10, 11 & 12

2. My legal authority to the above property is based on the following facts: The gravesites were purchased by my Great Great Grandfather Leland Howard Plaisted.

3. I have presented the following evidence to support the above facts.

My birth certificate showing that my father is George Errol Plaisted.

George Plaisted's birth certificate showing that his father is Leland Howard Plaisted.

Leland Plaisted's affidavit of birth showing that his father is Paul Peckham Plaisted.

Paul Plaisted's certificate of death showing that his father is Leland H. Plaisted.

E 20852

I declare under penalty of perjury under the laws of the State of California that the statements before mentioned are true and correct.

Signed on July 3 (Date), 2008 in San Diego (City)

Signature Robert Plaisted Print Full Name Robert Plaisted

To have deed sent to you, fill in your mailing address here:

Full Name Robert Plaisted

Address 7743 Gloria Lake Ave

City, State & Zip Code San Diego, CA 92119

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

E20852

FOR OFFICE USE ONLY

Witnessed:

Signed on July 3, 2008 (Date), in San Diego (City)

Signature Maria Dovensky Print Full Name Maria Flor Dovensky

Documents Presented:

Death Certificate,

Birth Certificates

Approved by Cemetery Manager: [signature]

If no, reason:

Transfer fee paid ($65.00) / **Non Resident Transfer** ($85.00)

DL

Rev. 08/05

STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 8009 20803

THIS CHILD

1a. NAME OF CHILD—FIRST NAME: Robert
1b. MIDDLE NAME: Errol
1c. LAST NAME: Plaisted
2. SEX: Male
3a. THIS BIRTH: SINGLE, TWIN, OR TRIPLET: Single
3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?:
4a. DATE OF BIRTH—MONTH, DAY, YEAR: November 19, 1957
4b. HOUR: 12:02 A. M.

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: Donald W. Sharp Memorial Community Hospital
5b. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION (DO NOT USE P. O. BOX NUMBERS): 7901 Frost Street
5c. CITY OR TOWN: San Diego 11
5d. COUNTY: San Diego

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME: Geraldine
6b. MIDDLE NAME: Anne
6c. LAST NAME: Howes
7. COLOR OR RACE OF MOTHER: White
8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 21 YEARS
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
10. MAILING ADDRESS OF MOTHER—(IF DIFFERENT FROM USUAL RESIDENCE—FOR NOTIFICATION OF BIRTH): Same

USUAL RESIDENCE OF MOTHER

11a. USUAL RESIDENCE OF MOTHER—STREET ADDRESS: 4771 Orchard Avenue
11b. IF INSIDE CITY CORPORATE LIMITS: CHECK HERE
11c. OUTSIDE CITY CORPORATE LIMITS: CHECK ONE: ON A FARM / NOT ON A FARM
11d. CITY OR TOWN: San Diego 7
11e. COUNTY: San Diego
11f. STATE: California

273 xo

FATHER OF CHILD

12a. NAME OF FATHER—FIRST NAME: George
12b. MIDDLE NAME: Errol
12c. LAST NAME: Plaisted
13. COLOR OR RACE OF FATHER: White
14. AGE OF FATHER (AT TIME OF THIS BIRTH): 22 YEARS
15. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
16a. PRESENT OR LAST OCCUPATION: Loftsman B
16b. KIND OF INDUSTRY OR BUSINESS: Ryan Aeronautical

INFORMANT'S CERTIFICATION

I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

17a. PARENT OR OTHER INFORMANT—SIGNATURE: [signature]
17b. DATE SIGNED BY INFORMANT: November 19, 1957

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.

18a. PHYSICIAN (OR OTHER PERSON ATTENDING THIS BIRTH)—SIGNATURE: Philip Rand M D
18b. ADDRESS: 3367 Fourth Avenue

REGISTRAR'S CERTIFICATION

19. DATE ON WHICH NAME SECOND SUPPLEMENTAL WAS FILED:
20. LOCAL REGISTRAR—SIGNATURE: J. B. Cottam M.D. M.P.H.
21. DATE RECEIVED BY LOCAL REGISTRAR: NOV 22 1957

This is to certify that, if bearing the Official Seal of the San Diego Department of Public Health, this is a true and correct copy of the original document filed.

Fee Paid: $1.00

Dated: 12-19-57

J. B. Cottam M.D. Director
San Diego Department of Public Health

E20852

E 20852

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

FEE PAID: $1.00

DATED: MAY 7 1953

J. B. Attlewm M.D. DIRECTOR
SAN DIEGO DEPARTMENT OF PUBLIC HEALTH

701

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

LOCAL REGISTERED No. 864

1. PLACE OF BIRTH. Dist. No.
County of San Diego
City or " "
Rural Registration District
No. San Diego Hospital St. Ward
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME OF CHILD GEORGE ERROL PLAISTED (If child is not yet named, make supplemental report as directed.)

3. Sex male | If plural births | 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term X | 7. Date of birth (month, day, year) May 1, 1935

FATHER	MOTHER
8. Full name Leland Howard Plaisted	17. Full maiden name Ethel Lily Cookson
9. Residence (usual place of abode; if nonresident, give place and State) 4769 Orchard Ave., Ocean Beach, Calif.	18. Residence (usual place of abode; if nonresident, give place and State) same
10. Color or race white	19. Color or race white
11. Age at last birthday 30 years	20. Age at last birthday 26 years
12. Birthplace California (State or country)	21. Birthplace Massachusetts (State or country)
OCCUPATION: 13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fireman	OCCUPATION: 22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
14. Industry or business in which work was done, as silk mill, sawmill, bank, etc. fire department	23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
15. Date (month and year) last engaged in this work May 1935	24. Date (month and year) last engaged in this work May 1935
16. Total time (years) spent in this work 7¾	25. Total time (years) spent in this work 6½

26. If stillborn, period of gestation months or weeks | 27. Cause of stillbirth | Before labor / During labor

28. Was a prophylactic for Ophthalmia Neonatorum used? Yes If so, what? Sil.Nit. 1% | 29. Specify congenital crippling deformities none

30. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive *at* 4:30 a. m. *on the date above stated.*
Born alive or stillborn

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[SIGNED] F. C. Russell, M.D.
Physician
Physician, midwife, father, etc.

Given name added from a supplemental report
Date of
Registrar

Address 233 A St., San Diego, Calif.

32. Filed [signature]
Date
MAY -6 1935
Signature

E20852

AFFIDAVIT OF BIRTH

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD

Full name of child Leland Howard Plaisted

Date of birth March 20, 1905 *At* 245 ~~A.M.~~ *P. M. Sex* Male

Place of birth 3786 - 2nd Street, San Diego, California.

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S FATHER

Full name of father Paul Peckham Plaisted

Residence at child's birth 3786 - 2nd Street, San Diego, California.

Age at child's birth 30 *years. Color or race* White

Birthplace San Diego, California

Occupation at child's birth Motorman, San Diego Electric Railway

PERSONAL AND STATISTICAL PARTICULARS ABOUT CHILD'S MOTHER

Full maiden name of mother Lillian Horder

Residence at child's birth 3786 - 2nd Street, San Diego, California.

Age at child's birth 25 *years. Color or race* White

Birthplace Dodge City, Kansas

Occupation at child's birth Housewife

This is the 3rd *child born to this mother.*

Including this child, there were then two of the *children of this mother living.*

I hereby certify that I am the Mother *of the above mentioned child and that the facts and data as alleged are true and correct to the best of my knowledge and belief and that I am a native citizen of* the United States of America ~~, a citizen through naturalization~~

(Cross out the words that do not apply)

of

X Lillian Horder, Plaisted Seward. 748 Otay Street, Encanto, California.

Affiant Address

Subscribed and sworn to before me this 16th *day of* July, 1940

[signature]

Notary Public in and for the County of San Diego, State of California

---

I hereby certify that I ~~attended at the birth of the above-mentioned child in the capacity of being the~~ am the aunt of the above mentioned child

and that the facts and data as alleged are true and correct to the best of my knowledge and belief and that I am a native citizen of the United States of America ~~, a citizen through naturalization of~~

(Cross out the words that do not apply)

Noville Plaisted Estes 2371 Fargo St. Los Angeles Cal.

Affiant Address

Subscribed and sworn to before me this 13th *day of* August, 1940

[signature]

Notary Public in and for the County of San Diego, State of California

My commission expires October 3, 1942.

Recorder's Form 4—2M-1-40 D&R

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

E20852

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH — STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH: DIST. NO. 3701 — VITAL STATISTICS 32-054834 — LOCAL REGISTERED NO. 1749
COUNTY OF: SanDiego — CITY, TOWN OR RURAL DISTRICT OF: SanDiego — DO NOT WRITE IN THIS SPACE — STREET AND NO. 117 West Robinson st. — IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME
2. FULL NAME: Paul P Plaisted
RESIDENCE: NO. 117 West Robinson st. ST. — IF NON-RESIDENT, GIVE CITY OR TOWN, AND STATE — USUAL PLACE OF ABODE

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD): widowed
5A. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE: Eva E Plaisted
6. DATE OF BIRTH: Aug. 22, 1874 (MONTH, DAY, YEAR)
7. AGE: 58 YR. 1 MO. 12 DAYS. IF LESS THAN ONE DAY ___ HRS. ___ MIN.

OCCUPATION:
8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC.: Policeman
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: May 1931
11. TOTAL YEARS SPENT IN THIS OCCUPATION

12. BIRTHPLACE (CITY OR TOWN): SanDiego
STATE OR COUNTRY: Calif.

FATHER:
13. NAME: Leland H. Plaisted
14. BIRTHPLACE (CITY OR TOWN): ___
STATE OR COUNTRY: U S

MOTHER:
15. MAIDEN NAME: Elmira F Peckham
16. BIRTHPLACE (CITY OR TOWN): ___
STATE OR COUNTRY: Mass.

17. LENGTH OF RESIDENCE:
A. CITY, TOWN OR RURAL DISTRICT OF DEATH: life YRS. ___ MOS. ___ DAYS
B. IN CALIFORNIA: life YRS. ___ MOS. ___ DAYS
C. IN U.S., IF OF FOREIGN BIRTH: ___ YRS. ___ MOS. ___ DAYS

18. INFORMANT (SIGNATURE): [signature]
ADDRESS: 538 Cedar St San Diego, Calif.

19. BURIAL, CREMATION OR REMOVAL: Burial
PLACE: Mt Hope Cemetery — WRITE THE WORD — DATE: 10/7/32

20. EMBALMER: LICENSE NO. 1763 — SIGNATURE: [signature]
FUNERAL DIRECTOR: Bradley-Woolman
ADDRESS: SanDiego, Calif.

21. FILED: 10-5-32 — DATE — [signature] — LOCAL REGISTRAR

22. DATE OF DEATH: Oct. 4, 1932 (MONTH, DAY, YEAR)

23. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM ___ TO ___ THAT I LAST SAW H. ___ ALIVE ON ___ AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 1.13 P M.

24. CORONER'S CERTIFICATE OF DEATH
I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, NEED AN autopsy (INQUEST, AUTOPSY OR INQUIRY) THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO H. is DEATH ON THE DATE STATED ABOVE.

THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS: — DATE OF ONSET

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

IF OPERATION, DATE OF ___ WAS THERE AN AUTOPSY?
CONDITION FOR WHICH PERFORMED ___
NAME LABORATORY TEST CONFIRMING DIAGNOSIS ___

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
ACCIDENT, SUICIDE OR HOMICIDE: Suicide — DATE OF INJURY: 10/4/32
INJURED AT: CITY OR TOWN OF: San Diego — COUNTY AND STATE OF: San Diego Calif.
DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE: Garage in rear 117 W Robinson
MANNER OF INJURY: Gunshot
NATURE OF INJURY: Wound of head

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY: [illegible]

27. SIGNATURE: R. B. Loomis — M.D. — PUBLIC AND AUTOPSY SURGEON
ADDRESS: 233 [illegible]

28. WHEN REQUIRED BY LAW: Chester D. Gunn — CORONER
COUNTY OF: SanDiego, Calif. 10/5/32

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

G. J. Smith

March 18, 2008

Gregory J. Smith
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

002265683

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

ASSESSOR/RECORDER/COUNTY CLERK — SAN DIEGO COUNTY, CA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 7-3-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jonathan Smith 231752

in a _____ Funeral, date, time Monday July 14 11:30

Type of Burial Container

Church, Chapel, Graveside _____ CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____ NORM

Division 9 Section 1 Blk/Row _____ Lot ~~1597~~ 23 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	178.00
Burial Container Size x x	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 R61042	527.67
Balance due	-0-

PAID JUL 14 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

231743
Print Name

Address

City Zip Code

Telephone

See attached

fax 286 2674

Invoice # _____

Work Order # E 20853

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20853

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

			Hagley			
			X			

Flagged **Yes** ✓ (2) **No** _____

Blind check Initiated by: Laurie Date: 7-11-08

Interment space for: Jonathan Smith

Interment Date: 7/9/08 Time: 11:00 G.S.

Div: 9 Sect: 1 Blk/Row: ~ Lot: 1597 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 20853

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 7-3-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jonathan Smith 11:00

in a _____ Funeral, date, time Weds. July 9th

Type of Burial Container

Church, Chapel (Graveside) _____ CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned, _____

Division 9 Section 1 Blk/Row _____ Lot 1597 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	178.00
Burial Container Size L x W x h	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67

Paid receipt number _____

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

J. Wright
Print Name

875 Hotel Cir
Address

SD, CA 92108
City Zip Code

(619) 578-2127
Telephone

fax 286-2674

Work Order # E 20853

Invoice # _____

Acct. # _____

RBA-104 (2-04)

This information is available in alternative formats upon request.

E 20853

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
JOHNATHAN	JOSIAH	SMITH

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	05/29/2008	07/01/2008	

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
TIERRA GULLEY	MOTHER	CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

6992 MOHAWK STREET
SAN DIEGO, CA 92115

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 ▶ D Mitchell

9B. DATE SIGNED 07/09/08

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	07/10/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7-14-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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

(Marines)

Date 7/7/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lester Green 208207

in a Liner (Type of Burial Container) Funeral, date, time Thursday July 10 11:00

Church, Chapel, Graveside Featheringill Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 6 Section (7)? Blk/Row 6 Lot 52 Grave 2

Grave space & Care Fund E-2398	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.-
Burial Container	359.-
Handling Fees	275.-
Flower vases - Marker setting fee	237
Recording/Filing/Transfer Fees	85.-
Sales taxes	27.82
Total Due	1,691.82
Paid receipt number AP06303	1,691.82
Balance due	0

PAID JUL 7 2008 MOUNT HOPE CEMETERY

CDL F0613 226 2010

R-61021

I hereby certify I am the W. Pe of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Betty Green

Print Name 225616

Address 4800 Williamsburg Ln #14

City La Mesa, Ca 91941 Zip Code

Telephone 619-464-2134

619 583-7038

Work Order # E 20854

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20852

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: Lester Green

Interment Date: Thurs. 7/10 Time: 11:00

Div: 6 Sect: _____ Blk/Row: 6 Lot: 52 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

E20854
89

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
LESTER	HUGH	GREEN

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	10/11/1918	07/06/2008	

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
BETTY GREEN	WIFE	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. DOMINGUEZ	FD 1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

4800 WILLIAMSBURG LANE #141
LA MESA, CA 91941

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 ▶ Mabel Dominguez

9B. DATE SIGNED 07/08/2008

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	07/08/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

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 7-10-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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.

E20855

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/7/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marion Christian 231724

in a Double Depth (Type of Burial Container) Funeral, date, time Friday, July 11 @ 10am

Church, Chapel, Graveside _____ Anderson Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 163 Grave 12

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 × $533	1,066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 × $65	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number R-6020	4,494.77
Balance due	0

PAID JUL 7 2008 MOUNT HOPE CEMETERY

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.

231725

I hereby authorize the interment in lot I hold under deed.

Odie D Christian
Signature

Odie D. Christian
Print Name

Address 7046 LASENA AVE
City SD CA Zip Code 92114
Telephone

Invoice # _____

Work Order # E 20855

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20855

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.*

N
W E
S

Burial Container DD Crypt

		Pendarvis	Ware		Cardino
		TREE	X		Amaya
	Medina			Austin	

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: MOA Date: 7/11/08

Interment space for: Marion Christian

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 163 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

E20855

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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
MARION	-	CHRISTIAN

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	04/19/1932	07/05/2008	

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
ODIE CHRISTIAN	SPOUSE	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

7046 LA SENA AVENUE
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 ▶ Sienna Perez

9B. DATE SIGNED 7/10/08

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	07/10/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	12B. DATE BURIED 7-7-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Perez	
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.

E20856

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/8/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean Breau Pin: 824 *

in a DD Crypt (Type of Burial Container) Funeral, date, time Sat. July 12 @ 11am

Church, Chapel, Graveside _____ ERICKSON Mortuary.

All Funeral cars must arrive 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 60 Grave 7

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	851.00
Opening/Closing & Setup	1,066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 2 x $65	130.00
Sales taxes	41.77
Total Due	5,345.77
Paid receipt number R-61022	5,345.77
Balance due	0

PAID # 533 JUL 7 2008 MOUNT HOPE CEMETERY

* Reception After service

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.

231730

I hereby authorize the interment in lot I hold under deed.

Anne J. Breau
Signature

Anne Judith Breau
Print Name

8344 Tommy St
Address

San Diego CA 92119
City Zip Code

(619) 697-8954
Telephone

Invoice # _____

Work Order # E 20856

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20856

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container DDCRYPT

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Jean Breau

Interment Date: 7/12 Time: 11AM

Div: 12 Sect: 1 Blk/Row: ____ Lot: 60 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

E20856
63

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
JEAN	WAGNER	BREAU

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	06/24/1945	07/07/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA MESA	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
ANNE BREAU	WIFE	EL CAMINO MEMORIAL - LA MESA 8390 ALLISON AVE LA MESA, CA 91941	FD-296

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
8394 TOMMY DR SAN DIEGO, CA 92119

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	9B. DATE SIGNED
▶ Carla Dfrer	07-11-2008

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	07/11/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7-12-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fergus	
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

At need

City of San Diego

Date 7/8/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jose Becerra

in a T.S. Vault (Type of Burial Container) Funeral, date, time 7/9/08 Weds. 11:00

Church, Chapel, Graveside _____ Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 138 Grave 12

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Canceled

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

Print Name

Address

Signature

City Zip Code

Telephone

Paulette

Invoice # _____

Work Order # E 20857

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 07/8/2008

Pin: 231726

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Novella Hughes 12:30 10:00

in a Liner (Typical Burial Container) Funeral, date, time Mon. July 14, 2008

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 188 Grave B

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number AP095380	1,679.47
Balance due	0

PAID
JUL 09 2008
MOUNT HOPE CEMETERY

R-61029

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.

231735

I hereby authorize the interment in lot I hold under deed.

X Signature

X Lynda Koolash
Print Name

X Address

X City Zip Code

X Telephone

Invoice # _____

Work Order # E 20858

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW INCOME

© Printed on recycled paper

Sharon Lacry Preferred Mark
619-665-1523
Barbara Smith
619-444-6801
E 20858

E20858
Low Income

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

		Brown				
		Lacey	X			
			Johnson		Cheek	

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 7-10-08

Interment space for: Thelma N. Hughes

Interment Date: 7/14/08 *Time:* 10:00 G.S.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 188 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

E20858
85

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
THELMA	NOVELLA	HUGHES

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	12/07/1922	07/05/2008	

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
SHARON LACEY	NIECE	PREFERRED CREMATION AND BURIAL 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

2551 K STREET
SAN DIEGO, CA 92102

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 ▶ Mark Jenkins

9B. DATE SIGNED 07/10/2008

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	07/10/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN BERNARDINO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

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 7-14-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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 ▶	

ON 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.

Revised July 2008 E 20858

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: Thelma Novella Hughes

Address: 2551 "K" Street

City: San Diego State CA Zip Code 92102

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		**Annual Income**
(1)	$14,933	(4)	$41,459
(2)	$24,463	(5)	$48,926
(3)	$33,588	(6)	$57,222

For larger families, add $8,296 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program _____initial

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Sharon Lacey 7/7/08

Signed/ Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other _____

Current SSI documents verified

7/8/08

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

E20858

*** REC 2008175 202855 H97B4CE0 F3VX CIPQYAA PQAA (F-FXY) ***

SOCIAL SECURITY ADMINISTRATION

Date: June 23, 2008
Claim Number: 577-14-9996D

THELMA N HUGHES
2551 K ST
SAN DIEGO CA 92102-3021

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.....$ 998.40

We deduct $0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....$ 998.00
(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 619-557-5257. 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:

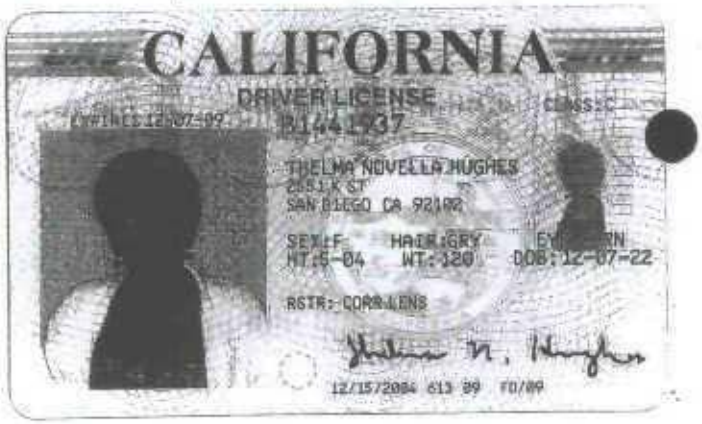
SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO, CA 92101

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

OFFICE MANAGER
Merette Dunford (RK)

E 20858

CALIFORNIA
DRIVER LICENSE
N0930611
CLASS:D
SHARON OVELLA LACEY
2561 K ST
SAN DIEGO CA 92102
SEX:F HAIR:BRN
HT:5-06 WT:155
DOB:02-01-56
02/04/2008 519 89 FD/13


CALIFORNIA
DRIVER LICENSE
CLASS:C
THELMA NOVELLA HUGHES
2561 K ST
SAN DIEGO CA 92102
SEX:F HAIR:GRY
HT:5-04 WT:120
DOB:12-07-22
RSTR:CORR LENS
12/15/2004 613 89 FD/89

CALIFORNIA DURABLE POWER OF ATTORNEY
Effective Immediately

KNOW ALL PERSONS BY THESE PRESENTS:

I, **Thelma N Hughes** ("Principal") maintaining an address at 2551 K Street, San Diego, CA 92102 do hereby make and appoint **Sharon O. Lacey** ("Agent") maintaining an address at: 2551 K Street, San Diego, CA 92102 my true and lawful attorney-in-fact for me and in my name, and in my behalf.

Alternate ("Agent"), person that takes the place of my attorney-in-fact in case of the attorney-in-fact's death, inability or refusal to act as attorney-in-fact, **Barbara Smith**, address at: 2551 K Street, San Diego, CA 92102.

My Agent shall have full power and authority to perform any act, power, duty, legal right or obligation whatsoever that I now have or may later acquire in connection with or relating to any person, item, transaction, thing, business, property, real or personal, tangible or intangible, or matter whatsoever as I could do if personally present. I hereby ratify and confirm all acts that my Agent, or my Agent's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights hereby granted. My Agent's powers and authority shall include, but not be limited to:

1. To conduct, engage in, and transact any and all lawful business of whatever kind or nature, on my behalf and in my name.

2. To enter into binding contracts on my behalf and to sign, endorse and execute any written agreement and document necessary to enter into any such contract and/or agreement, including but not limited to applications, assignments, bills of sale or lading, bonds, contracts, covenants, conveyances, deeds, options, trust deeds, security agreements, leases, mortgages, notes, insurance policies, receipts, title documents, checks, drafts, letters of credit, stock certificates, proxies, warrants, commercial papers, withdrawal and deposit slips, certificates of deposit of, or investments with or through banks, savings and loan, brokers, mutual fund companies or other institutions, proofs of loss, evidences of debts, releases, and satisfaction of mortgages, lien, judgments, security agreements and other debts and obligations and such other instruments in writing of whatever kind and nature as may be.

3. To request, ask, demand, sue and take any and all legal steps necessary to recover and collect any amount or debt owed to me.

4. To adjust, compromise and settle any claim, against me or asserted on my behalf against any other person or entity.

5. To receive, hold, possess and/or invest any and all sums of money, accounts, debts, bonds, commercial papers, checks, drafts, causes of action, bequests, deposits, notes, interests, dividends, certificates of deposit, any and all documents of title and demands whatsoever, whether agreed to or disputed, now due or due in the future, owned by, due, owing payable, or belonging to, me or in which I have or may hereafter acquire any interest, to have, or use.

6. To maintain, manage, insure, lease, rent, sell, mortgage, improve, repair, exchange, invest, reinvest and in any other manner (on such terms and at prices my Agent may deem proper) deal with all, any part or any interest in any real or personal property or asset whatsoever, tangible or intangible (now owned or acquired in the future by me) and to execute any necessary document, instrument or deed for such transactions. This includes the right to sell or encumber any homestead that I now own or may own in the future; the right to remove tenants and to recover possession; and the right to ask for, demand, sue for, collect, recover and receive all monies which may become due and owing to me by reason of such transaction.

7. To apply for, purchase, maintain and/or deal with insurance and annuity contracts, insurance policies, including life insurance upon my life or the life of any other appropriate person and to make any elections and disclaimers under such policies.

8. To receive, deposit, hold, demand, deal with and/or sue to recover all payments I receive from any annuity, pension, retirement benefits, retirement plans, insurance benefits and government program including, but not limited to, Social Security and Medicare; to prepare applications, provide information, and perform any other reasonable request by any government or its agencies in connection with governmental benefits (including but not limited to, medical, military and social security benefits), and to appoint anyone, including my Agent, to act as my "Representative Payee" for the purpose of receiving Social Security benefits.

9. To open, maintain and/or close bank accounts, including, but not limited to, checking accounts, savings accounts, certificates of deposit, investment accounts, brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions; to conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments, obtaining bank statements, passbooks, drafts, warrants, money orders, certificates, cashier checks, cash or vouchers payable to me by any person, firm, corporation or political entity; to perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.

10. To have access to any safe deposit box, vault or other storage area owned or leased by me alone or in conjunction with any other person, including access to their contents, and to examine, remove, keep or otherwise dispose of the contents.

E20858

11. To exercise any and all rights, including proxy rights, with respect to stocks, bonds, debentures, commodities, options or any other investments.

12. To maintain and/or operate any business that I currently own or have an interest in or may own or have an interest in, in the future.

13. To employ any professional and/or business assistance as may be appropriate, including but not limited to, attorneys, accountants, *investment professionals*, brokers and real estate agents.

14. To prepare, or cause to be prepared, sign, and/or file any documents with any federal, state, local or other governmental body, including, but not limited to, federal, state, local or other income and tax returns and necessary and/or related documents; to obtain or provide information to and from any agency, including governmental agencies, relating to tax matters and to negotiate, compromise or settle any matter with such agency.

15. To make gifts and charitable contributions of my real, personal, tangible or intangible property, to such persons or organizations without regard to whether such gifts are a part of my estate planning or otherwise, and if necessary, to file any state and federal gift tax returns and documents. Gifts to minors may be made to the minor directly or parent, guardian or close friend of the minor or pursuant to the Uniform Gifts to Minors Act or the Uniform Transfers To Minors Act. Any gifts made shall be limited to gifts that qualify for the federal gift tax annual exclusion, shall not exceed in value the federal gift tax annual exclusion amount in any one calendar year, and this annual right shall be non-cumulative and shall lapse at the end of each calendar year. However, my Agent may not, unless specifically authorized by this document, (a) gift, appoint, assign or designate any of my assets, interests or rights, directly or indirectly, to my Agent, my Agent's estate, my Agent's creditors, or the creditors of my Agent's estate, (b) exercise any powers of appointment I may hold in favor of my Agent, my Agent's estate, my Agent's creditors, or the creditors of my Agent's estate, or (c) use any of my assets to discharge any of my Agent's legal obligations, including any obligations of support which my Agent may owe to others, excluding those whom I am legally obligated to support.

16. To transfer any of my assets to the trustee of any revocable trust created by me, if such trust exists at the time of such transfer.

17. To disclaim any interest (subject to other provisions of this document), which might be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate. However, Agent may not disclaim assets, to which I would be entitled, if the result is that the disclaimed assets pass directly or indirectly to my Agent or my Agent's estate.

This Durable Power of Attorney and the rights, powers, and authority of my Agent shall become effective immediately upon execution of this instrument. The rights, powers, and authority of this document shall remain in full force and effect thereafter until my death. This Power of Attorney shall not terminate on my subsequent disability, incapacity or lack of mental competence (except as provided by any applicable statute).

As used herein, "disability" or "incapacity" shall mean a lack of capacity to receive and evaluate information effectively, to communicate decisions, and/or to manage my financial resources and affairs properly.

My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney. If desired, my Agent shall also be entitled to reasonable compensation for any services provided as my Agent

If so requested by myself or any authorized personal representative or fiduciary acting on my behalf, my Agent shall provide an accounting for all funds handled and all acts performed as my Agent.

This Power of Attorney shall be construed as broadly as a General Power of Attorney. The listing of specific terms, rights, acts or powers are not intended to restrict or limit the definition or scope of powers granted herein in any manner. If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the remaining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.

No person needs to inquire as to the reasons for the use or issuance of this power-of-attorney or as to the disposition of any proceeds paid to my Agent based on this document.

The powers granted to my Agent by this power-of-attorney are limited to the extent necessary to prevent (a) my income to be taxable to my Agent; (b) my Agent to have any rights or ownership with respect to any life insurance policies I may own on the life of my Agent; and/or (c) my assets to be subject to a general power of appointment by my Agent.

Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. If this Durable Power of Attorney is terminated by operation of law, any person relying in good faith on the authority of this document, without notice of such termination, shall be held harmless.

E20858

Agent shall not be liable for losses resulting from judgment errors made in good faith. However, Agent will be liable for breach of fiduciary duty, failure to act in good faith and/or willful misconduct, while acting under the authority of this Power of Attorney.

I may revoke this Power of Attorney at any time by providing written notice to my Agent.

Signed on 6/19/08 (date), at San Diego (city), California.

x Thelma N Hughes
Signature of Principal

Witness Signature: _____
Name: _____
City: _____
State: _____

Witness Signature: _____
Name: _____
City: _____
State: _____

Notary Acknowledgment

State of California)
) ss
County of San Diego)

On 6/19/08 before me, Joseph Lewis, Notary Public
(*here insert name and title of the officer*), personally appeared
Thelma Novella Hughes, who 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

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.
Signature _____ (Seal)

JOSEPH LEWIS
Comm. # 1582294
NOTARY PUBLIC - CALIFORNIA
County of San Diego
My Comm. Expires May 26, 2009

At Need

Ashes placed unders stone

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/11/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOROTHY BERGLUND ⊗ 206670

in a ASH VAULT (Type of Burial Container) Funeral, date, time SAT. August 2 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 12 Section 3 Blk/Row — Lot 100 Grave 5

Grave space & Care Fund	E-14255	Ø
Overtime/Late Arrival Fees	saturday fee (Pd)	396.00
Opening/Closing & Setup	375.00	199.00
Burial Container	190.00	104.00
Handling Fees	145.00	114.00
Flower vases – Marker setting fee		178.00
Recording/Filing/Transfer Fees	45.00	85.00
Sales taxes	14.73	8.06
		769.73-1084.06
Total Due		
Paid receipt number	AP 446571 R-61868	314.33
Balance due		Ø

PAID

JUL 22 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 JOSEPH STEIDL

Address 9728 MARILLA DR #715

City LAKESIDE CA Zip Code 92040

Telephone 858 722 9439

Pauette

Work Order # E 20859

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20859

Pre Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/23/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Berglund

In a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 100 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
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	1564.73
Paid receipt number R-49786	1564.73 x
Balance due	0

PAID
MAR 23 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Dorothy Berglund
Signature

x 4545 Collwood Bl 5E
Address

x San Diego Ca 92115
City Zip Code

x 619-287-0887
Telephone

Invoice # _____

Work Order # E 14255

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49786

Date: 3/23, 19 98

From: Dorothy Berglund Address: 4545 Collwood Blvd #58 S.D. Ca 92115-3501

One thousand five hundred sixty four 73/100 Dollars ($ 1564.73)

In Full Payment of Pre Need Lot (Trust Co) Dorothy Berglund

Lot 100 Grave 5 Row _____ Section 3 Division ~~Block~~ 12

Invoice No. _____

Acct. No. _____

W.O. E-14255

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 [signature]

CREDIT 20% Sales Care	67007 77184	159 00
80% Sales of Lots	100 77184	636 00
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63003 9022	169 73
Sales Tax	60101 78390	
TOTAL PAID	$	1564 73

AC-212 (Rev. 6-94)

E20859

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-8 1981

CHARGE TRANSFER OF PROPERTY

FROM ~~ADDRESS~~ ALBERTA WILLIAMS 427 No. 47th ST. SD 92102

NAME OF DECEASED

TO ~~OWNER~~ LESTER + BETTY GREEN 469-3360

ADDRESS 5981 LAKE MURRAY BLVD LM 92071

MORTUARY

LOT 52 GR 2+3 ROW SEC 7 BLK DIV 6/6		
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TRANSFER FEE	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 29550	35	00
BALANCE	Ø	

TRANSFER OF PROPERTY FROM
ALBERTA + ARTHUR WILLIAMS TO
LESTER + BETTY GREEN

PAID
JUN 08 1981
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 Alberta Williams ORDER TAKEN BY Eggleston

W.O. NO. E Nº 2398 INVOICE NO. CASH

E20859

Berglund, Dorothy Flora Pauline

	E-14255 Full Body	E-20859 Ash Burial	Difference
Open Close	$375.00	$199.00	$176.00
Burial Container	$190.00	$104.00	$86.00
Handling Fee	$145.00	$114.00	$31.00
Recording	$45.00	$85.00	-$40.00
Tax	$14.73	$8.06	$6.67
	$769.73	$510.06	$259.67

Credit	$	259.67
Minus Saturday Fee	$	396.00
		($136.33)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

No. [illegible]

[illegible]

IN [illegible] PAYMENT [illegible]

LOT [illegible] SECTION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-2357 CITY AUDITOR
JUN 09 1981

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-212 (REV. 7-79)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
84 31TH

No. [illegible]

FROM [illegible]

IN [illegible] PAYMENT [illegible]

LOT [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. [illegible] CITY AUDITOR
JUN 09 1981

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-212 (REV. 7-79)

E 20859

E 20859

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
DOROTHY	FLORA PAULINE	BERGLUND

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	04/16/1931	06/28/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LANCASTER	LOS ANGELES

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
CATHERINE J ESCAMILLA	DAUGHTER	MUMAW FUNERAL HOME 44663 DATE AVENUE LANCASTER, CA 93534	FD188

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

3855 WEST AVENUE K-4
LANCASTER, CA 93536

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 ▶

9B. DATE SIGNED 07/01/2008

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	07/01/2008	▶ JONATHAN FIELDING, MD

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
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

11. AUTHORIZED DISPOSITION(S)

CREMATION/ BURIAL

FOR CORONER'S USE ONLY

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 8/2/08 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins	12C. INTERMENT NUMBER—IF APPLICABLE
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ALL CARING CREMATIONS INC 13800 SATICOY STREET VAN NUYS, CA 91402	13B. DATE CREMATED 07/03/2008 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	13C. CREMATION NUMBER—IF APPLICABLE 11921
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	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 N/A	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 N/A	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 7/9/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of IULIANA HENING 231722

in a DD CRYPT 1ST (Type of Burial Container) Funeral, date, time Friday, July 11, 2008 10:00 am

Church, Chapel, Graveside ____ : AZTLAN Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Division 2 Section 5 Blk/Row ____ Lot 71 Grave 1

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-61032	3,896.77
Balance due	0

PAID
JUL 09 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.

231721
ALEXANDRU HENING
Print Name

I hereby authorize the interment in lot I hold under deed.

Signature

1727 Cable Str
Address

San Diego 92107
City Zip Code

619-224-5558
Telephone

Called @ 3:22 re: change of location

Invoice # ____

Work Order # E 20860

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20860

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

E W N

			palm tree			
					Bramsted Margaret	
			X		Goodwin Edwin	Cecelia Pauley
			Wadsworth			

Flagged Yes ✓ No _____

Blind check Initiated by: Mama Date: 7/9/08

Interment space for: Iuliana Hening

Interment Date: 7/11/08 Time: _____

Div: 2 Sect: 5 Blk/Row: ____ Lot: 73 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

61724

Date: June 11, 20 09

From: Alexandru Hening Address: on file

One hundred eighty five ____ 76/100 Dollars ($ 185.76)

in _____ Payment of Monument Fundation for IULia Hening

Div 2 Sec 5 Blk/Row ____ Lot 71 Grave 1

Invoice No. E-020860

Acct. No. _____

W.O. _____

BALANCE DUE -0-

☐ Money Order
☒ Charge AP01592C
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 11 2009

MOUNT HOPE CEMETERY

ISSUED BY UMaria

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	185	76
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	185	76

AC-212A (11-08)

This information is available in alternative formats upon request.

E20860
77

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
IULIANA	--	HENING

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	07/20/1930	06/30/2008	

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
ALEXANDRU HENING	HUSBAND	FUNERARIA AZTLAN MORTUARY SVC 7856 LA MESA BL LA MESA, CA 91941	FD1658

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

1727 CABLE ST
SAN DIEGO, CA 92107

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 07/08/2008

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	07/08/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO CA 92102	12B. DATE BURIED 7-11-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

E20860

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS

3200837010501

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Name)	2. MIDDLE	3. LAST (Family)			
IULIANA	–	HENING			
4a. AKA (Also Known As) — Including for Maiden Name, Middle, Last	4b. DATE OF BIRTH (mm/dd/yyyy)	5. AGE (Yrs)	6. IF UNDER ONE YEAR (Months, Days)	6. IF UNDER ONE HOUR (Hours, Minutes)	7. SEX
	07/20/1930	77			F
8. BIRTHPLACE (City and Country)	9. SOCIAL SECURITY NUMBER	10. EVER IN U.S. ARMED FORCES?	11. MARITAL STATUS (at time of death)	12. DATE OF DEATH (mm/dd/yyyy)	13. HOUR (24 hours)
ROMANIA	NONE	[ ] YES [X] NO [ ] UNK	MARRIED	06/30/2008	1528
14. EDUCATION — Highest completed grade (Specify Grade or Degree)	15. DECEDENT'S HISPANIC ORIGIN? (If yes, see worksheet or tape)	16. DECEDENT'S RACE — (Up to 3 races may be listed. Use worksheet on back)			
12 ND	[ ] YES [X] NO	ROMANIAN			
17. USUAL OCCUPATION (Type of work done during most of working life. DO NOT USE RETIRED)	18. KIND OF BUSINESS OR INDUSTRY (e.g., manufacturing, wholesale trade, construction, employment agency, etc.)	19. HOURS IN DECEDENT'S OCCUPATION			
HOMEMAKER	OWN HOME	50			

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or rural route)				
1727 CABLE ST				
21. CITY	22. COUNTY OF RESIDENCE	23. ZIP CODE	24. FOREIGN COUNTRY	25. STATE/FOREIGN COUNTRY
SAN DIEGO	SAN DIEGO	92107		CA

SURVIVAL

26. NAME OF SURVIVING SPOUSE (If married, enter name of husband or wife)	27. ADDRESS (Street and number, or rural route, City or town, State, ZIP)
ALEXANDRU HENING, HUSBAND	1727 CABLE ST, SAN DIEGO, CA 92107

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden name)	
ALEXANDRU		HENING	
31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
STEFAN		BUJOREANU	ROMANIA
35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE
ELENA		UNKNOWN	ROMANIA

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/yyyy)	40. PLACE OF FINAL DISPOSITION		
07/11/2008	MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102		
41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER
BU	▸ JOHN Q RODRIGUEZ	E	6536
44. NAME OF FUNERAL ESTABLISHMENT	45. ESTABLISHMENT NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE (mm/dd/yyyy)
FUNERARIA AZTEAN MORTUARY SVC	FD1658	▸ WILMA WOOTEN MD	07/08/2008

PLACE OF DEATH

48. PLACE OF DEATH	49. IF NOT IN HOSPITAL OR LONG TERM CARE FACILITY, CHECK HERE: [X] HOSPITAL [ ] ER/DOA [ ] LTCF [ ] HOME [ ] NURSING HOME [ ] HOSPICE [ ] OTHER	
UCSD MEDICAL CENTER		
50. COUNTY	51. STREET ADDRESS (Number, Street, or Location)	52. CITY
SAN DIEGO	200 WEST ARBOR DRIVE	SAN DIEGO

CAUSE OF DEATH

53. CAUSE OF DEATH (Enter only one cause per line.)		
E051 ▸ 54. LEFT BRAIN HERNIATION		55. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: HOURS
E051 ▸ 56. STROKE		HOURS
57. ATRIAL FIBRILLATION		YEARS
58. HYPERTHYROIDISM		YEARS
59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 53		
NONE		
60. WAS CORONER'S INVESTIGATION PERFORMED?		61. IF FEMALE, PREGNANT WITHIN LAST YEAR?
NO		[ ] YES [X] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

62. I CERTIFY THAT I ATTENDED THE DECEDENT WHOSE DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED. Last Attended Alive: 06/28/2008	Pronounced Dead: 06/30/2008	63. SIGNATURE AND TITLE OF CERTIFIER ▸ PETER FRANCIS FEDULLO M.D. E	64. LICENSE NUMBER G41977 / 65. DATE (mm/dd/yyyy) 07/01/2008
66. NAME OF ATTENDING PHYSICIAN (Type or print clearly) PETER FRANCIS FEDULLO M.D.	67. ADDRESS (Street and number, City or town, State, ZIP) 200 WEST ARBOR DRIVE, SAN DIEGO, CA 92103		

CORONER'S USE ONLY

68. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED.		69. ACCIDENT AT WORK? [ ] YES [ ] NO [ ] UNK	70. INJURY DATE (mm/dd/yyyy) / 71. HOUR (24 hours)
72. PLACE OF INJURY (e.g. Home, Industrial Site, Highway, etc.)			
73. DESCRIBE HOW INJURY CAUSED DEATH (Example: Gunshot wound of head)			
74. LOCATION OF INJURY (Street and number, or rural route, City or town, State, ZIP)			
75. SIGNATURE OF CORONER / DEPUTY CORONER ▸	76. DATE (mm/dd/yyyy)	77. PRINT NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR	A	B	C	D	E		FAX AUTH #	CENSUS TRACT
						0120080085030		

A01933820

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: July 10, 2008

Wilma J. Wooten, M.D.
WILMA J. WOOTEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-9-08

Pin: 231729

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oscar Ulises Reyes Tablas 12:00

in a Lower (Type of Burial Container) Funeral, date, time Monday 14, TBD.

Church, Chapel, Graveside 1:30 am Mus ; Williams Mortuary.

All Funeral cars 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 1808 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 61031	527.67
Balance due	Ø

PAID
JUL 09 2008
MOUNT HOPE CEMETERY

I hereby certify I am the x Mather of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231728

I hereby authorize the interment in lot I hold under deed.

x Brenda Yasmin Tablas
Signature

x Brenda Yasmin Tablas
Print Name

x 3736 Nile St
Address

x San diego CA 92104
City Zip Code

x 619-250-9275
Telephone

Invoice # _____

Work Order # E 20861

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20861

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

NORTH

			X	SCREEN DESIGN		
			ALCALTY GONZALEZ			
			STILL PEARIAN			

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: OSCAR ULISES REYES TABLAS

Interment Date: Monday 7/14 Time: 12:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1808 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

E20861

1 month

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
OSCAR	ULISES	REYES TABLAS

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	05/20/2008	07/07/2008	

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
JIOVANNI ALVA	UNCLE	WMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO, CA 92104	FD1575

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

1661 POINT SUR CT
CHULA VISTA, CA 91911

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 ▶ Shelia A. Williams

9B. DATE SIGNED 7/10/2008

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	07/10/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO,CA 92102	7-14-08	
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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

At need

City of San Diego

Date 7-9-08

Pin: 231738

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JORDEN TERRELL DE PRIEST

in a O-LINER (Type of Burial Container) Funeral, date, time Monday July 14 2008 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 $ Gwen

will be applied and billed to undersigned.

Division 9 Section 1 Blk/Row Lot 1319 Grave H

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container	99.00
Handling Fees	86.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number AP 612861	527.67
Balance due	0

PAID
JUL 09 2008
MOUNT HOPE CEMETERY

R-61033

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.

231737

I hereby authorize the interment in lot I hold under deed

Signature

Arban DePriest
Print Name

4836 Logan Ave #102
Address

San Diego, Ca 92113
City Zip Code

(619) 534-1044
Telephone

Invoice #

Work Order # E 20862

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20862

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

Estrada						
			X			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: _____

Interment space for: Jorden Deprieist (infant)

Interment Date: 7/14/08 Time: 11:00 am

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1319 Grave: H

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

E20862

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

REFILE

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JORDEN	TERRELL	DEPRIEST

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			07/04/2008

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
MARQUITA QUILLAR	MOTHER	BISHOP MORTUARY 3444 CITRUS STREET LEMON GROVE, CA 91945 Katrina Lamar	FD-1673

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
5270 IMPERIAL AVE.
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 ▶ Katrina Lamar

9B. DATE SIGNED 07/09/2008

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	07/10/2008	▶ 2801106

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 VITAL RECORDS 3851 ROSECRANS STREET SAN DIEGO, CA 92110	-

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
- [ ] 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 7-14-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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.

Burclaim

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/10/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Wayne Price 175267

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 7 Section 15 Blk/Row _____ Lot 9 Grave 5

Grave space & Care Fund	45.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	237.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	
Total Due	367.00
Paid receipt number R-61034	367.00
Balance due	0

PAID
JUL 10 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.

x Ed Price
Signature

x ED PRICE 231718
Print Name

3358 F 5/8 ROAD
Address

CLIFTON, CO. 81520
City Zip Code

1-970-434-1446
Telephone

Invoice # _____

Work Order # E 20863

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20865

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-26- 1972

CHARGE S.D. Co. Welfare Dept

ADDRESS

NAME OF DECEASED Robert W. Price

OWNER (Co. adult)

ADDRESS

MORTUARY Rogers

LOT 9 GR 5 ROW SEC 15 DIV 7	55	00
OPENING TIME 10 here DAY WED. DATE 6-28-72	50	00
[redacted] SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	$105	00
PAID RECEIPT NUMBER		
BALANCE		

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 Bishop ORDER TAKEN BY D O'Kelly

W.O. NO. D 1880 INVOICE NO. 13311

FORM PR-974 REV.

E20863

MT. HOPE CEMETERY- CITY OF SAN DIEGO
DECLARATION OF RIGHT TO INTER

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 7 Section 15 Lot 9 Grave 5

2. My legal authority to the above property is based on the following facts: ROBERT WAYNE PRICE (BOBBY) IS MY BROTHER & I AM TAKING RESPONSIBILITY FOR THE GRAVESITE

3. I have presented the following evidence to support the above facts.

DL

Rev. 08/05

FOR OFFICE USE ONLY

Witnessed:

Signed on 7/10/2008 (Date), _____ in San Diego (City)

Signature Maria Dovausky Print Full Name Maria F. Dovausky

Documents Presented:

_____

_____

_____

Processed by: Maria F. Dovausky

Approved by Cemetery Manager: Maria Dovausky for David Lugo

Transfer allowed: Yes ✓ **No** _____

If no, reason:

_____

_____

_____

Resident Fee
Transfer fee paid ($65.00) _____ Resident Fee **New Deed Issuance Paid ($65.00)** _____

Transfer Fee Non-Resident ($85.00) _____ New Deed Issuance Paid Non-Resident ($85.00) _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
12 Chairs

Date 7-14-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Janey Block 231739

In a Double-Depth "A" (Type of Burial Container) Funeral, date, time Weds July 16, 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 116 Grave 5

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	41.77
Total Due	$ 2,465.77
Paid receipt number R-61041	2,465.77
Balance due	Ø

PAID
JUL 14 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.

231744

I hereby authorize the interment in lot I hold under deed.

X [signature]
Signature

X Elaine M. Block
Print Name

X5005 St. Rita Pl.
Address

X San Diego CA 92113
City Zip Code

7(619) 527-7244
Telephone

Invoice # _____

Work Order # E 20864

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW INCOME

© Printed on recycled paper

E20864

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"

		Palmer	Johnson	Reed &		
		Thompson	X	Henderson		
				sherman		

Flagged Yes ✓ No ____

Blind check Initiated by: Paulette C. Date: 7-14-08

Interment space for: Janey Block

Interment Date: 7-16 Time: 11:00

Div: 12 *Sect:* 2 *Blk/Row:* ____ *Lot:* 116 *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*

Revised July 2008

E20864

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: Janey R. Block

Address: 5005 Santa Rita Place

City: San Diego State CA Zip Code 92113

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$14,933	(4)	$41,459
(2)	$24,463	(5)	$48,926
(3)	$33,588	(6)	$57,222

For larger families, add $8,296 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' *household. Please submit the deceased's current internal revenue service (IRS) tax return, Health &* Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program _____ initial

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

[signature] / Daughter 7-14-08

Signed/ Relationship Date

CDL C1936558 8-15-2012

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other _____

Current Notice of Action documents verified County of SD - Notice of Action

[signature] 7/14/08

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

NOTICE OF ACTION

Medi-Cal Approval

COUNTY OF SAN DIEGO

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

E20864

Notice Date	: 03/21/2008
Case Name	: JANEY R BLOCK
Case Number	: 1B11J07
Worker Name	: A,. Moreno
Worker Number	: MV85
Telephone	: (619) 767-5044
Worker Hours	: 8:00 AM - 12:00 PM, 12:00 PM - 5:00 PM
Address	: 7947 Mission Center CT San Diego CA 92108-1440

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

JANEY R BLOCK
5005 Saint Rita PL
San Diego CA 92113-2091

This Notice applies to:
JANEY R BLOCK

[illegible] reviewed your application to see if you are eligible for [illegible] Qualifying Individuals-1 (QI-1) program.

As of 04/01/2008, you are eligible for benefits under the Qualifying Individuals-1 (QI-1) program.

You meet the rules of the QI-1 program which is for those with income up to 135 percent of the Federal Poverty Level (FPL). Although subject to the availability of federal funding and approval by the Social Security Administration (SSA), the QI-1 program will pay your Medicare Part B premiums.

YOU WILL RECEIVE ANOTHER NOTICE WHEN YOUR QI-1 BENEFITS BEGIN. THIS MEANS THAT IF YOU RECEIVE A TITLE II, SSA CHECK AND YOU ARE PAYING YOUR MEDICARE PART B PREMIUMS, YOU WILL RECEIVED AN INCREASE IN YOUR MONTHLY SSA TITLE II CHECK VERY SOON. PLEASE REMEMBER THAT IF YOU ARE RETROACTIVELY ELIGIBLE FOR THE QI-1 PROGRAM, YOU MAY RECEIVE A REFUND FROM SSA OF THE MEDICARE PART B PREMIUMS YOU PREVIOUSLY PAID. IT TAKES 90 TO 120 DAYS FOR SSA TO PROCESS A CHECK.

[illegible] you applied for regular Medi-Cal eligibility, you will [illegible]eive a separate notice.

If you are already receiving Medi-Cal benefits, this does not affect those benefits.

MC 239-1 QI Medi-cal Notice of Approval of Eligibility As A Qualifying Individual (QI)

Rules: These rules apply. You may review them at your welfare office:
Title 22: 50258.1

NOTICE OF ACTION

Medi-Cal Approval

COUNTY OF SAN DIEGO

E20864

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

County of San Diego
7947 Mission Center Ct.
San Diego, California 92108-1440

RETURN SERVICE REQUESTED

1825 7270/10-4556/LETTER1.68 20 MV85

JANEY R BLOCK
5005 Saint Rita PL
San Diego CA 92113-2091

Notice Date	: 03/21/2008
Case Name	: JANEY R BLOCK
Case Number	: 1B11J07
Worker Name	: A,. Moreno
Worker Number	: MV85
Telephone	: (619) 767-5044
Worker Hours	: 8:00 AM - 12:00 PM, 12:00 PM - 5:00 PM
Address	: 7947 Mission Center CT San Diego CA 92108-1440

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

This Notice applies to:
JANEY R BLOCK

Your application for Medi-Cal benefits has been approved.

As of 04/01/2008, you are entitled to receive Medi-Cal benefits.

Since your income exceeds the amount allowed for living expenses, you have a share of cost to pay or obligate toward your medical care. Your share of cost is $1012.00 beginning 04/01/2008.

A plastic Benefits Identification Card will be mailed to you at the long-term care facility. Do not throw this card away. It is good as long as you are eligible for Medi-Cal benefits. *You must pay or obligate your share of cost to* the facility each month.

MC 239 B-M SOC (LTC) Medi-Cal Notice - Approval of Benefits with SOC (LTC)

Gross Income	$	1136.00
Net Non-Exempt Income	$	1047.05
Maintenance Need	$	35.00
Excess Income/Share-of-Cost	$	1012.00

Rules: These rules apply. You may review them at your welfare office:
Title 22: 50173, 50653

E20864

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

80

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JANEY	R	BLOCK

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	09/22/1927	07/09/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
ENCINITAS	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
VERNON BLOCK	SON	CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1124 WALES PLACE CARDIFF, CA 92007

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	9B. DATE SIGNED
▶ [signature]	7/16/08

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	07/15/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7-16-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Pereque	
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.

REG. DECED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-14-08

Pin: 231842

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TALAT ADELIRANKOUHI/SIAMAK K. JAMALI

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. _____

CANCELED

Division 2 Section 5 Blk/Row _____ Lot 3 Grave 3

Grave space & Care Fund	2264-
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	533-
Burial Container	355-
Handling Fees	263-
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	65-
Sales taxes	27.51
Total Due	3507.51
Paid receipt number R61044	3000.00
Balance due	507.51

No interfund transfer when burial takes place. Deposit was made into General Fund. see attached

Refund issued DP 4237766

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin: 231841

I hereby authorize the interment in lot I hold under deed

Signature

Print Name: SIAMAK JAMALI

Address: 12220-A RANCHO BERNARDO Rd.

City: SAN DIEGO Zip Code: 92128

Telephone: (858) 733-1588

Invoice # _____

Work Order # E 20865

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20865

JUL 14 2008

SIRMAK

WILL MAKE FINAL PAYMENT OF 507.51 IN ABOUT A MONTH

E 20865

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61044

Date: 7.14, 2008

From: SIAMAK JAMALI Address: 12220 A RANCHO BERNARDO R.

THREE THOUSAND & NO/100 Dollars ($ 3000.00)

in PARTIAL Payment of PRE NEED LOT & TRUST

Div 2 Sec 5 Blk/Row Lot 3 Grave 3

Invoice No.

Acct. No. E20865

W.O.

BALANCE DUE 507.51

☐ Money Order
☐ Charge
☒ Check #2544

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUL 14 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		
Containers	77182		
	100	355	-
Handling Fee	77185	263	-
Recording &	100		
Misc. Fees	77183	105	-
Sales Tax	80101		
	78390	27	51
TOTAL PAID	$	3507	51

500

7.51

AC-212A (11-05)
This information is available in alternative formats upon request.

PRE-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-14-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

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 10 Section _____ Blk/Row _____ Lot 3267 Grave 1

Grave space & Care Fund E020290	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 P01312	510.06
Balance due	0

PAID JUL 14 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.

Ruth Seiden
Signature

REF C006816
SEE LEGAL DESCRIPTION CARD NOTE.

x RUTH SEIDEN
Print Name

x 4132 MARIAN St
Address

x LA MESA, CA 91941
City Zip Code

x (619) 463-1856
Telephone

Invoice # _____

Work Order # E 20866

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20866

FORM 61 LEGAL DESCRIPTION

Lots 3265 thru 3276 DIVISION 10

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	R
3265		Dec. 1979 Cemetery WORTH, Fanny B. 219136	Indians Home 1/15/1970	145.00		C-8143	
3266		Raymond M. Seiden ~~Edward I. & SEIDEN, Ruth M.~~	7/13/2007 2/3/1969	145.00		E020291 ~~C-6816~~	Quit Cla
3267	Seiden, Sandra W. E20866 7-14-08	Seiden, Ruth " " "	"	145.00	7/27/2007	E020290 C-6816	⊕ S
3268	199768 SCHMIDT, Otto H.	SCHMIDT, Otto H. & Erna	5/19/1968	145.00	11/15/1968	C-6464 C-5833	
3269	199766 SCHMIDT, Erna M.	" " "	" " "	145.00	8/18/1980	E-1592 " "	
3270	GIDEON, Frances Roffe	ANDREW, Frederick D.	6/21/1971	165.00	6/23/1971	D-489	
3271	Radney, Zula	Constance Eastman	7-21-92	$895.-	7-24-92	E-10249	T. S. Va For Dor
3272	WATSON, Dorothy E.	WATSON, James P.	1/3/1977	200.00	1/10/1977	D-7699 D-7679	OVER
3273	HURLEY, Bettie	SAY, Theodore & ~~Sybil E.~~ Sydell E.	10/3/1973	165.00	7/1/1981	E-2443 D-3609	OVER
3274	SAY, Theodore S.	SAY, Theodore & ~~Sybell E.~~ Sydell E	7/30/1973	165.00	3/11/1977	D-7874 D-3330	35 years
3275	E-19638 SAY, Theodore	SAY, Theodore & ~~Sybil E.~~ Sydell E.	4/8/1977	200.00	2-12-1990	E-8523 D-7972	42 yrs DOUBLE C
3276		SAY, Theodore & ~~Sybil E.~~ Sydell E.	4/8/1977	200.00		D-7972	

TAYLOR SYSTEM OF CEMETERY RECORDING

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/14/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bertha Torres 231740

in a TS Vault (Type of Burial Container) Funeral, date, time Wed, July 16 @ 11am

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 209 Grave 11

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-61046	3,507.51
Balance due	0

PAID
JUL 14 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 See attached
Print Name

X
Address

X 92173
City Zip Code

X Pin 231754
Telephone

Invoice # _____

Work Order # E 20867

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20867

E
N S
W

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

				Scott Clara		
			X		Lee Bracamonte	
			Vargas Hernandez Gregoria		Nolasco	

Flagged Yes ✓ No _____

Blind check Initiated by: Maria Date: 7/14/08

Interment space for: Bertha Torres

Interment Date: 7/16/08 Time: _____

Div: 12 Sect: 2 Blk/Row: ___ Lot: 209 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

E20867
69

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
BERTHA	-	TORRES

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	07/06/1939	07/10/2008	

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
BLAS TORRES	HUSBAND	GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE SAN DIEGO, CA 92102	FD1425

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

229 CYPRESS DR
SAN DIEGO, CA 92173

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 ▶ Alexia Chavez

9B. DATE SIGNED 07/16/2008

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	07/16/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST,SAN DIEGO,CA,92102	12B. DATE BURIED 7-16-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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 need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-14-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laymi Laskey 231746 1:00

in a Liner (Type of Burial Container) Funeral, date, time Friday 18th July 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 168 Grave 4

Grave space & Care Fund	2,264
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-61050	3,358.93
Balance due	Ø

PAID
JUL 15 2008
MOUNT HOPE CEMETERY

CANOPY $65.00 AP015276
R-61047

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.

231745

I hereby authorize the interment in lot I hold under deed.

Ruth Laskey
Signature

Ruth Laskey
Print Name

7073 Springford Ave.
Address

San Diego, CA 92114
City Zip Code

(619) 264-8117
Telephone

Invoice # _____

Work Order # E 20868

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20868

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

	Beltran	Colon	Bramlett	Hayward Broadnax		
		Robertson	X			

Flagged Yes ✓ No _____

Blind check Initiated by: Paulette Date: 7/15

Interment space for: Laymi Laskey

Interment Date: Friday 7/18 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ~ Lot: 168 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 20868

87

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
LAYMI	-	LASKEY

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	02/15/1921	07/12/2008	

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
RUTH LASKEY	WIFE	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

7073 SPRINGFORD AVENUE
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 ▶ Sennika Payne

9B. DATE SIGNED 7/17/08

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	07/17/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7-18-08	12C. INTERMENT NUMBER—IF APPLICABLE	12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega
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.

Preneed
lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/14/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Ruth Leskey 231745

in a Double Death A&B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 168 Grave 5

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 P-01323	452.80
Balance due	1811.20

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 20869

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20869

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-14-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laymi Laskey 1:00

in a Liner (Type of Burial Container) Funeral, date, time Friday 18th July 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 168 Grave 4

Grave space & Care Fund	2,264.
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: CANOPY $65.00	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-61050	3,358.93
Balance due	Ø

PAID
JUL 15 2008
MOUNT HOPE
AP015276
R-61050

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.

Ruth Laskey
Signature

Ruth Laskey
Print Name
7073 Springford Ave.
Address
San Diego, CA 92114
City Zip Code
(619) 264-8117
Telephone

Invoice # _____

Work Order # E 20868

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20869

Preneed lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/14/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Ruth Laskey

In a Double Depth A&B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 168 Grave 5

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	45280
Balance due	1811.20

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 Ruth Laskey

Print Name RUTH LASKEY

Address 7073 SPRINGFORD AVE.

City SAN DIEGO, CA. Zip Code 92114

Telephone (619) 264-8117

Invoice # _____

Work Order # E 20869

Acct. # _____

REA-104 (3-04)

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Quit claim Transfer

Date 7/7/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Chiyoko Kobayashi to George Ozaki

in a _____ Funeral, date, time pm 231736
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 2672 Grave 1

PAID

JUL - 7 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	65.00
Sales taxes	—
Total Due	65.00
Paid receipt number R-61030	65.00
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

See attached papers & signatures

Invoice # _____

Acct. # _____

Work Order # E 20870

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20870

Mt Hope Cemetery
Contract Entry Verification
07/14/2008

Contract Number: E-20870-Q

Contract Date: 07/07/2008
Purchaser: Ozaki, George
3695 Mt. Ariane Drive
San Diego ,CA 92111

Purchaser Number: 231736
Phone: 714-565-4277

Counselors: PAULETTE CRAWFORD

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Misc -Resid AN	Quitclaim Resident A/N	65.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth
Division 10			2672	1	

BASE PRICE	65.00	**NUMBER OF INSTALLMENTS**	1
SALES TAX	0.00	**REGULAR PAYMENT OF**	0.00
TOTAL CASH PRICE	65.00	**ODD PAYMENT OF**	0.00
DOWNPAYMENT	65.00-	**DATE FIRST PAYMENT DUE**	08/07/2008
REFERENCE #	R-61030	**PAYMENT PLAN:**	MONTHLY
TRANSFER ALLOWANCE	0.00-		
DISCOUNT OR ALLOWANCE	0.00-	**SOURCE:**	Quit-Claim/Transfer
FINANCE CHARGE	0.00@	0.000% AMORTIZE	
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	65.00		

ACCOUNT CONTRIBUTIONS		**AMOUNT FRACTION**
R S	**Equity**	65.00
A	**Interest**	0.00
R S	**Tax Recovery**	0.00
R V	**Late Charge**	0.00

CONTRACT ENTERED BY: _____

E20870

THE CITY OF SAN DIEGO

R-61030
CK# 800

PAID
JUL - 7 2008
MOUNT HOPE CEMETERY

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: July 7, 2008

I/We Chiyoko Kobayashi

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: George Ozaki
Street Address: 3695 Mt Ariane Drive Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92111
Telephone #: (714) 565-4277

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10 Section: " " Blk / Row: " "
Lot(s): 2672 Grave(s):

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 7th day July, 2008

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS	x Chiyoko Kobayashi Legal Owner / Reprehensive Signature
WITNESS	Legal Owner / Reprehensive Signature
CEMETERY REPREHENSIVE NAME	Cemetery Reprehensive Signature

Please See Attached Acknowledgement From Notary Public

E20870

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Alameda

On JULY 7, 2008 (Date) before me, GLORIA ORTEGA, NOTARY PUBLIC (Here Insert Name and Title of the Officer),

personally appeared CHIYOKO KOBAYASHI (Name(s) of Signer(s))

who 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.

OFFICIAL SEAL
GLORIA ORTEGA
NOTARY PUBLIC - CALIFORNIA
Commission #1798542
County of Alameda
My Commission expires May 19, 2012
PG-01

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Gloria Ortega (Signature of Notary Public)

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Document Date: JULY 7, 2008 Number of Pages: 1

Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer's Name: _____
☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

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AT NEED
ingrave of
Forrest
Swafford Jr.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-15-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of THELMA PEGGY GROTEWOLD ⊗ 231741

in a ASH VAULT (Type of Burial Container) Funeral, date, time ~~MON~~ AYD 7/16/08

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 1361 Grave 1

Grave space & Care Fund (P3503 - E-8357)	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	237.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	747.06
Paid receipt number R6054	747.06
Balance due	-0-

PAID
JUL 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.

231742

I hereby authorize the interment in lot I hold under deed.

Jeanette M. Smith
Signature

JEANETTE M. SMITH
Print Name
3593 HERMAN AVE.
Address
SAN DIEGO, CA. 92104
City Zip Code
619 283-0388
Telephone

Work Order # E 20871

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20871

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-5 1973

CHARGE Forrest G. Swafford Jr.

ADDRESS 4599 Longbranch Ave S.D. 7

NAME OF DECEASED Pre-need

OWNER Same

ADDRESS

MORTUARY

LOT 1361 GR ROW SEC DIV 10	165	00
OPENING TIME DAY DATE		
VAULT BOX SIZE		
REMOVAL OR FOUNDATION VET.		
TOTAL	$165	00
PAID RECEIPT NUMBER 20531		
BALANCE		

Flush marker Only

PAID
SEP 5 1973
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

#7013

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 Forrest G. Swafford Jr.

ORDER TAKEN BY R. Wallace

W.O. NO. D 3503

INVOICE NO. Cash

FORM PR-974 REV.

E20871

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH FORREST A SWAFFORD

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container _____

			THELMA GROTEWOLD X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: THELMA PEGGY GROTEWOLD

Interment Date: _____ Time: _____

Div: 10 Sect: _____ Blk/Row: ____ Lot: 1361 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85 E20871

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
THELMA	PEGGY	GROTEWOLD

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	1-16-23	2-15-08	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
IRENE	SOUTH DAKOTA

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
JEANETTE M. SMITH	DAUGHTER	JEANETTE M. SMITH - DAUGHTER 3593 HERMAN AVE. SAN DIEGO, CA. 92104	—

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3593 HERMAN AVE.
SAN DIEGO, CA. 92104

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 ▶ Jeanette M. Smith

9B. DATE SIGNED 7-15-08

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	7/15/2008	▶ Wilma J. Wooten, M.D. lm

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 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
- [ ] 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 MOUNT HOPE CEMETERY 3751 MARKET STREET, MS 72 SAN DIEGO, CA 92102	12B. DATE BURIED 7-16-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fergus	
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 on grave of Leonard/Hazel Franklin

Date 7-15-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Franklin

in a Ash Vault (Type of Burial Container) Funeral, date, time

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 10 Section ~ Blk/Row ~ Lot 2830 Grave 1

Grave space & Care Fund E-16739	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	99.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number	
Balance due	

Void

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 20872

Acct. # _____

REA-104 (3-04) 9093400752 *This information is available in alternative formats upon request.*

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E20872

E20872

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-23-01

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAZEL FRANKLIN

in a D.D. Crypt 75t BURIAL Funeral, date, time FRI NOV. 30 10:00

Type of Burial Container

Church, Chapel, Graveside ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 2830 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	28.50
Total Due	2143.50
Paid receipt number Visa	2143.50
Balance due	Ø

PAID
NOV 27 2001
MT. HOPE CEMETARY
CITY OF SAN DIEGO

Joseph Franklin
1-323-737-5241
Paid by Visa
263-7138 229418

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 16739

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

7/23/08 called; family
will come in soon
to make a payment
7/28 called again
Seminka will call me
back ← 20872

PRE-NEED
AT need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-15-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VICKY WALLACE 231466 2:00

in a Liner (Type of Burial Container) Funeral, date, time August 8 (Friday @ ~~10:00~~

Church, Chapel, Graveside _____ Featheringill Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 242 Grave 10

Grave space & Care Fund (E20639)	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 801316 CHK #4208	1094.93
Balance due	0

PAID
JUL 15 2008
MOUNT HOPE CEMETERY
INTERFUND TRANSFER
DP 3821411

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

VICKY WALLACE
Print Name
8330 PHYLLIS PL.
Address
SAN DIEGO CA.
City Zip Code
619-427-0114
Telephone

Invoice # _____

Work Order # E 20873

Acct. # _____

REA-104 (3-04)

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E20873

PRE-NEED TO AT need 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 CK 4556 #1 CHK #2 4569	2064.00
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

E20873

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: 8/8/08

Interment space for: Vicky Wallace

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 242 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20873

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
VICKY	-	WALLACE

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	02/11/1937	07/30/2008	

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
SUSAN HARE	DAUGHTER	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. Dominguez	FD 1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

6393 DECANTUR ST.
SAN DIEGO, CA 92120

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 ▶ Michel Dominguez

9B. DATE SIGNED 08/01/2008

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	08/01/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

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 8-8-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fenyan	
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 need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-16-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathell McIntosh 231757

in a TS VAULT (Type of Burial Container) Funeral, date, time JULY 25, 2008 11:00

Church Chapel Graveside CA BURIAL : Mortuary NAT'L City

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row ~ Lot 74 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	27.51
Total Due	3,507.51
Paid receipt number R-61068	3,507.51
Balance due	0

PAID
JUL 24 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.

Pin 231758

Print Name

Address See attached

City Zip Code

Telephone

Signature

Wife - Tanasha McIntosh
Pin: 231759

Invoice # _____

Work Order # E 20874

Acct. # _____

REA-104 (3-04)

619) 229-2750

This information is available in alternative formats upon request.

© Printed on recycled paper

E20874

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 7-16-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathell McIntosh

in a TS VAULT (Type of Burial Container) Funeral, date, time JULY 25, 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 $ Natl L City

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row ~ Lot 74 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	27.51
Total Due	3,507.51
Paid receipt number R-61068	3,507.51
Balance due	Ø

PAID
JUL 24 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.

I hereby authorize the interment in lot 1 hold under deed.

X Gwenette McIntosh
Signature

X Gwenette McIntosh
Print Name

X821 S 33rd St
Address

X San Diego Ca. 92113
City Zip Code

X619-696-3416
Telephone

Invoice #

Work Order # E 20874

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20874

RETAIL SERVICES
P.O. Box 5244
Carol Stream, IL 60197-5244

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
CREDIT SERVICES

NATHELL MCINTOSH
821 S 33RD ST
SAN DIEGO CA 92113-2607

00328

Billing Statement Enclosed

E20874

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

	ANTHONY ELEGANT	THOMAS	X			
			JIMMIE WATTS	TERAN		

Flagged **Yes** _____ **No** _____

Blind check Initiated by: TOM Date: _____

Interment space for: Nathell McIntosh

Interment Date: 7/25/08 Time: 11:00 am

Div: 12 Sect: 1 Blk/Row: ____ Lot: 74 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

33 E20874

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
NATHELL	-	MCINTOSH JR

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	05/27/1975	07/15/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA MESA	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
TANASHA MCINTOSH	WIFE	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

821 S 33RD STREET
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 ▶ [signature]

9B. DATE SIGNED 7/25/08

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	07/23/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	- --

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7-25-08	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.

AT NGGD

MT. HOPE CEMETERY

INTERMENT ORDER

(MARK - PREFERRED)

City of San Diego

Date 7-16-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CONNIE FORBES 231750

in a LINER (Type of Burial Container) Funeral, date, time MON 7-21-08 2:30 PM ARRIVAL

Church, Chapel, Graveside 1:00 ; Preferred Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 122 Grave 2

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-61056	3358.93
Balance due	Ø

PAID
JUL 18 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.

231751

I hereby authorize the interment in lot I hold under deed.

Ray W. Everett Jr
Signature

RAY W. EVERETT, JR
Print Name

5077 PELUSA ST
Address

SAN DIEGO CA 92113
City Zip Code

619-262-8065
Telephone

Invoice # _____

Work Order # E 20875

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20875

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

N

			LAWRENCE ALVIN			
		EVERETT JOHN WESLEY	X			
			WILLIAM TAYLOR JR			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: CONNIE FORBES

Interment Date: _____ Time: _____

Div: 11 Sect: 1 Blk/Row: ____ Lot: 122 Grave: 2

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E20875

54

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
CONNIE	RENEE	FORBES

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	11/05/1953	07/14/2008	

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
SIMON W. FORBES	HUSBAND	PREFERRED CREMATION AND BURIAL 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
5027 PELUSA 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 103058.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ Esther [illegible]	07/15/2008

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	07/15/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	–

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

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 7-21-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman [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

Date 7/17/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Todd Doxey 231747

Rock in a Liner (Type of Burial Container) Funeral, date, time Mon, July 21 10am

Church, Chapel, Graveside ; CA Cremation & 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 40 Grave 6

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	1,679.46
Paid receipt number R-61062	1,679.46
Balance due	-0-

PAID
JUL 18 2008
MOUNT HOPE CEMETERY

I hereby certify I am the Grand 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 207616

x Gladys Doxey
Print Name

414 N. 33rd ST
Address

San Diego CA 92102
City Zip Code

Telephone

x [signature]
Signature

Invoice # _____

Work Order # E 20876

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20876

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

			ADAIR KELLI RENE			
			X	TURNER VILLA C	TURNER VILLA	
		LYONS SWIFT SHIRLEY			CROSBY II ELDER	
		LEWIS DOUZELL	SCOTT FLORA LEE			

Flagged Yes ✓ No _____

Blind check Initiated by: Tom Date: 7-18-08

Interment space for: Todd Doxey

Interment Date: 7/21/08 Time: _____

Div: 11 Sect: 2 Blk/Row: ____ Lot: 40 Grave: 6

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

Revised July 2008 E20876

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: Todd Lamar Doxey

Address: 414 N 33 st

City: San Diego State Ca Zip Code 92102

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		**Annual Income**
(1)	$14,933	(4)	$41,459
(2)	$24,463	(5)	$48,926
(3)	$33,588	(6)	$57,222

For larger families, add $8,296 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program _____ initial

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Gladys Doxey Grandmother 7-17-08

Signed/ Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other _____

2007 Current IRS documents verified

Approved by 7/18/08

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

Guidelines
Mt. Hope Low-Income Fee Waiver (Effective July 2008)

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	$14,933
2	$24,463
3	$33,588
4	$41,459
5	$48,926
6	$57,222
More than 6	Each additional member add $ 8,296

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.
5. Residency can be proven by the following methods
   a. Valid California driver's license/ identification card displaying City of San Diego address
   b. Current utility bill
   c. Current monthly checking statement
   d. Rental/lease agreement and month rent receipt
   e. Property tax statement
   f. Active/Retired duty military ID with City of San Diego address
6. Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
7. The Mt. Hope low income fee waiver does not apply to grave marker installation fees, late charges, or Saturday services
8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the first burial. Eligibility for the 2nd deceased person in the low-*income program must be proven at time of second burial otherwise full burial fees* will apply to the 2nd burial.
9. The low-income fee waiver cannot be applied retroactively to already purchased lots/services
10. The low-income fee waiver is intended for "At Need" services only.

E 20876

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 year Jan. 1–Dec. 31, 2007, or other tax year beginning , 2007, ending , 20

OMB No. 1545-0074

Label (See instructions on page 12.) **Use the IRS label.** Otherwise, please print or type.

LABEL HERE

Your first name and initial	Last name	Your social security number
Andrew L	Doxey	560-46-5316
If a joint return, spouse's first name and initial	Last name	Spouse's social security no.
Gladys M	Doxey	564-58-1558

Home address (number and street). If you have a P.O. box, see page 12. Apt. no.

414 No 33rd Street

City, town or post office, state, and ZIP code. If you have a foreign address, see page 12.

San Diego, CA 92102

▲ You **must** enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 12) ▶ ☐ You ☐ Spouse

Filing Status Check only one box.

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying child). (See pg. 13.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child. (See page 14.)

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 pg 15)
Todd Doxey Jr	619-24-5324	GrandChild	☐
			☐
			☐
			☐

No. of children on 6c who: ● lived with you: 1 ● did not live with you due to divorce or separation (see page 16): Dependents on 6c not entered above:

If more than four dependents, see page 19.

d Total number of exemptions claimed — Add numbers on lines above ▶ 3

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	
8a	**Taxable** interest. Attach Schedule B if required		8a	18.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends (see page 19)	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a	b Taxable amount (see page 21)	15b 0
16a	Pensions and annuities	16a 27,668.	b Taxable amount (see page 22)	16b 27,653.
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 17,946.	b Taxable amount (see page 24)	20b 2,322.
21	Other income. List type and amount (see page 24)		21	
22	Add amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	29,993.

Adjusted Gross Income

23	Educator expenses (see page 26)	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction (see page 26)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction (see page 27)	32		
33	Student loan interest deduction (see page 30)	33		
34	Tuition and fees deduction. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	0
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	29,993.

GVA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.**

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E 20876
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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
Todd	Lamar Cassell	Doxey Jr

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	03/04/1989	07/13/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
Eugene	Oregon

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
Mia Lanett Rankins	mother	California Cremation & Burial 5880 El Cajon Blvd San Diego CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3626 S Barcelona Ave #7 Spring Valley CA 91977

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: 07/17/2008

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	07/17/2008 V Mitchell	▶ 2801129

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 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 7-21-08	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7/17/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DEANDRA L. ETHRIDGE <INFANT> 231755

in a O-LINER (Type of Burial Container) Funeral, date, time FRIDAY, JULY 18th 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 9 Section 1 Blk/Row _____ Lot 905 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container 30"L x 14"W	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-61058	527.67
Balance due	Ø

PAID
JUL 17 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.

231756

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Deandra Gary Print Name

X 341 S. 28th St Address

X San Diego 92113 City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 20877

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

E20877

61714

Date: June 8, 20 09

From: Social Advocates for Youth Say SD. Inc. Address: 8755 Aero Dr., STE 100 SD CA 92123

Two hundred, forty-six and 12/00 Dollars ($ 24[illegible])

in Full Payment of Setting fee / [illegible] Elhridge

Div 9 Sec 1 Blk/Row 2 Trion vases Lot 906 Grave 1

Invoice No. E020877

Acct. No.

W.O.

BALANCE DUE

☐ Money Order
☐ Charge
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

RECEIVED
JUN 8 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	56.00 ← H/F
Recording &	100	
Misc. Fees	77183	184.00 R/F misc.
Sales Tax	60101	
	78390	← Tax
TOTAL PAID	$	246.12

AC-212A (11-08)
This information is available in alternative formats upon request.

E20877

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			
			Gomez			

Flagged Yes ✓ No

Blind check Initiated by: Paulette Date: 7/17/08

Interment space for: Deante L. Ethridge (infant)

Interment Date: 7/17/08 Time: 10:00 Chapel

Div: 9 Sect: 1 Blk/Row: Lot: 905 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

E20877

2 months

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
DEANDRA	LATECIA	ETHRIDGE

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	05/01/2008	07/11/2008	

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
DEANDRA GARY	MOTHER	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

341 S. 28TH STREET
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 103065.

9A. APPLICANT SIGNATURE ▶ Siennika Prior

9B. DATE SIGNED 7/17/08

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	07/17/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7/18/08	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.

PACE NGEO

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-17-08

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 5 Section 4 Blk/Row _____ Lot 58 Grave 4

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 G	3358.93
Balance due	0

PAID
JUL 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.

231832

I hereby authorize the interment in lot I hold under deed

x Kathleen Schossow
Signature

x Kathleen Schossow
Print Name

x 3019 Seeblan Pl.
Address

x San Diego, CA 92117
City Zip Code

x 619 275 4234
Telephone

E20814 5,4,5813

Invoice # _____

Work Order # E 20878

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

On grave of Bruce Anderson

Date 07/21/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stanley Anderson & 231809

in a Ash Vault (Type of Burial Container) Funeral, date, time AYD 8-29-08

Church, Chapel, Graveside CA CREMATION & Burial NAT'L CITY Mortuary

All Funeral cars must arrive 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 69 Grave 12

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	
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	384.12
Paid receipt number A02142B R-61061	384.12
Balance due	Ø

PAID JUL 21 2008 MOUNT HOPE CEMETERY

fax 229.2750

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Vincent Anderson

Address: 3917 Conrad Rd #C-10

City: Spring Valley Zip Code: 91977

Telephone

Invoice # _____

Work Order # E 20879

Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

Mailed reciept to Beverly McKenzie

253-905 6708 or Vincent@822-8321

fax 858-672 4390

E20879

stone on grave

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Bruce Anderson (brother)

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Ash Vault ☒

			Burse	Brown		
	Lopez	Wright	X		Blake	
			Vrigoyen			

Flagged Yes ✓ No _____

Blind check Initiated by: Paulette Date: 7/28

Interment space for: Stanley Anderson ☒

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: – Lot: 69 Grave: 12

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: MIDDLE of grave

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11REV (1/94)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Given): STANLEY
2. MIDDLE: BLAINE
3. LAST (Family): ANDERSON
- AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/cccy: 12/04/1950
5. AGE Yrs.: 57
6. IF UNDER ONE YEAR: Months / Days; IF UNDER 24 HOURS: Hours / Minutes
7. SEX: F
8. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER:
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS (at Time of Death): DIVORCED
7. DATE OF DEATH mm/dd/cccy: 07/18/2008
8. HOUR (24 Hours): 0495
13. EDUCATION — Highest Level Completed (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO
16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back): AFRICAN AMERICAN
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED: MACHANIC
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): AUTO MACHANIC
19. YEARS IN OCCUPATION: 41

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location): 6481 SCUNUTAR DR.
21. CITY: SAN DIEGO
22. COUNTY/PROVINCE: SAN DIEGO
23. ZIP CODE: 92114
24. YEARS IN COUNTY: 57
25. STATE/FOREIGN COUNTRY: CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: VINCENT ANDERSON, BROTHER
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP): 3917 CONRAD RD, SPRING VALLEY, CA 91977

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST:
29. MIDDLE:
30. LAST (Maiden Name):
31. NAME OF FATHER — FIRST: LOUIS
32. MIDDLE: BLAINE
33. LAST: ANDERSON
34. BIRTH STATE: OH
35. NAME OF MOTHER — FIRST: RUBY
36. MIDDLE: RUTH
37. LAST (Maiden): WHITE
38. BIRTH STATE: TX

DOCTOR'S COPY

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/cccy: 07/25/2008
40. PLACE OF FINAL DISPOSITION: MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102
41. TYPE OF DISPOSITION(S): BU
42. SIGNATURE OF EMBALMER: ▶ JOHN HUNTER
43. LICENSE NUMBER: EMB8475
44. NAME OF FUNERAL ESTABLISHMENT: CALIFORNIA CREMATION & BURIAL C
45. LICENSE NUMBER: FD1689
46. SIGNATURE OF LOCAL REGISTRAR: ▶
47. DATE mm/dd/cccy:

PLACE OF DEATH

101. PLACE OF DEATH: SCRIPPS MEMORIAL HOSPITAL
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☒ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's House ☐ Other
104. COUNTY: SAN DIEGO
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 9888 GENESSE AVE
106. CITY: LA JOLLA

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (final disease or condition resulting in death) → (a)
(b)
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
(c)
(d)

Time Interval Between Onset and Death: (a) (b) (c) (d)

108. DEATH REPORTED TO CORONER? ☐ YES ☒ NO (INTERVAL MONTH)
109. BIOPSY PERFORMED? ☐ YES ☐ NO
110. AUTOPSY PERFORMED? ☐ YES ☐ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)
114A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☐ NO ☐ UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
Decedent Pronounced Dead: (A) mm/dd/cccy
Decedent Last Seen Alive: (B) mm/dd/cccy
115. SIGNATURE AND TITLE OF CERTIFIER: ▶
116. LICENSE NUMBER:
117. DATE mm/dd/cccy:
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE:

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
123. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE mm/dd/cccy:
122. HOUR (24 Hours):
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)
126. SIGNATURE OF CORONER / DEPUTY CORONER: ▶
127. DATE mm/dd/cccy:
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER:

STATE REGISTRAR	A	B	C	D	E	Printed on: 07/21/2008 12:11 PM By RUSS, CLAUDETTE (CRUSS)	FAX AUTH. #	CENSUS TRACT

E20879 (1) 57
12252-02

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
STANLEY	BLAINE	ANDERSON

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	12/04/1950	07/18/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA JOLLA	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
VINCENT L ANDERSON	BROTHER	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3917 CONRAD RD #C-10
SPRING VALLEY, CA 91977

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 ▶ Claudette Russ
9B. DATE SIGNED 07/25/08

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	07/25/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN SIEGO, CA 92102	12B. DATE BURIED 8/29/08	12C. INTERMENT NUMBER—IF APPLICABLE E-208A
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SOUTHERN CALIFORNIA CREMATORY, 601-D CRANE ST., LAKE ELSINORE, CA 92530	13B. DATE CREMATED 7/29/08	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.

REVISED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/22/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ramona Gail Jenkins 231765

in a Liner (Type of Burial Container) Funeral, date, time Tuesday, July 29 @ 11

Church, Chapel, Graveside ____ ; CA Cremation & Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Division 11 Section 2 Blk/Row ____ Lot 16 Grave 11

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 R61072	1679.46
Balance due	0

PAID JUL 24 2008 MOUNT HOPE CEMETERY

I hereby certify I am the X Betty J. Robinson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent *that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from* any liability on account of said authorization and interment.

216865

I hereby authorize the interment in lot I hold under deed.

X Betty J. Robinson
Signature

X BETTY J. ROBINSON
Print Name

X 636 O'meara ST
Address

X San Diego 92114
City Zip Code

X 619-527-8465
Telephone

Invoice # ____

Work Order # E 20880

Acct. # ____

REA-104 (3-04) LOW INCOME *This information is available in alternative formats upon request.*

© Printed on recycled paper

E 20880

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: Ramona G Jenkins

Interment Date: 7/29/08 Time: 11 am

Div: 11 Sect: 2 Blk/Row: ____ Lot: 16 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

E20880 54 (2)

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
RAMONA	GAIL	JENKINS

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	01/22/1954	07/18/2008 FND	

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
ROBERT JENKINS JR	SON	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

1000 S ANZA ST #19
EL CAJON, CA 92020

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 ▶ Claudette Muss

9B. DATE SIGNED 07/23/08

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	07/23/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	-

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7-29-08	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.

E 20880

[redacted]

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY
LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cemetery fees are charged so that we are able to provide maintenance and services to the public. Fee waivers are meant for those who are financially unable to afford to participate in a program. All persons *submitting a fee waiver are required to submit verification of income* and proof of residency as proof of qualification.

Name of Deceased: Ramona Gail Jenkins

Address: 1278 Morena St. S.D. CA 92114

City: San Diego State CA Zip Code 92114

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
X	(1) $14,400	___	(4) $ 39,980
___	(2) $ 23,590	___	(5) $ 47,180
___	(3) $ 32,390	___	(6) $ 55,180

For larger families, add $8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current Internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Signature Brother Relationship X 7-21-08 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 7/22/08 Date

Current 551 (2007) Documents verified on: 7/22/08

Approved By

Date

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 8751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E 20880

2530 E PLAZA BLVD
NATIONAL CITY CA 91950

Social Security Administration
Supplemental Security Income
Notice of Change in Payment
Date: November 25, 2007
Claim Number: 585-42-6745 DI

10196

000030866 01 AT 0.334 B059.M4E,131
435 07S1076C92929

#6745

RAMONA GAIL JENKINS
1278 MORAEA ST
SAN DIEGO CA 92114-7023

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

11/25/2007

- 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

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Michael J. Astrue
Commissioner
of Social Security

SSA-L8151

10197

Transit
Travel I.D.
Expires
09/30/08
JENKINS, RAMONA
1278 MORAEA ST
SAN DIEGO, CA 92114
MTS NCTD

E20880

11/25/2007

HOW WE FIGURED YOUR PAYMENT FOR January 2008 ON

10198

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

SSA-L8151

AT NEED
DISINTERMENT
LINER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

EMMETT J. YOUNG

Date 7-22-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LORRAINE L. YOUNG Pin: 209371

in a DD (Type of Burial Container) Funeral, date, time Friday, July 25, 2008

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 10 Section _____ Blk/Row _____ Lot 427 Grave 1

Grave space & Care Fund (000064 3-13-71) —

Overtime/Late Arrival Fees _____

Opening/Closing & Setup DISINTERMENT 1419.00

Burial Container 539.00

Handling Fees 454.00

Flower vases – Marker setting fee 0

Recording/Filing/Transfer Fees 130.00

Sales taxes 41.77

DISINTERMENT THUR 7-24-08 9AM

REINTERMENT.

Total Due 2583.77

Paid receipt number R610065 2583.77

Balance due 0

PAID JUL 23 2008 MOUNT HOPE CEMETERY

I hereby certify I am the GRANDDAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

LEAH CHAVEZ
Print Name

1271 Washington Ave #453
Address

SAN LEANDRO CA 94577
City Zip Code

510-825-1321
Telephone

SLE E20883

Invoice # _____

Work Order # E 20881

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

THURS 10:30 RAGSDALE

OPEN/DISENTER THURS AM EMMETT YOUNG
XFER HUSBAND

FRI INTERMENT
OF WIFE LORRAINE L.

E20881

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-13 19 71

CHARGE Lorraine Young

ADDRESS 5405 Santa Maria Terr. S.D. 92114

NAME OF DECEASED Emmett James Young

OWNER above 262-5718

ADDRESS

MORTUARY Ragsdale

A

LOT 427 GR ROW SEC DIV 10	165	00
OPENING TIME 1P DAY Thurs DATE 3-18-71	110	00
[redacted] BOX SIZE # 5	73	50
REMOVAL OR FOUNDATION VET		
TOTAL $	348	50
PAID RECEIPT NUMBER		
BALANCE		

12" X 24" single flush marker only

30 day note.

Bill above for govt marker

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 Lorraine Young ORDER TAKEN BY K Gillette

W.O. NO. D 00068 INVOICE NO. 8089

FORM PR-974 REV.

CITY OF SAN DIEGO, CALIFORNIA

INVOICE

WHITE - CUSTOMER
YELLOW - TREAS. - AUD.
PINK - AUD.-ORIG. DEPT.
BLUE - RETAIN

DATE

NO. 08089

DEPT.	DEPT. REF. NO.	YOUR ORDER NO.

Lorraine Young
5405 Santa Maria Terrace
San Diego, Calif. 92114

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
CITY ADMINISTRATION BUILDING, COMMUNITY CONCOURSE
SAN DIEGO, CALIFORNIA 92101
DETACH AND FORWARD WITH REMITTANCE

THIS INVOICE IS DUE AND PAYABLE 4/10/71 (DATE) AND BECOMES DELINQUENT THEREAFTER

DESCRIPTION OF CHARGE	AMOUNT
Emmett J. Young Services	
Lot 427 Div 10	
Opening	
1 Bronze Metal Liner	
Vault Box	
Grave Space	
PAID JUN 14 1971	
4-30-71 R67232 82.50 100/1781	266.00

FOR ACCOUNTING USE ONLY			INV. PREPARED B
FUND	REVENUE ACCOUNT	AMOUNT	
			R.G.

81 E20881

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
LORRAINE	LOUISE	YOUNG

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	12/04/1926	07/20/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
MONTEBELLO	LOS ANGELES

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
LEAH COLLETTE CHAVEZ	GRANDDAUGHTER	PREFERRED CREMATION AND BURIAL 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

1271 WASHINGTON AVE. #453
SAN LEANDRO, CA 94577

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: Brenda Martin

9B. DATE SIGNED: 7-25-08

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	07/25/2008	▶ JONATHAN FIELDING, MD

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
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

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

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 7-25-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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-NEED SERVICES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

Date July 23, 2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ANDRÉ DAREL GORSUCH Pin: 231767

in a LINER (Type of Burial Container) Funeral, date, time JULY 31, 2008 Thursday

Church (Chapel) Graveside CA BURIAL 11:00 Mortuary El Cajon Blvd

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 75 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee $65.71 + $178.00	243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,602.64
Paid receipt number AP 409828 R-61069 R-61087	747.68
Balance due	2,854.96
	2,861.25

PAID
JUL 30 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.

231766 +6.29

I hereby authorize the interment in lot I hold under deed.

Thelma Lain
Print Name

Address

Signature

City Zip Code

Telephone

fax 229-2750

Invoice # _____

Work Order # E 20882

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

61069

Date: 7/25 , 20 08

From: Leslie Hopkins Address: 606 Homestead lane, Grapevine TX 76051

Seven Hundred, forty-seven and 68/00 Dollars ($ 747.68)

in part Payment of Interment of André Darel Gorsuch Services.

Div 12 Sec 1 Blk/Row ____ Lot 75 Grave 2

Invoice No. E-20882

Acct. No. ____

W.O. ____

BALANCE DUE $ 2,611.25

☐ Money Order
☒ Charge AP 409828
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 24 2008

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	452.80	20%
20% Sales Care	77184	294.88	80%
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	747.68	

AC-212A (11-05)
This information is available in alternative formats upon request.

(1)
28 E20882

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
ANDRE	DAREL	GORSUCH

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	03/09/1980	07/20/2008	

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
THELMA LAIN	MOTHER	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1501 IMPERIAL AVE
SAN DIEGO, CA 92101

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 ▶ Claudette Russ
9B. DATE SIGNED 07/28/08

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	07/28/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

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 7-31-08	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.

E20882

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

		JULIS IBARRA	X			
			JERRY CRAWFORD	NYARIEKA GAIN		

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: André Darel Gorsuch

(Thursday) Interment Date: July 31, 08 Time: 11:00 am

Div: 12 Sect: 1 Blk/Row: ____ Lot: 75 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

E20882

THE CITY OF SAN DIEGO

July 24, 2008

Victims of Crime Fund
Hall of Justice
330 W. Broadway
San Diego, CA 92101

RE: Emergency Processing of Immediate Payment

Dear Sir or Madam:

This letter is to request an emergency processing of an immediate payment from the Victims of Crime Fund. Mt. Hope Cemetery is the municipal Cemetery for the City of San Diego and our policies do not allow service to be initiated until they are paid in full. The current policy requires a 48-hour advance payment to properly ensure gravesite preparation.

Your cooperation is greatly appreciated and together we hope to continue to help those affected by crime in our community.

Name of Deceased: André Darel Gorsuch

Amount: $2,611.25

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

DIVERSITY

E20882

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
MOUNT HOPE CEMETERY 3751 MARKET STREET, SD CA 92102

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 Paulette Crawford **Date** ▶ July 23, 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,

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EMMETT James YOUNG

in a DD (Type of Burial Container) Funeral, date, time

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 10 Section Blk/Row Lot 427 Grave 1

Grave space & Care Fund (E20881) 0

Overtime/Late Arrival Fees

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Disinterment | Reinterment

Total Due 0

Paid receipt number R-61065

Balance due

I hereby certify I am the GRAND 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

LEAH CHAVEZ
Print Name

Address

City Zip Code

510-825-1321
Telephone

Invoice #

Work Order # E 20883

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Faxed to Mortuary for
Signature. Family will
be at viewing. 7/30/08

E20883

Message: Joseph - Ragsdale 7/27/08

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 7/28/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thistola Carr 231769

in a liner (Type of Burial Container) Funeral, date, time Thurs July 31 1:00 pm

Church, Chapel, Graveside _____ Anderson-Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ~ Lot 134 Grave 3

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-61085	3,358.93
Balance due	Ø

PAID
JUL 30 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.

Robert Picket 231768
Print Name

Address

City See attached Zip Code

Telephone

Signature

per Pauline address verification of deceased attached.

Invoice # _____

Work Order # E 20884

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20884

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

				Bowen		
		Carter	X	Fualau		
		Ruiz		Jr. Montgomery		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 7/28

Interment space for: Thistola ~~Clark~~ Carr

Interment Date: _____ Time: _____ P.C.

Div: 12 Sect: 2 Blk/Row: ~ Lot: 134 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

E20884

84

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
THISTOLA	-	CARR

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	08/30/1923	07/25/2008	

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
ROBERT PICKETT	SON	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

6516 COLLEGE GROVE DR. #55
SAN DIEGO, CA 92115

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 ▶ Sienna Pryor

9B. DATE SIGNED 7/30/08

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	07/30/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 7-31-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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.

E20884

CARR, THISTOLA

Admission/Discharge Summary

VILLA RANCHO BERNARDO

Resident

Resident Name	Date of Birth	Age	Marital	Race	Language	Religion
CARR, THISTOLA	8/30/1923	85	Widowed	AFRICAN-AMERICAN	ENGLISH	BAPTIST

Social Security No	Place of Birth	Medicare No	Medicaid No	VA No
[redacted]	MISSISSIPI	426366163A	94899644E77031	

Primary Payer(s)	Policy	Medicare Part D Payer	Policy
MEDICARE A & B/MEDICAL		HUMANA	H08147924

Contacts

SURROGATE DECISION MAKER	Rank: 1	Address	Home Phone	Office Phone	Cell Phone
PICKETT, ROBERT	SON	6516 COLLEGE GROVE DRIVE #55 SAN DIEGO CA 92115	(619) 287-7186		(619) 772-1711

Personal

Previous Address	Previous City	Previous State	Previous Zip	Previous Occupation
6516 COLLEGE GROVE DRIVE #5	SAN DIEGO	CA	92115	NURSE ASSISTANT

Clergy	Phone	Mortuary	Phone
		ANDERSON-RAGSDALE MORTUARY	(619) 263-3141

Allergies

NKDA

Alerts

Resident Name	Sex	Station/Room/Bed	Med Rec No	Admission Date/Time		Readmission Date/Time		Discharge Date/Time		Print Date
CARR, THISTOLA	F	VICTORIA/431/A	5407-1	11/14/2006	1200	7/15/2008	0230			7/21/2008

Message: Joseph - Rogsdale 7/29/08

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 7/28/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thistola Carr

in a liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Anderson-Rogsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row ~ Lot 134 Grave 3

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	593.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number	
Balance due	

MORT 2 PAY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Robert Pickett (Print Name)

6516 College Grove Dr. #55 (Address)

San Diego CA 92115 (City, Zip Code)

619-772-1711 (Telephone)

Paulette (Signature)

Invoice # _____

Work Order # E 20884

Acct. # _____

RSA-104 (3-94)

This information is available in alternative formats upon request.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-28-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude Harvey 231771

in a LINER (Type of Burial Container) Funeral, date, time FRI 8-1 1100

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

10AM

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 209 Grave 10

Grave space & Care Fund	-2264-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533-
Burial Container	270-
Handling Fees	206-
Flower vases – Marker setting fee	-
Recording/Filing/Transfer Fees	65-
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-6078 CK # 116657	3,358.93
Balance due	Ø

PAID
JUL 31 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.

231770

I hereby authorize the interment in lot I hold under deed.

Belinda Turnage
Signature

Belinda Turnage
Print Name

3221 Webster Ave
Address

San Diego 92113
City Zip Code

233-9771 / 602-9027
Telephone

MORTUARY WILL PAY

Invoice # _____

Work Order # E 20885

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E20985

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: Gertrude Harvey

Interment Date: 8/1 Time: 1:00pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 209 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

E20885

70

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
Gertrude	-	Harvey

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	09/20/1937	07/21/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
Dallas	Texas

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
Jock Harvey	Son	Siennika Pryor Anderson-Ragsdale Mortaury 5050 Federal Blvd., San Diego, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3221 Webster Avenue
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 103065.

9A. APPLICANT SIGNATURE ▶ Siennika Pryor

9B. DATE SIGNED 07/31/2008

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	07/31/2008	▶ 2801213

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 Street, San Diego, CA 92102	12B. DATE BURIED 8-4-08	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.

AT need Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/28/08

LOW INCOME

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Svetlana Ariamova 231764

in a DD Crypt (Type of Burial Container) Funeral, date, time Wed, July 30 10am

Church, Chapel, Graveside _____ : Threshlds Mortuary.

All Funeral cars 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 37 Grave 2

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-61079	2,238.77
Balance due	0

PAID
JUL 28 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.

231763

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Viktor Aryamov

Address: 904 State Street #301

City: San Diego Zip Code: CA 92067

Telephone: (858) 354-9841

Invoice # _____

Work Order # E 20886

Acct. # _____

REA-104 (3-04) LOW INCOME

This information is available in alternative formats upon request.

Printed on recycled paper

E20886

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: Svetlana Ariamova

Interment Date: 7/31/08 Time: 10 am 2

Div: 4 Sect: 1 Blk/Row: ____ Lot: 37 Grave: X

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

E20886

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: ARIAMOVA, SVETLANA

Address: 904 State Street #301

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
	(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: husband Date: 7-28-08

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: [signature] Date: 7/28/08

(will bring 2007)

Current SSI

Documents verified on: 7/28/08

Approved By [signature]

Date 7/28/08

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.

E20886

Payment receipt
Columbia Tower
Report created on calendar date: 4/17 (property date: 4/16)

Receipt #: 23315
ARIAMOVA, SVETLANA - Unit 1-301
904 STATE STREET SAN DIEGO

Date	Code	Payment Description	Document	Journal	Amount
04/01/2008	PMTCHECK	Payment By Check - ARIAMOVA	550	052008001	229.00

Date	Code	Payment Distributed As Follows	Document	Journal	Amount
04/01/2008	RENT	Rent			229.00
				Deposit still due	$0.00
				Subjournal Balance (RESIDENT)	$0.00

Received By: Margo Williams
ACCEPTED WITH FULL RECOURSE

E20886

*** REC 2008210 154740 H93121E0 F2WI CIPQYAB PQAB (F-DRB) ***

SOCIAL SECURITY ADMINISTRATION

Date: July 28, 2008
Claim Number: 606-25-3756AI

SVETLANA ARIAMOVA
904 STATE ST APT 301
SAN DIEGO CA 92101-6038

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.....$ 870.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

SOCIAL SECURITY ADMIN.
1333 FRONT ST.
SAN DIEGO, CA 92101

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

E 20886

*** REC 2008210 154958 H93121E0 F2WI CIPQYAB PQAB (F-DRB) ***

SOCIAL SECURITY ADMINISTRATION

Date: July 28, 2008
Claim Number: 617-47-5308AI

VIKTOR ARYAMOV
904 STATE STREET
APT 301
SAN DIEGO CA 92101-6038

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

CLAIMANT IS CURRENTLY NOT RECEIVING BENEFITS FROM SOCIAL SECURITY

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-557-5257. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
1333 FRONT STREET
SAN DIEGO, CA 92101

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

OFFICE MANAGER

SOCIAL SECURITY ADMIN.
1333 FRONT ST.
SAN DIEGO, CA 92101

77 E20886

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
SVETLANA	-	ARIAMOVA

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	12/30/1930	07/25/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
RANCHO SANTA FE	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
MARINA BANKS	DAUGHTER	THRESHOLDS 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

4801 LINEA DEL CIELO
RANCHO SANTA FE, CA 92067

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 07/28/2008

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	07/29/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 2751 MARKET STREET, SAN DIEGO, CA 92102	12B. DATE BURIED 7-30-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fergus	
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:

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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.

Pre-need Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/28/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Viktor Aryamov

in a DD "B" (Type of Burial Container) Funeral, date, time N/A

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 37 Grave 2

Grave space & Care Fund ..... E-20886 ..... _____

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 R-01329 598.00

Balance due 0

PAID
JUL 28 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.

231763

I hereby authorize the interment in lot I hold under deed.

Signature

Viktor Aryamov
Print Name

904 State Street #301
Address

San Diego CA 92101
City Zip Code

(858) 354-9841
Telephone

Invoice # _____

Work Order # E 20887

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E20887

OFFICIAL RECEIPT

[redacted]

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01329

Date: 7/28, 20 08

From: Viktor Aryamov Address: 904 State St SD 92101

Five hundred ninety eight Dollars ($ 598.00)

in Full Payment of Pre-need TRUST for 2nd burial Viktor Aryamov

Div 4 Sec 1 Blk/Row Lot 37 Grave 4

Invoice No. E-20887

Acct. No.

W.O.

BALANCE DUE -0-

SEE 61079

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check #00203750

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 28 2008

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	
20% Sales Care	77184	598 00
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	598 00

AC-212 (11-05)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-28-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Booker Williams

in a Liner (Type of Burial Container) Funeral, date, time Mon. Aug 4 @ 11am

Church, Chapel, Graveside ; CA Burial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1679.47
Paid receipt number	
Balance due	

cancelled went to another cemetery

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: Ewanya P. Williams

Address: P.O. Box 741131

City: San Diego, Zip Code: 92174

Telephone: 619 665-7476

Invoice # _____

Work Order # E 20888

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Revised July 2008 E20888

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: Booker Williams

Address: 525 14th St #434

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)	$14,933	(4)	$41,459
(2)	$24,463	(5)	$48,926
(3)	$33,588	(6)	$57,222

For larger families, add $8,296 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program EW initial

Residency is the residence of the deceased prior to entering a terminal care facility, hospice, and/ or hospital unless said stay exceeded one year.

I hereby certify under penalty of perjury under the laws of the State of California that the above statements are true.

Signed/ Relationship Ewanya R. Williams daughter Date 07/28/08

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other

Current SSI documents verified SSI Feb. 2008

Approved by Date 7/28/08

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 20988

Guidelines
Mt. Hope Low-Income Fee Waiver (Effective July 2008)

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	$14,933
2	$24,463
3	$33,588
4	$41,459
5	$48,926
6	$57,222
More than 6	Each additional member add $ 8,296

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.

E20888

Social Security Administration
Supplemental Security Income
Notice of Planned Action

Date: February 2, 2008
Claim Number: 572-62-1717 DI

000003611 01 AT 0.334 CMP1,M10,017
435 08S1069H67038

BOOKER WILLIAMS
PO BOX 741134
SAN DIEGO CA 92174-1134

Type of Payment:
Individual--Disabled

We are writing to tell you about changes in your Supplemental Security Income (SSI) payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for future months. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts shown below on the last page(s) of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income affects your payment amount. We include explanations only for months where payment amounts change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
March 1, 2008	Continuing	$444.00 This includes $233.00 from the State of California.

We will reduce your payments as shown above beginning March 2008.

Information About Your SSI Payments

The new payment due you as shown above is the amount we would send each month if we were not recovering an overpayment. Because we will continue to withhold $87.00 each month until the remaining overpayment of $873.10 is recovered, your new payment amount will be $357.00 beginning March 2008.

See Next Page

E20888

Social Security Administration
Retirement, Survivors and Disability Insurance
Important Information

211725 008 T0611
BOOKER WILLIAMS
525 14TH ST APT 434
SAN DIEGO, CA 92101-7552

Date: March 21, 2008
Claim Number: 572-62-1717 A

We are writing about your mailing address. The United States Postal Service has told us that they have a mailing address for you that is different from the mailing address on our records.

What You Need To Do

The mailing address the Post Office gave us is shown above. If you told us about this new address within the last 45 days, you can ignore this letter and you do not need to contact us.

If you did not tell us about this address, and the address is correct, **you do not need to contact us.** We will change your mailing address on our records in about 30 days from the date of this letter.

If you do not want us to use this address, or the address is not correct, please call us at the number shown below.

If You Have Any Questions

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local 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:

1333 Front Street
San Diego, CA 92101

PLEASE DO NOT WRITE TO THE RETURN ADDRESS SHOWN ON THE ENVELOPE. If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Linda S. McMahon
Deputy Commissioner
for Operations

Form **SSA-L292-SM** (02-08)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 7/28/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola Mae Miller

in a _____ Type of Burial Container Funeral, date, time Friday Aug 1, 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 7 Section 14 Blk/Row _____ Lot 252 Grave 5

Grave space & Care Fund A-2269	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 _____	
Balance due	

PAID

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 20889

Acct. # _____

REA-104 (3-04)

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Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/28/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Loxie Turner

in: _____ (Type of Burial Container) uneral, date, time Thurs. July 31

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 14 Blk/Row ~ Lot 252 Grave 5

Grave space & Care Fund	A - 2269	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases – Marker setting fee	Disinterment -	1419.-
Recording/Filing/Transfer Fees	Re-interment	65.-
Sales taxes		
	Total Due	1,484.-
	Paid receipt number	
	Balance due	

VOID

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.

Katherine L Lyons
Signature

Katherine L Lyons
Print Name

104 Las Flores St.
Address

San Diego CA 92114
City Zip Code

619-266-4987
Telephone

Invoice # _____

Work Order # E 20890

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20890

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF LOXIE TURNER

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Loxie Turner 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 Loxie Turner 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 Loxie Turner is identified as:

Lot 252 Grave 5 Section 14 Division 7

We acknowledge that we have been advised that the remains of may not be present and/or intact.

Katherine L Lyons
SIGNATURE(S)

daughter
RELATION TO DECEASED

Paulette Crawford
WITNESSED BY

CDL N3198748
11-18 2008

7/30/08
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

Pre-need
LOTS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/28/08

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 11 Section 2 Blk/Row _____ Lot 72 Grave 8,9 & 10

Grave space & Care Fund	3 x 2,264.00	6,792.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes		
Total Due		6,792.00
Paid receipt number	P-01330	1,358.40
Balance due		5,433.60

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

229254

I hereby authorize the interment in lot I hold under deed.

David W. Archie
Signature

Casandra Jaime Archie
229254

David W. Archie 231761
Print Name

857 Leppert Street
Address

San Diego 92114-3039
City Zip Code

619-263-8714
Telephone

Invoice # _____

Work Order # E 20891

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/29/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Hill 227553

in a Liner (Type of Burial Container) Funeral, date, time Thurs July 31, 9:00

Church, Chapel, Graveside Direct Burial Featheringill Mortuary Elmer

All Funeral cars must arrive 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 53 Grave 7

Grave space & Care Fund E-18343 Ø

Overtime/Late Arrival Fees _____

Opening/Closing & Setup NO Interfund transfer _____

Burial Container MONEIS DEPOSITED _____

Handling Fees in General fund _____

Flower vases – Marker setting fee See Attached _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

Total Due Ø

Paid receipt number E-18343 R-57277

Balance due Ø

583-7038

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 20892

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20892

Prepaid lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Hill

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 53 Grave 7 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R 57277	1833.20
Balance due	0

PAID

MAR 0 3 2004

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.

Signature of recorded holder of deed

Pam

Work Order # E 18343

X Signature

X Address Due attached

X City Zip Code

X Telephone

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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E20892

INCLUDES COVER SHEET

FAXING:

FROM:

DATE:

TIME:

57277

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Date: March 3, 20 04

From: County of San Diego Address: Po Box 128028 SD 92112

Dollars ($ 1833.20)

in Pre need Payment of

Lot 53 Grave 7 Row Section 2 Division/~~Block~~ 12

Invoice No. E 18343

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot At Need ☐ On Acct ☐

Pre-need Trust Cash ☐ Check ☑ 7555705

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pam Hetel

CREDIT	67007	
20% Sales Care	77184	197 —
80% Sales	100	788 —
of Lots	77184	
Opening/	100	413 —
Closing	77181	
Burial	100	209 —
Containers	77182	
	100	160 —
Handling Fee	77185	
Recording &	100	50 —
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	16 20
	78390	
TOTAL PAID	$	1833 20

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

E 20892

County of San Diego
Health and Human Services Agency
Case Management Services
1250 Morena Blvd.
San Diego, CA 92110
(619) 692-8715
FAX 619-542-4969

FACSIMILE TRANSMITTAL

To: Pam / Mt. Hope Cemetery Fax: 527-3403

From: Errolyn Riley-Young M.Sc. Date: 3/9/04

Re: John Hill Pages: 2 Includes cover sheet

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes: *This information is protected under California Welfare and Institutions Code 5328. You are prohibited from making further disclosure without the specific written consent of the client or conservator. If you receive this material in error, please contact us at (619) 692-8715.*

Confidential

E20892

Pre Need lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Hill

In a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 53 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	985 —
Additional spaces and care fund	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording and filing fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R 57277	1833.20
Balance due	0

PAID
MAR 0 3 2004
MOUNT HOPE CEMETERY

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.

_____
Signature of recorded holder of deed

Pam

X Evelyn Kirby-Yon M.S.
Signature
X Conservator for John Hill
Address
X 1250 Morena Blvd.
San Diego CA 92110
City Zip Code
X (619) 692-8725
Telephone

Invoice # _____

Work Order # E 18343

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

E 20892

Deliven

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: John Hill

Interment Date: 7/31/08 Thurs Time: 9:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 53 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 20892 16

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JOHN	-	HILL

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	02/28/1932	07/28/2008	

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
KIM WHITE	PA	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. Dominguez	FD 1083

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 ▶ Michel Dominguez

9B. DATE SIGNED 07/29/2008

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	07/29/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

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 7-31-08	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.

MT. HOPE CEMETERY

INTERMENT ORDER

At NEED
Grave of Virgie Burke

City of San Diego

Date 07/30/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of EDWARD LEE GLOVER ⊗

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 10 Section — Blk/Row — Lot 3527 Grave 1

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	
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 20893

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-30-08

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 _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund (D 4014 DD) 1-28-74			0
Overtime/Late Arrival Fees			
Opening/Closing & Setup	149	980	533.00
Burial Container	79	507	270.00
Handling Fees	85	461	286.00
Flower vases – Marker setting fee			
Recording/Filing/Transfer fees	65.00	260	65.00
Sales taxes	6.12	39.30	20.93
	364.12	2247.30	Total Due 1094.93

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

SEE 20895

Work Order # E 20894

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E20895

PRE NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-30-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a (1) LINER + 3 ASHES (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 72 Grave 1

Grave space & Care Fund (D 4014 DD) 1-28-74	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	980.00
Burial Container	507.00
Handling Fees	461.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	260.00
Sales taxes	39.30
Total Due	2247.30
Paid receipt number P01337	2247.30
Balance due	-0-

PAID JUL 30 2008 MOUNT HOPE CEMETERY

I hereby certify I am the x daughter, self, sibling of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231830

I hereby authorize the interment in lot I hold under deed.

Signature: J Robinson Fleming

Print Name: x J. R. Fleming

Address: x P.O Box 321

City: x Merrifield, VA Zip Code: 22116

Telephone: x 703 592 2275

Invoice # _____

Work Order # E 20895

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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2247.30
2041.30
206.00

E20895

E20895 J. R. Fleming Pre Need Interment Order 7/30/2008

Divison 11 Section 1		Lot 72	Grave 1	D.I.P. Liner	
First Burial D 4014	1/28/1974	Jule Lee Robinson			
					Total
Opening/Closing	$149.00	$149.00	$149.00	$533.00	**$980.00**
Burial Container	$79.00	$79.00	$79.00	$270.00	**$507.00**
Handling Fees	$85.00	$85.00	$85.00	$206.00	**$461.00**
Recording/Filing	$65.00	$65.00	$65.00	$65.00	**$260.00**
Tax	$6.12	$6.12	$6.12	$20.94	**$39.30**
Total	**$384.12**	**$384.12**	**$384.12**	**$1,094.94**	**$2,247.30**

ORDER
CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY
E 20895

DATE 1-28 1974

CHARGE Billie Robinson
ADDRESS 1221 Gloria St. SD.
NAME OF DECEASED Jule Robinson
OWNER Billie Robinson
ADDRESS Below 262-9343
MORTUARY Greenwood

		D.I.P.	
X-DEEP			
LOT 72 GR 1 ROW SEC 1 DIV 11		250	00
OPENING TIME 11 A DAY Thurs. DATE 1-31-74		110	00
BOX Bell SIZE #5		72	50
REMOVAL OR FOUNDATION (VET) Marker Inst.		30	00
	TOTAL	463	50
PAID RECEIPT NUMBER			
	BALANCE		

DT 2/c US Navy 348-79-10
S.W. Policeman

File Veterans Claim
#7386

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 Billie Robinson ORDER TAKEN BY R. W. Dehne

W.O. NO. D 4014 INVOICE NO. 18505

FORM PR-974 REV.

E 20895

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01337 cy

Date: 7-30, 20 08

From: J. R. FLEMING Address: POB04321 MERRIFIELD VA 72116

TWO THOUSAND TWO HUNDRED - FORTY SEVEN $30/100 Dollars ($ 2247.30)

in FULL Payment of 1 FULL BODY & 3 ASHES TRUST

Div 11 Sec 1 Blk/Row Lot 72 Grave 1 DIP.

Invoice No. 173451

Acct. No. D4014

W.O.

BALANCE DUE 0

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
Pre-Need	63033	2247	30
Trust	77186		
TOTAL PAID	$	2247	30

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☒ Charge AP45343A

☐ Check

ISSUED BY

AC-212 (11-05)

This information is available in alternative formats upon request.

E 20895

MT HOPE CEMETERY

Transaction History

Contract: E-20895-T

Contract Date: 07/30/2008
Purchased By: Fleming, J.R. Robinson
P.O. Box 321
Merrifiled, VA 22116
703-592-2275

Status: Paid In Full

Dept: Mt Hope Cemetery
Counselor: TOM BROWN

Deferred Payment Price	**2,247.30**	**Amount Paid**	**2,247.30**	**Balance Due**	**0.00**
Base Price	2,208.00			Amount Financed	0.00
Interest	0.00	Downpayment	2,247.30	Number of Installments	1
Sales Tax	39.30	Transfer Allowance	0.00	Regular Payment of	0.00
Credit Life	0.00	Discount	0.00	Odd Payment of	0.00
		Late Charges/Fees	0.00	Date First Payment Due	08/30/2008
				Payment Plan	Monthly

Items Purchased	**Quantity**	**Qty Fulfilled**	**Price**
O/C Resident PN - Single O/C SD Resident	1	0	533.00
OBC - Resid PN - #5 Liner SD Resident Division 11, Section 1,, Lot 72, Grave 1	1	0	270.00
Hndl Fee Res PN - Ash Vlt Hndl SD Resident	3	0	255.00
Misc -Resid PN - Recording Fee SD Resident	4	0	260.00
O/C Resident PN - Ash Grave SD Resident	3	0	447.00
OBC - Resid PN - HHH Urn Vault SD Resident	3	0	237.00
Hndl Fee Res PN - Liner Hndl SD Resident	1	0	206.00

Date	**Transaction Type**	**Receipt No - Ref No**	**Trans**	**Amount**	**Allocations**
07/30/2008	**Downpayment**	**9211 -- P-01337**	**0**	**2,247.30**	2,208.00 P/N Trust
	TOTALS:			**2,247.30**	

Transaction History Summary:

Fund Name	**Original Amount**	**Allocations**	**Amount Due**	**Amount Cancelled**
P/N Trust	2,208.00	2,208.00		
TOTALS:		2,208.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 7/31/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola Mae Miller 214990 11:00

in a Top Seal Vault (Type of Burial Container) Funeral, date, time Friday, Aug. 1, 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 7 Section 14 Blk/Row _____ Lot 252 Grave 5

Grave space & Care Fund A-2269	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	355.-
Handling Fees	263.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	27.51
Total Due CK#16660	1,243.51
Paid receipt number R-61089	1,243.51
Balance due	Ø

PAID
JUL 31 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 _____

MORT. 2 Pay

Print Name See E-20890

Address Katherine Lyons

City An 231774 Zip Code

Telephone

Invoice # _____

Work Order # E 20896

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E 20896

E 20896

ORDER
CITY OF SAN DIEGO, CALIFORNIA
MT. HOPE CEMETERY

No. A 2269 26577

Date 11-16 1950

Charge Mrs Zola Mae Turner

Address 2134 - Franklin

Name of deceased Lydia Turner

Mortician Anderson

Lot 252 Gr. 5 Row Sec 14 ~~Blk.~~ Div. 7	35	00
Opening: Time 2 00 A.M. P.M. Day Monday Date 11-20-50	22	50
Vault Box Size		
Removal or Foundation		
Total	57	50
Paid-Receipt Number		
Balance		

Cash in 30 days
Will call when ready
[illegible]

Authorized
In person
Phone By Zola Mae Turner

Order Taken by M J Duffy

Cash 30 Days. All Deposits made will be retained if payment defaulted.

E20896

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø Disinterment

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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: Loxie Turner

Interment Date: Thurs. 7/31 Time: _____

Div: 7 Sect: 14 Blk/Row: ____ Lot: 252 Grave: 5

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E 20896

89

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
LOLA	MAE	MILLER

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	11/27/1918	07/25/2008	

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
KATERINE LYONS	DAUGHTER	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

104 LAS FLORES STREET
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.

8A. APPLICANT SIGNATURE ▶ Siennika Rogue

9B. DATE SIGNED 7/31/08

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	07/31/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 8-1-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Ferguson	
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.

67 Y/o

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 7/31/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Billie Ruth Dunbar ⊗ 231786

in a Ash Vault (Type of Burial Container) Funeral, date, time Aug 12, 2008

Church, Chapel, Graveside _____ ; Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 102 Grave 4

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	85.00
Recording/Filing/Transfer Fees	
Sales taxes	8.06
Total Due	510.06
Paid receipt number AP885429 R-6116	510.06
Balance due	Ø

PAID
AUG 11 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.

227304

I hereby authorize the interment in lot I hold under deed.

Signature: Deborah A. Franklin

Print Name: Deborah A. Franklin

Address: 601 Lake Caroline Dr

City: Ruther Glen Zip Code: VA 22546

Telephone: (757) 348-1302

Work Order # E 20897

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 20897

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Steven L. Miller

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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

				Reid		
	Franklin	Terry	X	Byrd		
			Juarez	Daniels		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Pumlette Date: 8/12/08

Interment space for: Billie Ruth Dunbar

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ___ Lot: 102 Grave: 4

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

E20897

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
BILLIE	RUTH	DUNBAR

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	08/21/1940	07/26/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LONG BEACH	LOS ANGELES

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
DEBORAH FRANKLIN	DAUGHTER	HARRISON ROSS MORTUARY 436 E COMPTON BLVD COMPTON, CA 90221	FD1004

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

601 LAKE CAROLINE DR.
RUTHER GLEN, VA 22546

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 ▶ Jacqueline Miller-Hill

9B. DATE SIGNED 08/13/2008

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	08/12/2008	▶ HELENE CALVET, MD

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
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

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

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 8-12-08	12C. INTERMENT NUMBER—IF APPLICABLE
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Norman Fierro	
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.

E20897

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
BILLIE	RUTH	DUNBAR

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	08/21/1940	07/26/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LONG BEACH	LOS ANGELES

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
DEBORAH FRANKLIN	DAUGHTER	HARRISON ROSS MORTUARY 436 E COMPTON BLVD COMPTON, CA 90221	FD1004

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

601 LAKE CAROLINE DR.
RUTHER GLEN, VA 22546

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 ▶ Jacqueline Miller Hill

9B. DATE SIGNED 08/01/2008

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	07/31/2008	▶ HELENE CALVET, MD

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 DEPARTMENT 2525 GRAND AVENUE LONG BEACH, CA 90815	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
CR/TR	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED: 8/12/08	12C. INTERMENT NUMBER—IF APPLICABLE: E-20897
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: SOUTHLAND CREMATORY, 5443 LONG BEACH BLVD.,LONG BEACH, CA 90805	13B. DATE CREMATED: 8-8-08	13C. CREMATION NUMBER—IF APPLICABLE: 3687
		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: DEBORAH FRANKLIN, 601 LAKE CAROLIND DR., RUTHER GLEN, VA 22546	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 need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 07/31/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELIAS, LUTFI 230869, 10:00

in a Double-depth "A" (Type of Burial Container) Funeral, date, time Wednesday Aug. 6

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 12 Section 2 Blk/Row ~ Lot 214 Grave 8

Grave space & Care Fund ..... E-20232 ..... Ø

Overtime/Late Arrival Fees AP031619A

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

Total Due .....

Paid receipt number _____

Balance due Ø

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 Nahla Elias

Address Pin 230868

City _____ Zip Code _____

Telephone See Attached

858 279 2249

Invoice # _____

Work Order # E 20898

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AUG-01-2[illegible] 10:38 4617CLAIREMONT M[illegible]UARY E 20898

At need

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 07/31/2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELIAS LUTFI

in a Double-Depth "A" Funeral, date, time Wednesday Aug. 6 10:00

Type of Service Conducted

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 12 Section 2 Blk/Row ~ Lot 214 Grave 8

Grave space & Care Fund E-20232 0

Overtime/Late Arrival Fees AP031619A

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes

Total Due

Paid receipt number

Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Signature* Nabla Elias

Print Name Nabla Elias

Address 8988 Blackhorse Dr

City Santee Ca Zip Code 92071

Telephone 619 990 4501

8582792249

Invoice # _____

Work Order # E 20898

Acct # _____

REA 104 (3-04)

This information is available in alternative formats upon request.

E20898

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need

Date 6-1-07

230868 230870

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Lutfi & Rasha Elias

in a Double Crypt 4 x 6 (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 214 Grave 8

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number AP 031619A	1,500.-
Balance due	2,396.77

PAID

SEP 7 1 2007

MOUNT HOPE CEMETERY

Visa

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.

Nahla Elias

Signature

Nahla Elias 230868

Print Name

10151 Timberlane way

Address

Santee CA 92071

City Zip Code

619 449-0944

Telephone

Invoice # _____

Work Order # E 20232

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

6/5/07 Coupons mailed.

E 20898

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 DDCEVPT "A"

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Lutfi Elias

Interment Date: 8/6/08 Wednesday, Time: 10:00 G.S.

Div: 12 Sect: 2 Blk/Row: ~ Lot: 214 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

E2058
46

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
LUTFI	I.	ELIAS

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	08/06/1931	07/30/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
EL CAJON	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
JAMAL ELIAS	SON	CLAIREMONT MORTUARY 4266 MT. ABERNATHY AVENUE SAN DIEGO, CA 92117	FD 1126

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
258 RICHFIELD AVENUE
EL CAJON, CA 92020

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 08/05/2008

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	08/06/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET ST, SAN DIEGO CA 92102	12B. DATE BURIED 8-6-08	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.

AT NEED
E20836
6-25-08

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-1-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Valery Sukharev Pin: 231775 ARRIVAL

In a DD 1st Funeral, date, time MON 8-4-08 10:00
Type of Burial Container

Church, Chapel, Graveside _____ : AM ISRAEL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 5 Blk/Row 45 Lot ~~45~~ 13 Grave ~~13~~ 1

Grave space & Care Fund ..... E 20836

Overtime/Late Arrival Fees .....

Opening/Closing & Setup 9/3/08

Burial Container ..... No interfund transfer

Handling Fees ..... was made & were

Flower vases – Marker setting fee ..... deposited into General

Recording/Filing/Transfer Fees ..... Fund see DCR 09-000023

Sales taxes ..... attached

Total Due ..... ~~0~~

Paid receipt number ~~[illegible]~~ P012307 ..... ~~0~~

Balance due ~~0~~

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

231703

I hereby authorize the interment in lot I held under deed.

Signature

Slava Sukharev
Print Name

~~2967~~ Cmt. Chirimolla
Address

San Diego 92131
City Zip Code

(858) 586-1264
Telephone

Invoice # _____

Work Order # E 20899

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E 20847

PRE NEED LOT & TRUST.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-25-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

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 7 Section 5 Blk/Row _____ Lot 45 Grave 13

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	–
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	–
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3896.77
Paid receipt number P01287	3896.77
Balance due	0

PAID JUN 25 2008 MOUNT HOPE

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless for any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

231703

Vyacheslav Sukharev
First Name

9967 Caminito Chirimolla
Address

SD 92131
City Zip Code

(858) 586-1264
Telephone

858-699-4053

Invoice # _____

Work Order # E 20836

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E

E20899

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01287

Date: 6-25, 2008

From: Vyacheslav Sukharev Address: 9967 COMINITO CHRIMOLLA SD, 92

THREE THOUSAND EIGHT HUNDRED NINETY SIX & 77/100 Dollars ($ 3896.77)

in FULL Payment of TRUST & LOT (FIRST BURIAL DD)

Div 7 Sec 5 Blk/Row Lot 45 Grave 13

Invoice No.

Acct. No. E20836

W.O.

BALANCE DUE 0

☒ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☐ Charge

☒ Check 1013

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 25 2008

MOUNT HOPE

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	
Trust	77186	
TOTAL PAID	$	3896 77

AC-212 (11-05)

This information is available in alternative formats upon request.

E20899

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 _____

				ANDERSON		
			X			

Flagged **Yes** X **No** _____

Blind check Initiated by: DN Date: 8-1-08

Interment space for: Sukhareu, Valery

Interment Date: 8/4/08 Time: 10am

Div: 7 Sect: 5 Blk/Row: 45 Lot: 13 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

Y OF SAN DIEGO DEPARTME ATE DCR No. E20899

DAILY CASH RECEIPTS

Park & Recreation/Mount Hope Cemetery June 30, 2008

2009-0000023
07-02-2008/08:56 AM
USER:JHCOSTA AMOUNT:$16,589.72
1/OFFICE OF THE TREASURER CASHIERS DER
002-00059748

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
Receipts							
61003, P01281, 83, 87, 88, 89	67007			77184			2,412.46
61003, P01281,87	100	072		77184			5,433.60
61003, 04, P01281,87	100	072		77181			2,905.00
61003, 04, P01281,87	100	072		77182			2,334.00
61003, 04, P01281,87	100	072		77185			1,966.00
61048, 03, 04, 10, P01281,87	100	072		77183			410.00
P01274, 82, 83, 84, 86	63033			77186			947.78
61003, 04, P01281, 87	60101			78390			180.88
PREPARED BY **Tom Brown x73401**	DEPOSITED BY: **MS 72** **Mt. Hope Cemetery**		AUDITED BY:	KEY PUNCH DATE: 6/30/2008			**$16,589.72**

AC -1221 (REV. 7-79)

E20899

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			
					115.00			115.00	60948	27-Jun
452.80	1,811.20	533.00	539.00	454.00	65.00		41.77	3,896.77	61003	26-Jun
		708.00	717.00	604.00	85.00		55.57	2,169.57	61004	25-Jun
					15.00			15.00	61010	27-Jun
						35.50		35.50	P01274	23-Jun
452.80	1,811.20	1,131.00	539.00	454.00	65.00		41.77	4,494.77	P01281	24-Jun
						104.48		104.48	P01282	23-Jun
602.20						433.80		1,036.00	P01283	23-Jun
						150.00		150.00	P01284	23-Jun
						224.00		224.00	P01286	24-Jun
452.80	1,811.20	533.00	539.00	454.00	65.00		41.77	3,896.77	P01287	25-Jun
150.00								150.00	P1289	27-Jun
301.86								301.86	P1289	
								0.00		
								0.00		
								0.00		
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								0.00		
								0.00		
								0.00		
2,412.46	5,433.60	2,905.00	2,334.00	1,966.00	410.00	947.78	180.88	**16,589.72**		

16,589.72

########

16,589.72

E20899
69

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
VALERIY	-	SUKHAREV

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	02/01/1939	08/01/2008	

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
TATYANA SUKHAREV	DAUGHTER	AM ISRAEL MORTUARY 6316 EL CAJON BLVD. SAN DIEGO, CA 92115	FD1320

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

5188 BALBOA ARMS DRIVE #C11
SAN DIEGO, CA 92117

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'S SIGNATURE ▶ [signature]

9B. DATE SIGNED 08/01/2008

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	08/01/2008	▶ WILMA WOOTEN, MD

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 VITAL RECORDS 3851 ROSECRANS STREET SAN DIEGO, CA 92110	-

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

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 8-4-08	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.