MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 0 8 4 2008

You are hereby authorized and instructed, subject	t to your rules and regulations, to inter the remains	N
or Delphia Jones	231779 10	U
ina Liner Fun	neral, date, time WEDS. Aug Co 200	8
Type of Burlal Container Church Chapel, Graveside	Anderson Rack clade Mortual	
All Fulferal cars must arrive before 3:00 p.m. of re		
will be applied and billed to undersigned.		
Division 12 Section 1 Blk/Ro	ow Lot 33 _ Grave 10	
Grave space & Care Fund	2264.	a
Overtime/Late Arrival Fees		_
Opening/Closing & Setup	F22	20
Burial Container	AMA /	0
	206.0	0
)	
Recording/Filing/Transfer Fees	(6).01	0
Sales taxes AUG 074 200	203	73
	5.55	13
MOUNT HOPE CE	METERY R-6100 3358.9	13
	Balance due	
I hereby certify I am the	of the above named decede	ent
and this is your authority to make disposition or that I have the right to make this authorization and any liability on account of said authorization and	remains as above indicated. I certify and represent I agree to hold Mt. Hope Cemetery harmless frointerment.	im
I hereby authorize the interment in lot I	Kuby Pierce of	
hold under deed	Pin Name 23/778 CRy CRy TeVE TeV	
Signature	Address	
		ods
	Telephone JP //	
- 20000	Invoice #	_
Work Order # E 20900	Acct #	

at need

E20900

CITY OF SAN DIEGO, CALIFORNIA
TO CUSTOMER
CEMETERY
AT-NEED PURCHASE

61	4	4	4
Charles Lab	11.7.	-	

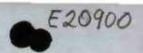
500	MOUNT HOPE	Control of the Contro	
	(619) 52	27-3400 Date:	Fehruary 1
FIRE EDEE JOHNSON	Address:	Date.	ula Vista
Two Hunores THIS	RTY-SEVEN AND	00/00-	Dollars (\$ _2
in FUU Payment of	EDING FEE FOR	DEPHIA J	ONES
Div 12 Sec_	Blk/ Row	Lot 33	Grave
Invoice No. <u>£209.010</u> Acct. No	NOT VALID FOR PURPOSES STATED U STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales C	
W.O	PAID	80% Sales of Lots Opening/ Closing Burial Containers	77184 100 77181 100 77182
Money Order Charge AP 03103 C	FEB 6 2009	Handling Fee Becoding & Misc. Feep	77185 100 77183
Check AC-212A (11-05) This information is available in atternative formats upon request	MOUNT HOPE'SEN	TOTAL PAID	80101 78390

OFFICIAL RECEIPT

WHITE ..

(HOH) AUG

))	
t need	MT. HOPE CEMETER INTERMENT OR City of San Diego		08
	o instructed, subject to your rule		10.0
Church Chapel Graveside All Fulleral cars must arrive b	afore 3:00 p.m. of regular work o	Anderson Racis dale	A ortuary,
will be applied and billed to ur Division Section		A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
			264.0
		The state of the state of	7000
Appropriate the second second second second	Toe	The state of the s	06.00
	•		209
	Paid receipt number .	Your Due 3,3	5893
hereby certify I am the and this is your authority to m hal I have the right to make the my liability on account of said	Daughter sake disposition of remains as a is authorization and I agree to I authorization and interment.	of the above rayned bove indicated. I certify and hold Mt. Hope Cometery harn	decadent regresent riess from
hereby authorize the intermedial under deed.	ielce Ru	by flience is some st in Diego CA	2210
verk Order # E 209	600 involce &	1264 8523	1
EA-104 (3-04)		in alternative formats upor	request.



MOUNT HOPE CEMETERY

LONG-PURCHASI	GRAVE E	BLIND	CHECK	FORM			
IN GRAVE WITH					30		
Write in the name of marked with "X". Place the appropriate space	e the name e (s) that an	e's, lot # e adjace	and gra	ve # of a	ll existin		er's in
Burial Container	Line	r	_				
					-		
					-		
		X	-		-		_
					+		-
Flagged Yes		1		No_			
Blind check Initiated b	y: _			Da	ate: _		
Interment space for:	Delphi	a Jor	nes			1	
Interment Date: QU	a. With	Tim	e: Mec	ts 8	60	8 V	000
Div: 12 Sect:	E	3lk/Row	~	Lot: 35	3 G	rave:0	NIM
Grave Laid out by:							10
Agrees with Legal Car	rd:	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

E20900

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS TA. NAME OF DECEDENT-FIRST 18 MIDDLE IC LAST DELPHIA **JONES** 2 SEX 3 DATE OF BIRTH (MONTH, DAY, YEAR) DATE OF DEATH (MONTH, DAY, YEAR) 5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 06/11/1913 07/31/2008 6A. CITY OF DEATH 4B 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 **BB. CALIFORMA LICENSE** NUMBER-JE APPLICABLE RUBY PIERCE DAUGHTER ACTING AS SUCH-STREET NUMBER AND NAME, CITY STATE ZIP CODE FD1329 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME; CITY, STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 1635 50TH STREET 5050 FEDERAL BLVD. SAN DIEGO, CA 92102 SAN DIEGO, CA 92102 PA A FLIGANT SIGNATURE ACKNOWLEDGEMENT OF APPLICANT-I hereby acknowledge as applicant that I have the 9B DATE right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated hinrin is one of the dispositions authorized by Health & Safety Code Section 103055 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 Certomia Health and Safety Code and is the authority for the disposition specified in this permit. NOTIF This permit gives no right of different permit in the permit gives no right of different permit in the permit gives no right of different permit in the permit gives no right of different permit gives no right gives no r of California. 10A. AMOUNT OF FEE PAID 108 DATE PERMIT ISSUED 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 08/04/2008 WILMA WOOTEN, MD 100. 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 CEMETORY 128, DATE BURIED 12L INTERMENT NUMBER-IF APPLICABLE BURIAL OR SCATTERING IN A MT. HOPE CEMETERY: 3751 MARKET 600 CEMETERY. 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 ENTOMBMENT) CREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B DATE CREMATED CREMATION 13D SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 148 DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OF COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 158, NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER 18A. 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 SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 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 8408

	cled, subject to your rules and regulations, to in	er the remains
of CIVIS	RIVAS Pin: 23/77	7 (7)
in a Type of Burial Container	Funeral, date, time WROS FUL	gustle w
Church Chaper Graveside	- G ugoalu	2011 Wortuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra charge of	if \$
will be applied and billed to undersign	ed:	
Division 17 Section 2	Bik/Row Lot 182_ Grav	. 5
		22/11-
Overtime/Late Arrival Fees	***************************************	
Opening/Closing & Setup		533.
Burial Container	·	355 -
Handling Fees	PAID	263.
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	AUG 0 4 2008	65,-
Sales taxes		21,51
	MOUNT HOPE CEMETERY	3,501.5
	Paid receipt number R-6/099	3,5000
	Balance due	1
	position of remains as above indicated. I certif Orization and I agree to hold Mt. Hope Cemeter	
arry labelity on account of solid distribution	. Maria E. Ju	mount
I hereby authorize the interment in lot hold under deed.	Perit Name 02 1771	rwie Z
S. C.	Address 231110	
Signature	City	Zip Code
in 9334	Telephone	2000
100/1 - 20001	Invoice #	
work Order # E 20901	Acct #	
Tan Carlo	s information is available in alternative format	s upon request.

David Called Jose ve overifieration

€2090

MOUNT HOPE CEMETERY

		GRAVE	BLIND (CHECK FO	DRM	
IN GRAVE	WITH	8				
marked wit	h "X". Plac riate space	e the name (s) that a	ne's, lot#	ent to the bu	of all ex	isting marker's in
Flexik	a transe	NOW	X	-	+	
1110	Chres	FU	Loss	ceau	1 these	
Flagged	Yes	V	0	N	0	
Blind check				lette	Date:	8/04
Interment s				as 10'0	o Ch	a Oel
						Grave:5
Grave Laid	out by:					
Agrees with	Legal Car	d:	Yes		No	
Agrees with			Yes		No	
Blind Check				Date		
Cremains w	ere piaced	at:		or g	rave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

14 NAME OF DECEDENT—FIRST ELVIS		18 MIDDLE HAROLDO	HAROLDO		RIVAS	RIVAS			
z sex M	15-50 SF 950 W (1)	EOFBIRTH (MONTH DAY, YEAR) 28/1985	4 DATE OF DEATH 08/01/2008				NONTH DAY YESPO		
SAN D	NESS HAVE			SAN DIEGO					
	A NAME OF INFORMANT MARIA E. JIMENEZ O INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE					BA TYPED NAME AND ADDRESS OF CALFORNIA BE CALFORNIALIC MUNICERLIF APPLIATION AS SUCH—STREET NUMBER AND NAME CITY STATE ZIP CODE FD-1425			OF APPLICABLE
7709 L	TINFORMANT'S FUEL MAILING ADDRESS—STREET NUMBER AND NAME, CITY STATE, ZIP CODE 7709 LANGSING DR. LEMON GROVE, CA 91945					UPANA MO PERIAL AVE GO, CA 921	Ē.		
right to contri	rol disposi	ENT OF APPLICANT—I hereby acknown on pursuant to Health & Safety Code Sec tithe disposalons authorized by Health & Se	pion 7100, and that the disposition	9A APPLICANT	SHOWATURE	Chaus			98 04 15 SIGNED 08 05 2000
	s issued #	THORIZATION OF LOCAL REGI in accordance with provisions of the Californ							
\$ 11.00		E PAID 108 DATE PI 08/05/2			A WOOTEN	GISTRAR ISSUING N. MD	PERMIT		50
3851 R SAN D	ROSE DIEGO RIZED DIS	COUNTY VITAL RECOR CRANS ST D, CA 92110 SPOSITION(S)	iDS	+	FO	OR CORONER'S L	USE ONLY		
		12A NAME AND ADDRESS OF CALIFOR	RNIA CEMETERY		126. DATE BURH	eng.	142C INTERM	ENT NUMBE	R IF APPLICABLE
BURIAL SCATTERIN CEMETE (INCLUD ENTOMBL)	NG IN A ERY DES	MOUNT HOPE CEMETE ST., SAN DIEGO, CA. 92	ERY, 3751 MARKET		8-6- 120. SIGNATURE	E OF PERSONUN	CHARGE OF BURNA		
CREMAT	TION	13A. NAME AND ADDRESS OF CALIFOR	INIA CREMATORY		13B. DATE CREM	MATED	GC CREMAT		R—F APPLICABLE
	3	14A. NAME AND ADDRESS OF CALIFOR	RNIA FACILITY RECEIVING REMAI	INS	14B, DATE RECE	EWED			
SCIENTIFIC	c use				14C. SIGNATURE	E OF PERSON IN (CHARGE OF FACILI	TTY.	
TRANS		15A NAME AND ADDRESS IN RECEIVIN CREMATED REMAINS ARE TO BE SHIP!		REMAINS OR	15B NAME AND	ADDRESS OF PER	RSON IN CHARGE C	OF PLACING	WITH THE CARRIER .
V/A5500					ISC SIGNATURE THE CARRIER	E OF PERSON IN (CHARGE OF PLACE	NG WITH	15D DATE SHIPPED
SCATTER BURIAL AT S DISPOSIT	SEA OR	16A ADDRESS, NEAREST POINT ON SE SUFFICIENT TO IDENTIFY FINAL PLACE OF BURGAL AT SEA, ONLY ENTER LATITI	E AND CALIFORNIA DISTRICT OF I		16B DATE OF DI	ISPOSITION	16C LICENSE REMAINS DIS		OF CREMATED APPLICABLE
OTHER THA	ANINA				IGO SIGNATURE	OF PERSON IN C	CHARGE OF SCATT	ERING OR 6	BURIAL

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 DESTRICT WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT IF NOT APPLICABLE COPY 3 MAY SE 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. DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

MARIA 619-857-6781



Address Change:

This clerification can't is issued volidus a mesory of identification; it there is in establish slightly for simplement, when contributes or subjet baselfs.

08-01626

. 12,2,18215

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/4/08

Date
Pin: 23/784
ubject to your rules and regulations, to inter the remains
Kichard Bailey
Funeral, date, time Monday, Aug 11 e form
: Preferred Montuary
of regular work day or an extra charge of \$ 213
8lk/Row Lbt Lbt
1,13200
766.50
13500
5 2008 10300
- CEMETERY
PE CEMETERY 32.50
10.46
Total Due 1679,46
receipt number B- 61094 1,679.46
AP 082328 Balance due
of the above named decedent n of remains as above indicated. I certify and represent
on and I agree to hold Mt. Hope Cemetery harmless from and interment.
Dorothy P. com
Print Name
27)3 394-31
San Diego CA 92/8
(619) 241- 5525
Telephone
Invoice #
Acct. #

E20902

MOUNT HOPE CEMETERY

GRAVE	BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place the nan the appropriate space (s) that a	used for which the grave is for in the block ne's, lot # and grave # of all existing marker's in are adjacent to the burial space.
Burial Container	
	Happell
	x yaylo
Konnec	
Flagged Yes V	No
Blind check Initiated by:	Date:
Interment space for:	DMOIND BAILEY
Interment Date: 8/11	Time: 12:00 pm
Div: 11 Sect: 2	BIK/Row:Lot: 50 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20902

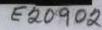
1A. NAME OF DECEDENT—FIRST EDMOND			RICHARD		BAILEY						
2. SEX M		TE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY 2/21/1956 08/03/2008			Comment with the comment of the comm	YEAR)	5. (PETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY,			T (MONTH, DAY, YEAR)	
LA JO					9 3	SAN D	Control of the Contro	OUTSIDE OF CALIFOR	NIA, ENTER	STATE	
7A. NAME OF INFORMANT CASSANDRA MAZYCK SISTER										FORMA LICENSE II—IF APPLICABLE	
-POE	INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE PO BOX 881123 SAN DIEGO, CA 92168-1123				EIP CODE	6163 UI		EMATION AND Y AVENUE 92115	BURI	AL .	
right to conti	rol disposi	ENT OF APPLICANT—I hereby a filon pursuant to Health & Safety Coo f the dispositions authorized by Heal	de Section 7100, an	d that the disposition	1 / 1	Cent	2all	artis		98. DATE SIGNED 08/07/2008	
	is issued i	THORIZATION OF LOCAL in accordance with provisions of the									
\$ 11.00		BTASHWAY 1/1/2007	ATE PERMIT ISSU /07/2008	€D	WILM		REGISTRAR ISS EN, MD	SUING PERMIT		E	
SAN E 3851	DIEGO	REGISTRAR OF DISTRICT OF DEA O COUNTY VITAL REI CRANS ST O, CA 92110		SOLUTION OF STREET	_	LINE OF THE	olo man or b	ISTRICT OF DISPOSITION	me-ic sorr	EACH (PROM III)	
-	ED. C.			_	-	- Is	FOR CORONE	R'S LISE ONLY			
	RIZED DI	SPOSITION(S)				,	FOR CORONE	R'S USE ONLY			
11. AUTHOR	AL,	SPOSITION(S) 12A, NAME AND ADDRESS OF CA		A DEPOSIT OF THE PARTY OF THE P		128. DAYE BU	RIED		MENT NUME	ER—IF APPLICABLE	
BURIA	AL OR IN A ERY DES	SPOSITION(S) 12A, NAME AND ADDRESS OF CA	RY 3751 M	ARKET		128, DAYE BU	RIED 8				
BURIA BURIA SCATTERI CEMET	AL OR IN A ERY DES	12A, NAME AND ADDRESS OF CA	ERY 3751 M O, CA 9210	ARKET		128, DAYE BU	RIED - 08 IRE OF PERSON	12C. INTERN N IN CHARGE OF BURI	AL OR SCAT		
BURIA BURIA SCATTERI CEMET	AL LOR NG IN A ERRY DES MENT)	12A, NAME AND ADDRESS OF CA MT. HOPE CEMETE STREET SAN DIEG	ERY 3751 M O, CA 9210	ARKET		12B, DAYE BU S-V 12D, SIGNATU 13B, DATE CR	RIED 8	12C. INTERN N IN CHARGE OF BURI	AL OR SCAT	TERING	
BURIA BURIA SCATTERI CEMET (INCLU	AL LOR NG IN A ERRY DES MENT)	12A, NAME AND ADDRESS OF CA MT. HOPE CEMETE STREET SAN DIEG	ERY 3751 M O, CA 9210 ALIFORNIA CREMA	IARKET 12 NORY	AIRAS	12B, DAYE BU S-V 12D, SIGNATU 13B, DATE CR	RIED - 0 8 IRE OF PERSON EMATED RE OF PERSON	12C. INTERN N IN CHARGE OF BURIL 13C. CREMA	AL OR SCAT	TERING	
BURIA BURIA SCATTERI CEMET (INCLU	AL LOR NG IN A ERY DES MENT)	12A, NAME AND ADDRESS OF CA MT. HOPE CEMETE STREET SAN DIEG 13A. NAME AND ADDRESS OF CA	ERY 3751 M O, CA 9210 ALIFORNIA CREMA	IARKET 12 NORY		128. DAYE BU S - V 12D. SIGNATU 13B. DATE CR 13D. SIGNATU 14B. DATE RE	RIED RE OF PERSON RE OF PERSON CEIVED	12C. INTERN N IN CHARGE OF BURIL 13C. CREMA	TION NUMB	TERING	
BURIA BURIA SCATTERI CEMET (INCLU ENTOMBI	LOR NG IN A ERRY DES MENT)	12A, NAME AND ADDRESS OF CA MT. HOPE CEMETE STREET SAN DIEG 13A. NAME AND ADDRESS OF CA	ERY 3751 M O, CA 9210 ALIFORNIA CREMA	ATORY TY RECEIVING REMA		12B. DAYE BU S - V 12D. SIGNATU 13B. DATE CR 13D. SIGNATU 14B. DATE RE	RIED RE OF PERSON CEIVED RE OF PERSON	12C. INTERN N IN CHARGE OF BURIL 13C. CREMA N IN CHARGE OF CREM	TION NUMB	TERING ER—IF APPLICABLE	
BURIA BURIA SCATTERI CEMET (INCLU ENTOMBI	LOR NG IN A ERY DES MENT)	12A. NAME AND ADDRESS OF CA MT. HOPE CEMETE STREET SAN DIEG 13A. NAME AND ADDRESS OF CA 14A. NAME AND ADDRESS OF CA	ERY 3751 M O, CA 9210 ALIFORNIA CREMA	ATORY TY RECEIVING REMA	E REMAINS OR	12B, DATE BU S - V 12D, SIGNATU 13B, DATE CR 14B, DATE RE 14C, SIGNATU 15B, NAME AN	RIED - 0 8 RE OF PERSON CEIVED D ADDRESS OF	12C. INTERN 13C. CREMA 13C. CREMA N IN CHARGE OF CREM	TION NUMB	TERING ER—IF APPLICABLE	
BURIA BURIA SCATTERI CEMEN CREMA	LOR NG IN A ERRY DES MENT)	12A. NAME AND ADDRESS OF CA MT. HOPE CEMETE STREET SAN DIEG 13A. NAME AND ADDRESS OF CA 14A. NAME AND ADDRESS OF CA	CEIVING STATE OF CHARGE AND CALIFORNIA FACILITY ON SHORELINE, COPPLACE AND CALIF	ARKET 12 ATORY TY RECEIVING REMA	E REMAINS OR	12B. DATE BU S-1 12D. SIGNATU 13B. DATE RE 14C. SIGNATU 15B. NAME AN	RIED - 0 8 IRE OF PERSON CEIVED RE OF PERSON D ADDRESS OF	12C. INTERN N IN CHARGE OF BURB 13C. CREMA N IN CHARGE OF CREM	TION NUMB	TERING ER—IF APPLICABLE G WITH THE CARRIER	

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 3 - 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.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.





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.

qualification.	-1 -1	12 1	D I
Name of Deceased:	Edmond	Kichard	parley
Address:	2935	39h	
City:	San Dicgo	State CA Zip Code	92105
City of San Diego resi	dent? (Circle)	YES	NO
Size of Family (check	Transport (Section 1)		
	l Income	Annual Inc	come
(1) \$14,933	(4)	THE RESERVE OF THE PROPERTY OF	
(2) \$24,463	(5)		* *
(3) \$33,588	(6)	\$57,222	
maintain	low administrative costs to e of the deceased prior to	or this program	initial
I hereby certify under above statements are to		the laws of the State of	California that the
Signed/Relationship	Pearser.	mother 8/3	108
one of the following: Current current month rent receipt pro	t Utility Bill Current Monthly operty tax statement Other	ntification card displaying City of Checking/Bank Statement Rent	
Current 55/ d	ocuments verified 3 /e	ople 22,668	1
/ Yart L	42	8/6/	108
Approved by		Date	



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
- 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)
- 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 F	amily	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

- 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.
- Residency can be proven by the following methods
 - a. <u>Valid</u> 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
- Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
- 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 <u>first burial</u>. 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.
- 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.

SOCIAL SECURITY ADMINISTRATION

Date: August 4, 2008 Claim Number: '

DOROTHY M PEARSON FOR EDMOND BAILEY 2935 39TH ST SAN DIEGO CA 92105-4010 Property owner Bailey
Dorothy M. Bailey

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

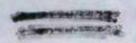
Beginning January 2008, the current Supplemental Security Income payment is ...

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

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

If You Have Any Questions

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



SOCIAL SECURITY 1333 FRONT STREET SAN DIEGO, CA 92101

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

OFFICE MANAGER

*** REC 2008217 173604 H8AA15E0 DEYK CIPQYAC PQAC (F-FW7) ***

SOCIAL SECURITY ADMINISTRATION

Date: August 4, 2008 Claim Number:

DOROTHY M PEARSON 2935 39TH ST SAN DIEGO CA 92105-4010

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 January 2008, the full monthly Social Security benefit before any deductions is.....\$ 237.60

We deduct \$78.90 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 158.00 (We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. 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 2003.

You are entitled to medical insurance under Medicare beginning June 2003.

If You Have Any Questions

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

SOCIAL SECURITY 1333 FRONT STREET SAN DIEGO, CA 92101

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

OFFICE MANAGER

*** REC 2008217 174202 H8AA15E0 DEYK CIPQYAC POAC (F-FW7) ***

SOCIAL SECURITY ADMINISTRATION

Date: August 4, 2008 Claim Number:

ELECTOR PEARSON 2935 39TH ST SAN DIEGO CA 92105-4010

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.....\$ 746.00

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

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

If You Have Any Questions

- Charles and the same

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

SOCIAL SECURITY 1333 FRONT STREET SAN DIEGO, CA 92101

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

OFFICE MANAGER

SOCIAL SECURITY ADMINISTRATION

Date: August 4, 2008 Claim Number:

ELECTOR L PEARSON JR 2935 39TH ST SAN DIEGO CA 92105-4010

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.....\$ 144.50

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is......\$ 144.00 (We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. 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

S. summer ...

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Lashall galle	Date_8-9-2008
mu merre a	Date 8-9-2008 bject to your rules and regulations, to inter the remains
(1116)	bject to your rules and regulations, to inter the remains
TO "A"	Friday Ange lov
Type of Burial Container	Funeral, date, time TY (QUY PUL) - Road Morrison
Church Chapel, Graveside	The state of the s
All Funeral cars must arrive before 3:00 p.m.	or regular work day or an extra charge or 5
will be applied and billed to undersigned	
Division 10 Section — BI	k/Row Lot
Grave space & Care Fund E7983	3
Opening/Closing & Setup	622
Burial Container	FAII
Handling Fees	1110
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETERY 65
Sales taxes	79
	Total Due 518.
Paid	receipt number K-10110 598
	Balance due
I hereby certify I am the and this is your authority to make disposition	of the above named decedent of remains as above indicated. I certify and represent
that I have the right to make this authorizatio any liability on account of said authorization a	
I hereby authorize the interment in lot I	λ
hold under deed.	Prest Name
Similar	Address
	City Do Etr Code
1 wife	Address City Telephone Del Ottober
bulette - accor	Invoice#
Work Order# E 20903	Acct.#

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

of	may no	ell Xm	1. 721	11:00
in a VIII Vault/Line	194	Funeral, date, time	431	//.00
Church, Chapel, Graveside	hapel 9	Hore: Ro	sodale	Mortuar
All Funeral cars must arrive t	before 3:30 p.	m. of regular work day or	r an extra charge	will be applie
and billed to undersigned. W	ar time vetera	n		
4490 BA				12
Lot Grave	Row	Section	Division/810	rdk/
Grave space & Care Fund				545.0
Additional spaces and care fu				
Opening/Closing & Setup				320-a
Burial Container				30.9
Handling Fees	************			350.a
Flower vases - Marker setting				
Recording and filing fee				35.00
				23,10
		Total Du	/	623.1
	Paid	receipt number 37	557	623.1
		100019111111111111111111111111111111111	Balance due	6
_	1 1		balance one	
hereby certify I am the	Vipe		of the above na	
and this is your authority to m that I have the right to make th any liability on account of sai	is authorizati	on and lagree to hold Mt	Hope Cemetery	and represen
any additity on account of sur	a autiliorizatio	111	0 0 -	+1
hereby authorize the interme	ent in lot I	Cluci	(D) Sur	ul
nold under deed.		706	50 47	ST
Signature of recorded holder of dead		Address M	uso CH	92113
		State 26	6.812	3 Zip Con
		Telephone		
		town town at		
F 7983	}	Invoice #		
Vork Order #		Acct. #		

E20903

MOUNT HOPE CEMETERY

	GRAVE B	LIND	CHECK FO	DRM	
IN GRAVE WITH	Marsh	noult	Smith		
Write in the name of marked with "X". Plate the appropriate spa	ace the name	s, lot# adjace	and grave # nt to the bur	of all e	xisting marker's in
Burial Container	9.0.0	ACT I		_	
				-	
	Bellon	X	€.		Mostey
	GWENE		Allen		4
ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT	s)lo	Cto N		
Blind check Initiated Interment space for:	A 10 10 10 10 10 10 10 10 10 10 10 10 10	aule o.S.		Date:	8-5-08
Interment Date: 8					
Div: 16 Sec	t:E	Blk/Row:	Lot:	449	O Grave:
Grave Laid out by:			Light Street		14
Agrees with Legal C	ard:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verific	ad By:	283	Date		
Cremains were place	ed at:		of g	rave	

E20903 ...

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO FRASURES WHITEOUTS PHOTOCOPIES OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST		1			SMIT	MITH			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E OF BIRTH (MONTH, DAY /17/1917	YEAR)	4 DATE OF DEATH (MONTH, DAY 08/03/2008		(, YEAR) 5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY				E OF EVENT (MONTH, DAY, YEAR)
SA. CITY OF DEATH			Diego.	To it is	SAN DIE		IF OUTSIDE OF	CALIFORN	NA, ENTER STATE
7A NAME OF INFORMANT 7B RELATIONSHIP 1 BARBARA NOEL DAUGHTER		HTER LIC				8B. CALIFORNALICENSE NUMBER—IF APPLICABLE FD1329			
150 LATIM	FULL MAILING ADDRESS— ER STREET O, CA 92114	STREET NUMBER AND N	IAME, CITY, STATE, ZI	P CODE	ANDERSO 5050 FED SAN DIEG	ERAL	BLVD.	MORT	UARY
right to control dispo- stated herein is one of	MENT OF APPLICANT—I relation pursuant to Hearth & Sa of the dispositions authorized	efety Code Section 7100 a by Health & Safety Code !	and that the disposition Section 103065.	BA APPLICANT	ennu	Ka	Pro	M	9/7/08
PERMIT AND A This permit is issued of California.	IN accordance with provision	OCAL REGISTRAR— of the California Health a	-ANY CHANGE IN and Safety Code and is	DISPOSITION the authority for the	REQUIRES A le disposition specif	NEW P	Permit NOTEL	HOW FIN	AL DISPOSITION J
10A AMOUNT OF F	EE PAID	10B DATE PERMIT ISSI 08/07/2008	UED	No.	WOOTEN	MINISTER OF STREET	SSUING PERMI	T	E
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF COUNTY VITAL ECRANS ST O, CA 92110		COURRED IN CALIFOR	RNIA 10E AD	DRESS OF REGIS	TRAR OF	DISTRICT OF D	XSPOSITIO	N-IF DIFFERENT FROM 100
11, AUTHORIZED D	CONTRACTOR OF THE PARTY OF THE		77.0		FOR	CORON	ER'S USE ON	LY	
BU							4		
BURIAL OR SCATTERING IN A CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102			128. DATE BURIE 8-8-2 120. SIGNATURE	03	ON IN CHARGE		LOR SCATTERING		
CREMATION	13A NAME AND ADDRES	S OF CALIFORNIA CREM	MATORY		13B DATE CREMI	CO.	13	IC. CREMAT	NON NUMBER—IF APPLICABLE
-	14A. NAME AND ADDRESS	S OF CALIFORNIA FACIL	ITY RECEIVING REMA	INS	14B, DATE RECEI	VED			
SCIENTIFIC USE					14C SIGNATURE	OF PERS	ON IN CHARGE	OF FACILI	TY
	15A. NAME AND ADDRESS CREMATED REMAINS AR		OR COUNTRY WHERE	REMAINS OR	15B. NAME AND A	ADDRESS	OF PERSON IN	CHARGE (OF PLACING WITH THE CARRIER
TRANSIT					15C SIGNATURE THE CARRIER	OF PERS	ON IN CHARGE	OF PLACIF	NG WITH 150 DATE SHIPPED,
SCATTERING/ BURIAL AT SEA OR DISPOSITION	16A, ADDRESS, NEAREST SUFFICIENT TO IDENTIFY IF BURIAL AT SEA, ONLY	FINAL PLACE AND CALL	FORNIA DISTRICT OF		168. DATE OF DIS	SPOSITIO			ENUMBER OF CREMATED POSER—IF APPLICABLE
OTHER THAN IN A CEMETERY					16D, SIGNATURE	OF PERS	ON IN CHARGE	OF SCATT	ERING 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

tre lot, than	Date 0 5)0
	ucted, subject to your rules and regulations, to	inter the remains
e Eddie		173
ina T.S. VAULT	Funeral, date, time	
Church, Chapel, Graveside	*	Mortuary.
All Funeral cars must arrive before 3	3:00 p.m. of regular work day or an extra charge	e of \$
will be applied and billed to undersig	ned.	
Division 12 Section 2	2	ave_ //
		2,2(24.00
Grave space & Care Fund	DAII	
Overtime/Late Arrival Fees		533.00
Opening/Closing & Setup	AUG 1 2 2009	255 00
Durios Comande		
Handling Fees	MOUNT HOPE CEMETERY	263.00
Flower vases - Marker setting fee		P101
Recording/Filing/Transfer Fees		
Sales taxes		27.5
	Total Due	3,507.51
	Paid receipt number +- 01348	1,000.00
	OK 1074 Balance of	ue 2,507.51
I hereby certify I am the - Se		e named decedent
and this is your authority to make o	disposition of remains as above indicated. I ce	rtify and represent
•	+-11: 1	Paules
I hereby authorize the interment in a hold under deed.	ot I Full Name 70	33 garmstre
I Eddie ma	2 Centron San Digapil	C destil
A9385962	City State Wille	TI TONIS
2011	614 264-18 Telephone	7.5
- 0000	Invoice#	221
Work Order # E 20904	Acct.#	

This information is available in alternative formats upon request, 608 Walled Coupons Gontract. 9115109 Milled de

(619) 527-3400 Date: A ugust	5 10
A HOUSE	5 00
Date.	.5 .20 08
25 Springford Ave SD	The state of the s
	ars (\$ 1,000 -)
Etrust down paum	ent.
k/ Lot 250	Grave II
	Glave
PAGE. CREDIT 670	
	55 547 20
5 2008	
E CEMETERY .	
	s 1,000. 00
V. Haracastevan	
The Cash Mana	gement Trust of Americ
	10
Date 8/5/08	50.4
5	\$ 100000
1100 -	Dollars & mar
Not valid	for less than \$250.00
811	
Ladie &	rae Cente
	E TY U ST CLOWN PAYMENT STORY LOT 250 CREDIT STORY SAILES CARE THE PROBLEM STORY SAILES CARE THE PROBLEM STORY SAILES CARE THE PROBLEM STORY SAILES CARE THE CASH MANAGE STORY SAILES CARE THE CASH MANAGE STORY SAILES CARE THE CASH MANAGE STORY SAILES CARE THE PROBLEM STORY SAILES CARE THE CASH MANAGE STORY SAILES CARE THE PROBLEM SAILES CARE THE P

0	GANARY	TO CUSTOMER CEMETERY	PRE-NEED MOUNT HOP	PURCHASE E CEMETERY 27-3400 Date: A UQ	P (01346	08	
	Prom: Eddi & Mae Cent	A COLON	ss: 7025 Sp	ringford Ave.	SD CA Dollars (\$	4 4-14	436	,
	in Davi Payment	or Pre-need Sec Z NOT VALID FOR STAMPED PAIR	PAID	Lot _ ZSO	Grave 67007		80	100
9	Pre-Need Lot Money Pre-Need Trust Charge AC-212 (11-05) This information is available in alternative formation.	Order MOUN	AUG 0 5 2008 NT HOPE CEM Daylette C		-	1,000.	00	

The second second

OFFICIAL RECEIPT



WHITE	TO	CUSTOMER
CANARY		CEMETERY

PRE-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

P 01402

	Date		9-0,2008
From: EDDIE MAY CONTE	Address: 7025 990650	20 ME. S.O.	92114
	VE & NOTES		
in PARTIAL Payment of] Div 12 Sec.	2 FOR EDDIE MA	ECENTER 250 Grave	r.t
Invoice No. 231773 Acct. No. 620904 W.O. BALANCE DUE 219551	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. SEP 1 7 2008	CREDIT 67007 20% Sales Care 77184 — Pre-Need 63033 Trust 77186	312 -
Pre-Need Lot	MOUNT HOPE CEMETER'S	TOTAL PAID \$	3/2 -

OFFICIAL RECEIPT



TO CUSTOMER WHITE

CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE MOUNT HOPE CEMETERY

P01910

(619) 527-3400

	Date:	8-12,20 09
From: EDDY = MAE CENTER Addr FOUR HUMDISO - FORTY S in Full Payment of P/N	Blik Row Lot 250	Oollars (\$ 447 5)
Invoice No. 23/273 NOT VALID F	COR PURPOSES STATED UNLESS AID' IN THIS SPACE. CREDIT 20% Sales Care 80% Sales of Lots Pre-Need Trust	67007 77184 100 77184 63033 77186
Pre-Need Lot	TOTAL PAID	s 447 51

EDDIE M. CENTER 7025 SPRINGFORD AVENUE 619-264-1857 SAN DIEGO, CA 92114	8-12 09 16-24/1220 078475800
PAY TO THE ORDER OF	\$ 447.5
WELL ES Wells Fargo Sank, N.A. SALIFOTHA WHITE SALIFOTHA WHITE SALIFOTHA WHITE SALIFOTHA WHITE SALIFOTHA S	Ander Spokes 1
FOR BELANCE PAID 1:1220002471: 0784758062	Sobre No Coult

OFFICIAL RECEIPT WHITE TO CUSTOMER	CITY OF SAN DIEGO, CAL PRE-NEED PURCH		Por	738	
CANARY CEMETERY	MOUNT HOPE CEM (619) 527-3400	ETERY nr /	7 7 .		,
From Eddu M. Center Address	ess: 7025 Spring	Reld a	R D	1.20 09 CA 9211	4
in pant payment of Pre-ne	and soft of tr	ust.	Dollars (\$ _2	514.00	_)
Div 2 Sec 2	Blk/ Lo	1_250	Grave _	11	
Invoice No. E-21280 NOT VALID FO	OR PURPOSES STATED UNLESS	1			
	ID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184		
W.O		80% Sales	100		
BALANCE DUE B 447.51	GE DE DE	of Lots	77184		-
	MAY 2 2 2009	Pre-Need Trust	63033 ——— 77186 ———	812.0	0
Pre-Need Lot					-
Charge 1568 By	-00				-
AG-212 (2-08) This information is available in atternative formatic upon request.	15	TOTAL PAID	s	812,00	

CA/

HTE TO CUSTOMER NARY CEMETERY

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

			Date:	1-0	1	09
From: EDDIE	CENTER	Address: 7025 40n	INGTORIO AVE	5.0	, 9211	
SOUSN HUN	ORED-TWE	NTY EVENT & NOTO	22	Dollars (\$ _	12800)
in	Payment of	D9.4			-	
Div 12	Sec	2 Blk/ Row	Lot_ 250	Grave _	11	
Acct. No. 122091 W.O. BALANCE DUE 1	04	NOT VALID FOR PURPOSES STATED STAMPED "PAID" IN THIS SPACE PAID	UNLESS CREDIT 20% Sales Care 80% Sales of Lots Pre-Need	67007 77184 100 77184	728	
		JAN - 9 2009	Trust	77186		
Pre-Need Lot	☐ Money Order ☐ Charge	MOUNT HOPE CEME	ΓERY			
AC-212 (2-08)	Check	ISSUED BY	TOTAL PAID	5_	728	00

		TO CUSTOMER CEMETERY	PRE-NEED PUR MOUNT HOPE C	RCHASE · EMETERY	P ₀₁	561	
	From: Eddie M. Can	ter Addres	00 010	Date: 12 0	1	, 20	08
	Twothundre	d sign+	and 9/00	rust Co	Dollars (\$	208.	00
	Invoice No. E - 20904	Sec 2	Blk/ Row	Lot 250	_ Grave _	11	
	Acct. No		AID	CREDIT 20% Sales Care 80% Sales of Lots Pre-Need Trust	67007 77184 100 77184 63033 77186	2.08.	00
	Pre-Need Lot	y Order MOUNT HO	PE CEMETERY	1/35/90			
4	AC-212 (2-08) Check	ISSUED BY	paulette	C. TOTAL PAID	s	208.	00

MT. HOPE CEMETERY

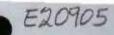
INTERMENT ORDER

atneed

City of San Diego

Date 8 6 2008

You are hereby authorized and instruct	ted, subject to your rules and regulations, to in	ter the remains
of Leola Se	eay Pin 231788	12.
in a Liver	Funeral, date, time AUG-15+	h 2008
Church, Chapel, Graveside	Bishop	Mortuary.
All Funeral cars must arrive before 9:0	60 d in Church 2:30 pm 0 p.m. of regular work day of an extra charge of	of S
will be applied and billed to undersigne		
11	- 110	0
Division Section	2 Blk/Row Lot 40 Gran	/e <u>Z</u>
Grave space & Care Fund	- 6799	2
Overtime/Late Arrival Fees		
Opening/Closing & Setup		533.00
Burial Container	DAID	240.00
Handling Fees	T.	206.00
Flower vases – Marker setting fee	AUG 1 4 2008	_
Recording/Filing/Transfer Fees	OF METERY	65,00
Sales taxes	MOUNT POPE CEMEIERS	20.93
x 4664461	Total Due	1,094,93
4664	Paid receipt number AV0763A3	1,094.9
٨,	R-61122 Balance due	0
I hereby certify I am the	of the above	named decedent
that I have the right to make this author	position of remains as above indicated. I certiforization and I agree to hold Mt. Hope Cemeter	y and represent y harmless from
any liability on account of said authoriz	Alacotalla //a	md
I hereby authorize the interment in lot I	Norvella Hami	nopea
hold under deed.	Pin: 208349 N	ac
Signature	, , 0	
	Caty DE	z)p Code
Paulette	Telephone	
- 20005	Invoice #	
Work Order # E 20905	Acct.#	



MOUNT HOPE CEMETERY

	GRAVE	BLIND CHECK	FORM	
IN GRAVE WITH		Ø		,
marked with "X". P	lace the na	ased for which the ime's, lot # and gravare adjacent to the	ve # of all exis	iting marker's in
Side as SA	(Dawsy	Bisht	
News) WIII	Donce	Mphillips Ha	ckmah	
Flagged Y Blind check Initiate	es	Paulette	No	8/12
Interment space for	r:	eola Seay	goyrs	old'
Interment Date:	riday "	Blk/Row:	.00	
Grave Laid out by:	-			
Agrees with Legal	Card:	Yes	No	
Agrees with Map:		Yes	No	
Blind Check & Veri	fied By:	-	Date	
Cremains were pla	ced at:		of grave	

E 20905

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LEOLA	EUENI-PIRSI		FRANCES		SEAY				
	TE OF BIRTH (MONTH, DAY, YEAR 0/22/1917) 4	08/04/2008		AY, YEAR) 5, (FETAL DEATH (INLY) DATE OF EVENT (MONTH, DAY, YEAR				(MCINTH, DAY, YEAR)
SAN DIEG			PART	50	SAN DI		OUTSIDE OF CALIFOR	NIA ENTER	STATE
NORVELL	RMANT A HAMMOND	100	B RELATIONSHIP TO DAUGHTER		8A. TYPED NAME AND ADDRESS OF CALIFORNIA LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME CITY. STATE, 2D CODE			ORNIA LICENSE HE APPLICABLE 73	
8215 CALI	FULL MAILING ADDRESS—STREE E MINAS O, CA 92126	T NUMBER AND NAM	ME, CITY, STATE ZH	PCCCE	3444 CI	MORTUA TRUS STE GROVE,	REET		
CKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the jit to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition allet herein is one of the dispositions authorized by Health & Safety Code Section 103055			GA APPLICANT	SIGNATURE				08/08/20	
PERMIT AND A This permit is assue of California.	UTHORIZATION OF LOCAL d in accordance with provisions of the	REGISTRAR—A California Health and	NY CHANGE IN Safety Code and is t	DISPOSITION the authority for P	N REQUIRES	A NEW PER	MIT TO SHOW FIR	NAL DISPO	SITION ght of disposal outside
S 11.00	A AMOUNT OF FEE PAID 106 DATE PERMIT ISSUED 10C SIGNAT			TOC SIGNATUS		EGISTRAR ISSI	JING PERMIT		F©
	ECRANS ST								
1 AUTHORIZED BURIAL	O, CA 92110 DISPOSITION(S)			-	1	OR CORONER	'S USE ONLY		
1 AUTHORIZED	-	SALVEOPRIVA CEMETE	W.	1-	128 DATE BU			MENT OUNG	E9E APPLICABLE
BURIAL BURIAL OR	THA NAME AND ADDRESS OF C	ERY 3751 MA	RKET		128 DATE BU 8-/5 120 SIGNATI	PAGO -08 URE OF PERSON			
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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 DECLARED OR THE DISTRICT WEREST THE POINT WHERE THE CHEMATED 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

arneed

City of San Diego

Studenon &

Leola Seay	uneral, date, time Aug-15+	h 2008
Type of Bural Container	Bishop	
Church, Chapel, Graveside		Mortus
All Funeral cars must arrive before 3:00 p.m. of	regular work day or an extra charge	of \$
vill be applied and billed to undersigned.		
11	LIN.	0
Division U Section Z Bluf	101 40 Gra	No Z
Grave space & Care Fund E - 6	799	TX
Overtime/Late Arrival Feet		
Opening/Dosing & Setup		
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landling Fees		nni
lower vases - Marker setting fee		
and the second s		late
According/Filing/Transfer Fees		200
ales taxes		
1104461	Total Due	4014.
HERAPEI PAID	celpt number	
The same of the sa	Balance du	
hereby certify I am the SONGLA and this is your authority to make disposition of	of the above	named deced
no this is your authority to make this authorization a ny fiability on account of said authorization and	and Lagree to hold Mt. Hook Cemilie	ny namiless fro
ny rability on account or sale authorization and		/
hereby authorize the interment in lot I	Thomas Fe Ho	
old under deed.	8215 Callen	INAK
greene V Pous L. Atmost	Jan Diego Ca	, 92/26
	858-693-60	52 200
2-1016	TotalPrint	
aulette	Invoice #	2
Vork Orders E 20905		- 1000000

MT HOPE CEMETERY

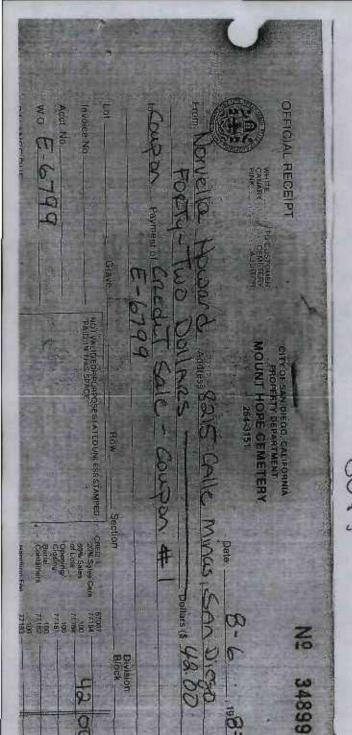
INTERMENT ORDER

arneed

City of San Diego

Date 8/10/2008

	ect to your rules and regulations, to inter the remains
a Leola Seay	
ina LINES F	uneral, date, time: AUQ-15th 2008
Church, Chapel, Graveside	BISHXP Mortuary
All Funeral cars 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 2 Blk/	RowLos_40_Grave_2
	799 D
Overtime/Late Arrival Fees	·
Opening/Closing's Setup	533.00
Bunal Conteiner	240.00
Handling Fees	206.00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	45.00
Sales taxes	2093
1104461	Total Dua
11 4064061 Paid to	celpt number
Dausht	Salance dus
and this is your authority to make disposition of	of the above named decedent of remains as above indicated. I contry and represent and I agree to hold Mr. Hope Cemetery harmless from
any liability on account of said authorization and	d interment.
I hereby authorize the informati in fot I	Nonvella Hommonds
hold under deed.	\$215 Calle minas
facille / Commender	SON DICYO CA. F2126
\cup	858-693-6052
Paulette	TungApon
- 20005	Invoice #
Work Order # E 20905	Aca.#
	alkon is available in alternative formats upon request.



E 20905

MT TOPE CEMETERY

INTERMENT ORDER

Coart	City of San Diego
111	tructed, subject to your rules and regulations, to inter the remains
in a	Creditale Puleed Mortuary
All Funeral cars must arrive before	e 3:30 p.m. of regular work day or an extra charge will be applied
	RowSection2_Division/Buck//
Grave space & Care Fund	250 each 1000
Additional spaces and care fund	dant a l
Opening/Closing & Setup	- Harrayea
Burial Container	I this time
Handling Fees	as que
Flower vases - Marker setting fee	1 12
Recording and filing fee	<i></i>
Sales takes DL	
reditatione	Total Due
Paix 24 mil gir	Paid receipt number
10 H 30	Balance due
I hereby certify I am the	of the above named decadent
that I have the right to make this au any liability on account of said aut	disposition of remains as above indicated. I certify and represent uthorization and I agree to hold Mt. Hope Cemetery harmless from thorization and interment.

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

Work Order # E 6799

\$ 92/26

Acct. #

DIP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

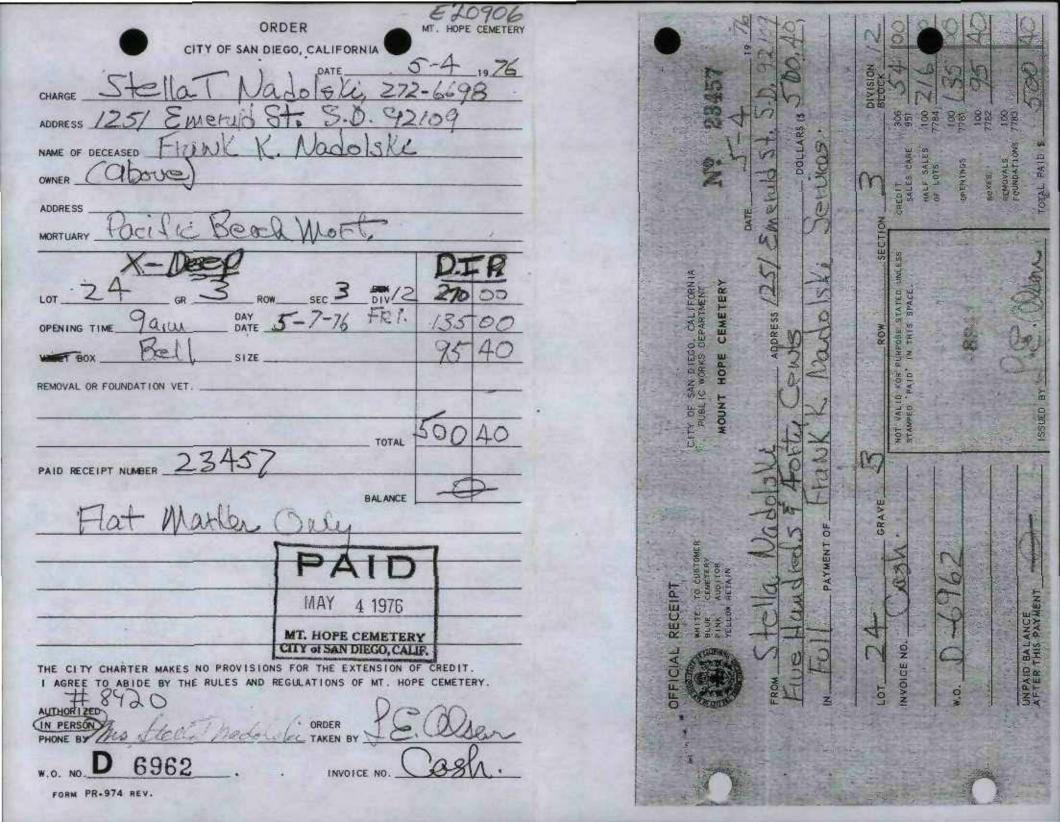
Date 8-6-08

You are hereby authorized and instructed, subject	at to your rules and regulations, to	o inter the remains
OF STELLA THERESA		in: 220405
ina Bell Fu	neral, date, time MeN 8-	11-08 1:00
Type of Bural Container Church, Chapel, Graveside	. 73	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of r	egular work day or an extra char	ge of \$
will be applied and billed to undersigned.	TO METERS OF THE PARTY OF THE P	
Division 12 Section 3 Blk/R	ow Lot_ 24_ (Grave 3
Grave space & Care Fund D69.62		-0-
Overtime/Late Arrival Fees	1	
Opening/Closing & Setup		533,00
Burial Container	1111110	270,00
Handling Fees	-8 CO TERY	206.00
Classes the same Administration of the same and the same	-10/2	
Recording/Filing/Transfer Fees	HOPE	
Recording/Filing/Transfer Fees		209
	Total Due	Control of the Contro
Paid rec	eipt number KallOZ	1094.93
5	Balance	due
I hereby certify I am the DAUGHTER and this is your authority to make disposition of that I have the right to make this authorization are any liability on account of said authorization and I hereby authorize the interment in lot I	remains as above indicated. I on I agree to hold Mt. Hope Ceminterment.	231783
hold upder deed.	· GLORIA J. Kun · 9306 Northvie	W. TEREAKE
Horizof Jundle	& SANTES CA	92071
	1819 449 1181	
- 00004	Invoice#	
Work Order # E 20906 .	Acct.#	

E20906

MOUNT HOPE CEMETERY

	GRAVE	BLIND CHE	ECK FO	RM	
IN GRAVE WITH	FRU	AK NE	DOLS	KI	
Write in the name marked with "X". It the appropriate sp	Place the nan	ne's, lot # and	grave #	of all exi	sting marker's
Burial Container	- 30	see_			
		X			
Flagged	Yes		No		
Blind check Initiat	ed by:		9	Date:	
Interment space for	or STE	us Ns	DOLSK	1	
Interment Date: 1	5-4-08	Time:	1:00		
Div: 12 S	ect: 3	Blk/Row:	Lot:	24	Grave: 3
Grave Laid out by				100	
Agrees with Legal	Card:	Yes [No	
Agrees with Map:		Yes [No	
Blind Check & Ver	rified By:	Disk.	Date		
Cremains were pla	aced at:	The same of	of ar	ave	



E20906

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

95

USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A NAME OF DECEDENT-FIRST IB MIDDLE IC LAST THERESA **NADOLSKI** STELLA 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) 03/20/1913 08/04/2008 6A. CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE LA MESA SAN DIEGO 6A TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH.—STREET NUMBER AND NAME, CITY, STATE, ZIP COOE 7A NAME OF INFORMANT 8B CALIFORNIA LICENSE NUMBER-IF APPLICABLE 78. RELATIONSHIP TO DECEDENT DOROTHY NADOLSKI DAUGHTER FD-815 7C INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE EL CAMINO MEMORIAL-P.B. 18417 S. DELOISE AVE. 4710 CASS ST CERRITOS, CA 90703 SAN DIEGO, CA 92109 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 9A. APPLICANT SIGNATURE BB DATE SIGNED Care Arur 08/07/2008 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055 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 provision 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 08/07/2008 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 12C INTERMENT NUMBER-IF APPLICABLE 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128, DATE BURIED BURIAL OR US SCATTERING IN A MT. HOPE CEMETERY 3751 MARKET SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING CEMETERY 12D ST. SAN DIEGO CA 92102 (INCLUDES ENTOMEMENT) 13C CREMATION NUMBER ... IF APPLICABLE 13A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH \$15D. DATE SHIPPED. THE CARRIER 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE 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. 168 DATE OF DISPOSITION SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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 NOWN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-6-08

		V	
You are hereby authorized and instruct of	ed, subject to your rule	es and regulations, to int	er the remains
in a Type of Burial Container	Funeral, date, t	lme	A STATE OF
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an extra charge of	of \$
will be applied and billed to undersigne	d		
Division 10 Section	Blk/Row	Lot 4519 Grav	e
Grave space & Care Fund D437.	}		-
Overtime/Late Arrival Fees	0		
Opening/Closing & Setup	By all	£	19900
Burial Container	& Sp.	©	10400
Handling Fees.	S CE	•	
Flower vases - Marker setting fee	Dr. Wer		
Recording/Filing/Transfer Fees			85.00
Sales taxes	, OF		8.06
	Dr.	Total Due	
	Paid receipt number	R61103	510.06
		Balance due	
I hereby certify I am the **T(I) All and this is your authority to make disp that I have the right to make this author any liability on account of said authorize	osition of remains as rization and I agree to	above indicated. I certif	v and represent
I hereby authorize the interment in lot I hold under deed.	*Any	drea L.N.	lays-Wid
Signature Well Mays	Whates Chy Schy 19 Fellipson	ula Vista CA 656-668	9 1911 51 210 Code
Work Order # E 20907	Involce #	5 2 2	_

		ORDER	(5290PE	CEMETER
	CITY OF SAI	DIEGO, CALIFO	ORNIA (
Ear	y Edna	may DATE.	4.	-21-	19.75
CHARGE OF DE	y wife of the	arres ar	ly .	224-	9710
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ADDRESS	mail, to	atty	abou	(*
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I AGREE TO ABIDE	BY THE RULES AN	D REGULATIONS	OF MT. HOP	E CEMETER	ry.
AUTHORIZED			_		
PHONE BY	unter M	ORDER TAKEN B	Da	Thel	lin
. D	4374		1	97	14
W.O. NO		INVOI	CE NO/_	///	

CHARGE SHARRON HUMBEL

ADDRESS 152 W. Pank Aut Suite 150 E.C 92020

ADDRESS 152 W. Par	nk Aut SUITE 150 E	.C 920	20
www. or overes 41:11;	an Mays	0) 442-	0649
COM/			
QUENTIN I	MAYS	9	2644
ADDRESS 8922 M	THYS AVE. SARDEN	GROKE	A
MORTUARY Lewis/Ben	bough (Tenny)		
LOT 4580 GR	ROWSECDIV	10 -	-
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atty Changel to!	James newitt	claim sent	6mo / H)
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	Suite 304		
THE CITY CHARTER MAKES NO F	Volencia Co 913 PROVISIONS FOR THE EXTENSI	ON OF CREDIT	
		1	
AUTHORIZED IN PERSON	ORDER	the	

W.O. NO. E Nº 2493

INVOICE NO. 14019

ME NED O

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-6-08

You are hereby authorized and inst	ructed, subject to your	rules and regulations, to in	ter the remains
of			
in a Fype of Burial Container	Funeral, date	s, time	
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before	3:00 p.m. of regular wo	rk day or an extra charge of	of \$
will be applied and billed to undersi	gned.		
Division 10 Section	Blk/Row	Lot <u>4580</u> Gran	/e
Grave space & Care Fund D 4	374		-0-
Overtime/Late Arrival Fees			
Opening/Closing & Setup	all d		199.00
Burial Container	O & Ju		104,00
Handling Fees	0,2	- Ellin	114.00
Flower vases - Marker setting fee.	100 at	E,	
Recording/Filling/Transfer Fees	40		85+00
Sales taxes	Willy,		
	Mo	Total Due	
	Paid receipt numb	er R61104	
		Balance due	0
hereby certify I am the and this is your authority to make that I have the right to make this authority in the light I have the right to make this authority I have the right to make the right to mak	disposition of remains a thorization and I agree	as above indicated. I certif to hold Mt. Hope Cemeter	named decedent y and represent y harmless from
hereby authorize the interment in land under deed	lot I A	dreal Ma	
Indrea & May	s-White	ula Vista (4 9 656-668	1 91911 In Code
E 2000	Invoic	e#	
Nork Order # E 20908	Acct.	#	

		ORDE		-	MT. HOPE	
	CITY	OF SANLDIEGO	O, CALIFOR	NIA C	E20	700
Eat	& Edn	a ma	DATE_	1 7-	21-	19 / 7
	Harold					
ADDRESS OLO	Box 643	31, Sa.	, Reg	o, Ca.	921	106
NAME OF DECEAS	ED EO	luci	ma	is		
	illian			4		
	mail	0	LOUIS .	chan	,	92
	1	wis C	alon		CU	
MORTUARY		20.02	- Corr	energy	60	Jord
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LOT 458	O GR	ROW_	SEC	DIV JO	530	00
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REMOVAL OR FOUN	DATION VET					
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D NO D	4374	/	INVOIC	E NO /	97/	14
FORM PR-974	REV.		INVOIC	- 119.		
	PERSONAL PROPERTY.					141

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date 8-11-2008

You are hereby authorized and instructed, subj	ect to your rules and regulations, to inter the remains
	cauchi & 230450
in a ash vault	uneral, date, time Mon. Aug. 11, 2008
Church, Chapel, Graveside Delivery	Only Family Mortuary
All Funeral cars must arrive before 3:00 p.m. o	regular work day or an extra charge of \$
will be applied and billed to undersigned.	SUPPLIES OF THE PROPERTY OF TH
Division Section II Blk	Row Lot _\57_ Grave
Grave space & Care Fund E-2067	13 /B-4898 O
Overtime/Late Arrival Fees	Transfer -
Opening/Closing & Setup	Traise
Burial Container THERE 2	x2\330
Handling Fees.	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
	Total Due
Paid re	ecelpt number
Doung la de	Downell Balance due
I hereby certify I am the	of the above named decedent
	and I agree to hold Mt. Hope Cemetery harmless from
	Donna Y. McDonnell
I hereby authorize the interment in lot I hold under deed.	1
x Douna Gusoanell	Agoress Park Circle, NE
bornere /	Car Atlanta, GA 30305
	7 404-943-5164 Telephone
	Invoice #
Work Order # E 20909	Acct. #
TO THE PARTY OF TH	

S. Hiskey I Troughon address 70/ 6" C. C. H. H. T. Troughon address 70/ 6" C. C. H. H. C. C. H. H. C. C. C. H. C. C. C. H. C. C. C. C. H. C.	st for 2 ash burials Blix Lot 157 Grave 2	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 1.3 61. 914	TOTAL PAID 8 136/44
MOUNT HOPE CEMETERY (619) 527-3400 Date:	of hust for 2 ash 6	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. 20 PP PAID PAID PT Th	TERY
OFFICIAL RECEIPT WHITE TO QUISTOMER CANARY CEMETERY CANARY CANARY COMPTERY CANARY CANARY COMPTERY CANARY CANARY COMPTERY CANARY COMPTERY CANARY COMPTERY CANARY COMPTERY CANARY COMPTERY CANARY COMPTERY COMP	Thirteen thandred, Suty One and Who Inst for 2 ash burials Div 7 Sec 11 Row Lot 157	Invoice No. E-20073 Acct. No. W.O. BALANCE DUE	Apre-Need Trust Charge Constitution is available in alternative formets upon mouvest.
)			C

5	MT.	HOP	ECE	MET	ERY	
9					-	

pre-need trust for 2 city of	San Diego
231472	ct to your rules and regulations, to inter the remains
ina 2 cush valuets Full	neral, date, time
Type of Burial Container Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of r	egular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 7 Section // BIMR	owLot_157_Grave_2_ 3
Grave space & Care Fund B - 4898	3 (1989) 0
Overdimed ata Antual Francis	
Opening/Closing & Setup. 1 0/C 20 1	99.00 199.—
Burial Container 2 2 104 69	113/08 208
Handling Fees 22 114 22 Flower vases Marker setting fee 28,72 / Recording/Filing/Transfer Fees 22,85.	06 06307 228
Flower vases Marker setting fee 88.72	#3 62.88 Stall 540.32
Recording/Filing/Transfer Fees 22 75.	60, 40 170,-
Sales taxes PA9 819	16.16
1 c/2 140 - W anna	Total Due
MENTAL Paid rece	eipt number <u>P-0/172</u> 1,361.44
MOUNT HOPE CEMETER	
I hereby certify I am the	of the above named decedent remains as above indicated. I certify and represent id I agree to hold Mt. Hope Cemetery harmless from interment.
I hereby authorize the Interment in lot I hold under deed.	Print Name
Signature	Address City See attached The See attached
Work Order # E 20673	Invoice #

18 E20909 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A NAME	OF DECER	DENT-FIRST	18 MIDDLE	WHITEGOTS.	PHOTOCOPI	IG LAST	ETCTON THOMAS	10
Daniel H.		The same some		Yamaguchi		**		
2. SEX	3.DATE	OF BIRTH (MONTH, DAY, YEAR)	4 DATE OF DEATH	(MONTH, DAY,	(EAR)		EATH ONLY) DAT	E-OF EVENT (MONTH, DAY, YEAR)
M	OBJ	3/1925	11/18/2003					
Photos and the same of	5A CITY OF DEATH				IBB COUNTY O	OF DEATH-IF OUTS	DE OF CALIFORN	NIA. ENTER STATE
Chula 1	Vieta				San Dieg			A CONTRACTOR OF THE CONTRACTOR
7A NAME		MANT	78 RELATIONSHIP	TO DECEDENT		ME AND ADDRESS	OF CALIFORNIA-	88 CALIFORNIA LICENSE
Donna	McDoi	nnell	Daughter		LICENSED FU	NERAL DIRECTOR O JCH-STREET NUME	R PERSON	NUMBER—IF APPLICABLE FD1682
7C INFOR	MANT'S FL	JLL MAILING ADDRESS-STREET NUMBER		SP CODE	Communit	. Mark		
87 Park Atlanta,	A LANGUE BOOK OF THE P	A PACIFIC CO.			855 Broad	ty Mortuary fway t, CA 91911		D. Humphrey
right to cont	tral disposit	ENT OF APPLICANT—I hereby acknowledge ion pursuant to Health & Safety Code Section and dispositions authorized by Health & Safety	7100, and that the disposition	SA APPLICAN	SIGNATURE	Houngs	4.5	98 DATE SIGNED
PERMIT This permit of California	is issued if	THORIZATION OF LOCAL REGISTS a accordance with provisions of the California	RAR—ANY CHANGE IN lealth and Safety Code and is	DISPOSITION the authority for the	N REQUIRES	A NEW PERMIT	TØSHOW FIN	AL DISPOSITION gives no right of disposal outside
10A AMOU	INT OF FE	E PAID 108, DATE PERM	IT ISSUED	100 SIGNATUR	RE OF LOCAL RE	GISTRAR ISSUING	ERMIT	SEE THE PARTY OF
\$ 11.00)	08/08	/2008	> 21	301246			
San Die P.O. Box	go Cou x 85222	edistrar of district of death—if death nty Vital Records 2 92186-5222	ATH OCCURRED IN CALIFO	RNIA 10E. AC	DRESS OF REG	ISTRAR OF DISTRIC	OF DISPOSITIO	N-IF DIFFERENT FROM 10D
B. CRE	EMATION POSITION HER THA	ENTOMBMENT) N OF CREMATED REMAINS N IN A CEMETERY 12A NAME AND ADDRESS OF CALIFORNIA Mt. Hope Cemetery	☐ E TEMPORARY ☑ F DISINTERMEN ☐ G SHIP IN TO CO ☐ H TRANSIT OUT	NT ALIFORNIA		NAME AND AD		ENT NUMBER—IF APPLICABLE
(INCLU ENTOMB	TERY JDES	San Diego, CA 92102			12D SIGNATURE OF PERSON IN CHARGE OF BORIAL OR SCATTERING			
		13A NAME AND ADDRESS OF CALIFORNIA	CREMATORY		13B. DATE CRE	MATED	13C CREMAT	TION NUMBER—IF APPLICABLE
CREMA	ATION							
1900-000	ATTION .				13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
		14A. NAME AND ADDRESS OF CALIFORNIA	FACILITY RECEIVING REMA	AINS	14B DATE REC	ENED		
COLENTIE	Se Hee							
SCIENTIFIC USE				14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
		AND DESCRIPTION OF THE PARTY OF			>			
		15A. NAME AND ADDRESS IN RECEIVING S	TATE OR COUNTRY WHERE	REMAINS OR	158, NAME AND	ADDRESS OF PERS	ON IN CHARGE (OF PLACING WITH THE CARRIER
		Chemited heliving Are 10 Be animped						
TRANSIT								
			15C. SIGNATUR THE CARRIER	E OF PERSON IN CH	ARGE OF PLACE	NG WITH 150, DATE SHIPPED		
					>			
SCATTERING/ IF E		16A ADDRESS, NEAREST POINT ON SHORI SUFFICIENT TO IDENTIFY FINAL PLACE AN IF BURIAL AT SEA, ONLY ENTER LATITUDE	D CALIFORNIA DISTRICT OF	TION DISPOSITION:	168 DATE OF D	IISPOSITION		ENUMBER OF CREMATED SPOSER—IF APPLICABLE
DISPOS OTHER TH	IAN IN A				16D SIGNATUR	E OF PERSON IN CH	ARGE OF SCATT	FRING OR BURIAL
CEMET	ERY				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 2 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

atneed

City of San Diego

Date 8-11-2008

You are hereby authorized and instructed, subject	t to your rules and regulations, to inter the remains
of Mary S. Yama	guchi 0 23/472
ina ash Vault Fu	neral, date, time Mon Aug 11, 2008
Type of Burial Container	only: Family Mortuary
All Funeral cars must arrive before 3:00 p.m. of r	egular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division Section Bik/R	ow Lot 157 Grave 2
Grave space & Care Fund	owLot_157_Grave 2
Overtime/Late Arrival Fees	
Opening/Closing & Setup.	
Opening/Closing & Setup. Burial Container Handling Fees. Flower vases – Marker setting fee	21350
Handling Fees	58 310
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
	Total Due
Paid rec	eipt number
	Balance due
and this is your authority to make disposition of	Down of the above named decedent remains as above indicated. I certify and represent individual to hold Mt. Hope Cemetery harmless from interment. 231783 Down a V. McDown euc.
hold under deed.	87 Park Circle, NE
*Downay, McDounell	Caty 404-963-5164 20005
Work Order # E 20910	Invoice #
	on is available in alternative formats upon request.

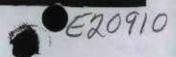
@ Protection to print page

92101-8108 120 08 05/9 P 01172 m N w 80 Dollars (\$ / Grave 63033 63033 60 CREDIT 20% Sales Care Pre-Need Trust Durials 1190 TOTAL PAID MOUNT HOPE CEMETERY (619) 527-3400 ash Ste Date: Lot MOUNT HOPE CEMETERY NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. 15 8 ISBUED BY PUMPTING MAR 1 7 2008 101 mist 44/40 Town Address: 12.000 TO CUSTOMER CEMETERY (Ccheck 17/2) ☐ Money Order Sec Payment of Charge CANAPIX 33 502 Apre-Need Trust BALANCE DUE Pre-Need Lot Thirteen AC-212 (11-05) This information is a Invoice No. Acct, No. From W.O. Div

CITY OF SAN DIEGO, CALIFORNIA

OFFICIAL RECEIPT

验



MT. HOPE CEMETERY

INTERMENT ORDER

E

Work Order #

pre-need thust for 2 cmy	of San Diego	Date 03/18	3/08
You are hereby authorized and instructed, sull of ter: maky yamu qu	bject to your rules a	and regulations to in	
Frich intille	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	of \$
will be applied and billed to undersigned.			
Division 7 Section // Bill Grave space & Care Fund B - 486	k/Row	Lot 157 Gran	re_2_
Grave space & Care Fund B - 489	13 /	1989)	0
Overtime/Late Arrival Fees			
Opening/Closing & Setup	199.00	***************************************	199,-
Burial Container 2 2 10 4 60	***************************************	113108	208-
Handling Fees 22 1142		0000307	228,-
Flower vases Marker setting fee 88.72	18362.88	nstall on	540.32
Burial Container 2 0 10 4 ev Handling Fees 2 0 114 2 Flower vases Marker setting fee 88,72 Recording/Filing/Transfer Fees 2 0 81 Sales taxes PAMD 81	. <u>00</u> , 40	mario.	170,-
Sales taxes PAR 81	06 10		16.12
THERE SIG. MAR 17 2008	To	otal Due	1,361.44
Meurinent Baid	receipt number	1-01112	4361.44
MOUNT HOPE CEMETE	RY	Balance due	
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and lagree to hol	we indicated. I certif	named decedent by and represent by harmless from
I hereby authorize the interment in lot i hold under deed.	Print Name		- 1
Cionalure	Address	ee att	acheu
	Chy 5	ee all	Zip Code
	Invoice #		
Work Order # E 20673	Acet #		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20910

USE BLACK INK ONLY - MAKE NO ERASURES. WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS TA. NAME OF DECEDENT-FIRST 18 MIDDLE Sanaye Mary Yamaguchi 3 DATE OF BIRTH (MONTH DAY YEAR) 4 DATE OF DEATH (MONTH, DAY YEAR) 5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 2 SFX 09/04/1926 12/19/2005 58 COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE 5A CITY OF DEATH Georgia Atlanta 7A. NAME OF INFORMANT BA. TYPED NAME AND ADDRESS OF CALIFORNIA-8B. CALIFORNIA LICENSE 78 RELATIONSHIP TO DECEDENT LICENSED FUNERAL DIRECTOR OR PERSON NUMBER-IF APPLICABLE ACTING AS SUCH-STREET NUMBER AND NAME. CITY, STATE, ZIP CODE FD1682 Donna McDonnell Daughter 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE Community Mortuary 87 Park Circle N.E. 855 Broadway Atlanta, GA 30305 Chula Vist, CA 91911 D. Humphrey 98 DATE SIGNED SA APPLICANT SIGNATURE 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 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION /
This permit is assued in accordance with provisions of the California Health and Safety Code and is the authority for the disposation specified in this permit. NOTE: this permit gives no right of disposal outside 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ICA. AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED \$ 11.00 08/08/2008 2801245 10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 100 San Diego County Vital Records P.O. Box 85222 San Diego, CA 92186-5222 11. AUTHORIZED DISPOSITION(S)-CHECK APPLICABLE ITEMS FOR CORONER'S USE ONLY ☐ D. SCIENTIFIC USE
☐ E. TEMPORARY ENVAULTN
☐ F. DISINTERMENT

☑ G. SHIP IN TO CALIFORNIA I. DISPOSITION PENDING-LOCATION OF REMAINS-A BURIAL OR SCATTERING IN A CEMETERY TEMPORARY ENVAULTMENT (INCLUDES ENTOMBMENT) NAME AND ADDRESS ☐ 8. CREMATION ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY H TRANSIT OUTSIDE OF CALIFORNIA 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128, DATE BURIED 12C INTERMENT NUMBER---IF APPLICABLE BURIAL OR ON Mt. Hope Cemetery SCATTERING IN A SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING CEMETERY San Diego, CA 92102 ENTOMBMENT 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B. DATE CREMATED CREMATION NUMBER-IF APPLICABLE CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 148 DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D DATE SHIPPED THE CARRIER 16C LICENSE NUMBER OF CREMATED REMAINS DISPOSER---IF APPLICABLE 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 SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 160. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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 12 Chairs

REA-104 (3-04)

City of San Diego

Date	18	8	08	1
0.000		_		

You are hereby authorized and inst				ulations, to int	er the remains
of DAVID	-6-		STREET, SQUARE, SQUARE	103	18/ 100
In a LINER Type of Burnel Container		Funeral, d	late, time Thu		Aug. 14, 200
Church, Chapel, Graveside			_CAB	URIAL	Mortuary.
All Funeral cars must arrive before will be applied and billed to undersi		.m. of regular	work day or an	extra charge o	ist city
Division 12 Section	2	Blk/Row	Lot Z	21 Grav	6_6_
Grave space & Care Fund					2,264.00
Overtime/Late Arrival Fees				***************************************	
Opening/Closing & Setup		FAI	ע		F00
Burial Container		AUG 082	008		270.00
					20600
Flower vases - Marker setting	UNI	L HOPE (EWF IFK.	Y	
Recording/Filing/Transfer Fees					_ 6500
Sales taxes					20.93
			Total Du	e	3,358.9
Gaxa-2750	P	aid receipt nui	mber K-61	112	3,358,93
2229-1	1			Balance due	0
I hereby certify I am the and this is your authority to make	fe	lion of comple	ne an about Ind	of the above r	named decedent
that I have the right to make this at any liability on account of said auth	uthoriza	ation and I agr	ee to hold Mt. h	lope Cemeter	y harmless from
any national or account or said add	TOT I LOUIS	un and mann	Λ 1	- 11	23118
I hereby authorize the interment in holdrunder deed	lot I	Pres	Name		ENDERSON
alene O. Hen	der	Sen Add	59400	ID WEN	LOZY LN.
Signature		City	SiDi C	# "	12 // 4 Zip Code
		Teles	619 -	2636	773
		Inv	pice#		
Work Order # E 20911			d. #		
ORIGINAL PROPERTY OF THE PROPE			AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUM		

O Protection recorded paper

This information is available in alternative formats upon request.

E20911

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM					
IN GRAVE WITH	D				
Write in the name of t marked with "X". Place the appropriate space	e the name (s) that are	s, lot # a adjace	and grave nt to the b	# of all exi ourial space	isting marker's in
Burial Container	Line	r	_	N	Chair
				1	1
		X	b		
		11/8			
		JA			
Flagged Yes	Y			No	
Blind check Initiated b	у: _	30		Date:	
Interment space for:	David	c. t	tende	rson	
Interment Date: 8 14	12008	Time	1 (:00	Churc	h
Div: 12 Sect:		lk/Row:	L	ot: 221	Grave 6
Grave Laid out by:					
Agrees with Legal Car	rd:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verified	i By:			ate	
Cremains were placed	i at:		0	f grave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A NAME O		DENT-FIRST	18 MIDDLE CHRIS	TOPHER			1C. LAST	THE RESERVE TO SERVE THE PARTY OF THE PARTY	Hard EV	
2. SEX	MANAGEMENT OF THE PARTY OF THE	E OF BIRTH (MONTH, DAY, YEAR) 27/1950	4 DATE OF 0 08/07/	DEATH (MONTH, 2008	DAY, Y	YEAR) 5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY YEAR)			R)	
SAN I			S WILLIAM	BILE		SAN DI		IF OUTSIDE OF CALIFOR	NIA, ENTER STATE	
7A NAME OF INFORMANT ARLENE HENDERSON WIFE			ONSHIP TO DECED	ENT	LICENSED FUNERAL DIRECTOR OR PERSON NUMBER—IF APPLIC			88. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1357		
5940	OLD N	ULL MAILING ADDRESS—STREET N MEMORY LANE D, CA 92114	JUMBER AND NAME, CITY, ST	ATE, ZIP CODE		CALIFOR 5880 EL SAN DIE	CAJO		JRIAL CHAPEL	7
right to cont stated herei	irol dispos in la one d	ENT OF APPLICANT—I hereby addition pursuant to Health & Safety Code the dispositions authorized by Health ITHORIZATION OF LOCAL R	Section 7100, and that the disp & Safety Code Section 103055.	easition > G	1	BEOLIBES	the	A SHOWER	SE DATE SIGNED	28
This permit of California	is issued i	n accordance with provisions of the Co	illiomia Health and Safety Code	and is the authorit	y for th	e disposition spe	ecified in thi	s permit NOTE: This permi	t gives no right of disposal ou	tside
\$ 11.00	\$500 AP 4200 102	March 1970	E PERMIT ISSUED 2/2008	Variation of the last of the l		WOOTE!		ISSUING PERMIT	£@	
SAN E 3851 I	DIEGO	DEGISTRAR OF DISTRICT OF DEATH COUNTY VITAL REC CRANS ST CA 92110	The state of the s		E ADE	RESS OF REG	ISTRAR OF	F DISTRICT OF DISPOSITIO	N-IF DIFFERENT FROM 10D	•
BU										5
SCATTERI CEMET (INCLU	BURIAL OR DATTERING IN A CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102					20 SIGNATUR	RE OF PER	SONNCHARGE OF BURN	NENT NUMBER—IF APPLICASI	.E
-		13A NAME AND ADDRESS OF CALL	FORNIA CREMATORY	p // hp		38. DATE CRE	LANGERGOOM	13C CHEMA	TION NUMBER-IF APPLICABLE	E
CREMA	TION					13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION				
-		14A. NAME AND ADDRESS OF CALL	FORMA FACILITY RECEIVING	3 REMAINS		148. DATE REC	EIVED		A V STATE	-
SCIENTIFI	SCIENTIFIC USE				1	14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
and the same of th		15A. NAME AND ADDRESS IN RECE CREMATED REMAINS ARE TO BE S		WHERE REMAINS	OR	58 NAME AND	ADDRESS	OF PERSON IN CHARGE	OF PLACING WITH THE CARR	IER .
TRANSIT				5C SIGNATUR THE CARRIER	RE OF PER	SON IN CHARGE OF PLAC	NG WITH 150 DATE SHIPP	ED		
SCATTE/ BURIAL AT		16A, ADDRESS, NEAREST POINT O SUFFICIENT TO IDENTIFY FINAL PL IF BURIAL AT SEA, ONLY ENTER LA	ACE AND CALIFORNIA DISTR			68 DATE OF C	DISPOSITIO		E NUMBER OF CREMATED SPOSER—IF APPLICABLE	
BURIAL AT SEA OR DISPOSITION - OTHER THAN IN A CEMETERY				60 SIGNATUR	RE OF PER	SON IN CHARGE OF SCAT	TERING 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 8/11/2008

You are hereby authorized and instructed, subject	to your rules and regulations, to inter the remains
or Dolores Cabren	231791
in a ASH VAULT Fune	ral, date, time August 25 @ 10 am (Mol
Church, Chapel, Graveside	- Family Mortuary.
All Funeral cars must arrive before 3:00 p.m. of reg	jular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division GAR Section 1 PARIN	DLot
Grave space & Care Fund	2008
Overtime/Late Arrival Fees AUG 11	
Opening/Closing & Setup. MOUNT HOPE	CEMETERY
Burial Container MOUNT HOTE	107
Handling Fees	00 01 1\$027 6
Flower vases - Marker setting fee TVION 5	WO 6461 9500
Recording/Filing/Transfer Fees	
Sales taxes	7 11A1 to
Paid receip	Total Due
	Balance due
I hereby certify I am the	I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Angely C González
Signature geft longally	20 Bex 1262 Benita CA 91908 CIV (619) 470 - 4824
E 20912	Invoice #
Work Order # E 20912	Acct.#

E20912

MOUNT HOPE CEMETERY

GRAVE	BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place the nar	ased for which the grave is for in the block me's, lot # and grave # of all existing marker's in are adjacent to the burial space.
	x
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	oloves (ahvera
Interment Date: 8/25/08	Time: 10am
Div: GAR Sect: 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

TA NAME OF DECEDENT—FIRST DOLORES			18 MIDDLE	PHOTOCOP	IC LAST	LIERATIONS	
2 SEX		TE OF BIRTH (MONTH, DAY YEAR) 4. DATE OF DEATH (MONTH, DAY /06/1927 07/18/2008		DAY YEAR) 5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY			E OF EVENT (MONTH, DAY, YEAR)
BA CITY O					OF DEATH-IF OUTS	DE OF CALIFORN	NA ENTER STATE
7A. NAME	OF INFOR	MANT A CATER	78 RELATIONSHIP TO DECEDENT	BA TYPED NAME AND ADDRESS OF CALIFORNIA. BB CALIFORNIA LIC			BB. CALIFORNIA LICENSE NUMBER - UF APPLICABLE
11860	BLANT	ULL MAILING ADDRESS—STREET NUMBER A ON CT CA 92128	NO NAME, CITY STATE, ZIP CODE	11860 B	DRA CATER LANTON CT GO CA 92128		
right to con stated here	ntro: dispos on is one o	ENT OF APPLICANT—I hereby acknowledge ition pursuant to Health & Safety Code Section ? I the dispositions authorized by Health & Safety C ITHORIZATION OF LOCAL REGISTRA	100 and that the disposition A	self-C	Sona	ds.	98 DATE SIGNED 98/12/2008
of Californ	l is issued i tia.	n accordance with provisions of the California He	with and Salety Code and is the authority for t	he disposition at	ecried in this permit. I	OTES This permit	gives no right of disposal outside
\$ 11.0		08/12/20	Control Control	HE OF LOCAL F	REGISTRAR ISSUING	COMIT.	
3851 R	ROSECH	REGISTRAR OF DISTRICT OF DEATH—IF DEAT COUNTY VITAL RECORDS RANS STREET CA 92110	TH OCCURRED IN CALIFORNIA 1DE AC	OORESS OF RE	DISTRAR OF DISTRIC	T OF DISPOSITIO	N-IF DIFFERENT FROM 100
B CR □ C DIS	RIAL OR CLUDES EMATION SPOSITION	SPOSITION(S)—CHECK APPLICABLE ITEMS SCATTERING IN A CEMETERY ENTOMBMENT) N NO OF CREMATED REMAINS IN IN A CEMETERY	D. SCIENTIFIC USE E. TEMPORARY ENVAULTMEN F. DISINTERMENT G. SHIP IN TO CALIFORNIA H. TRANSIT OUTSIDE OF CALI	NT			SUSE ONLY CATION OF REMAINS—
SCATTER CEME (INCL)	BURIAL OR COMETERY MOUNT HOPE CEMETERY 3751 Market Street (INCLUDES ENTOMBMENT) San Diego, CA 92102			129. DATE BU 8/2 120. SIGNATU	RE OF PERSON IN CI		L OR SCATTERING
CREM	ATION:	13A. NAME AND ADDRESS OF CALIFORNIA (REMATORY	13B DATE OR	RE OF PERSON IN C		TION NUMBER—IF APPLICABLE
14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE			FACILITY RECEIVING REMAINS	14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
15A. NAME AND ADDRESS IN RECEIVING CREMATED REMAINS ARE TO BE SHIPP TRANSIT			ATE OR COUNTRY WHERE REMAINS OR	158 NAME AN	D ADDRESS OF PER	SON IN CHARGE (OF PLACING WITH THE CARRIER
				15G SIGNATU THE CARRIER	RE OF PERSON IN C	HARGE OF PLACE	NG WITH 16D DATE SHIPPED
	T SEA OR SITION	16A. ADDRESS, NEAREST POINT ON SHORE SUFFICIENT TO IDENTIFY FINAL PLACE AND IF BURIAL AT SEA. ONLY ENTER LATITUDE A	CALIFORNIA DISTRICT OF DISPOSITION	16B. DATE OF	DISPOSITION		E NUMBER OF CREMATED SPOSER—IF APPLICABLE
OTHER THAN IN A CEMETERY				18D. 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 550 TTERED 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 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

LIGHT NEWS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 8-11-08

or and a second			cted, subject to	CONTRACTOR OF THE PARTY.	E	gulations, to inte	er the remains
of	comment on						
in a	Type of Bunal	Containe	Funer	ral, date, tir	me		
Church, Chape	el, Graves	side		1.	-		Mortuary.
All Funeral car	rs must ar	rive before 3:	00 p.m. of reg	ular work d	lay or an	extra charge o	f\$
will be applied	and billed	d to undersign	ned.		-	1.00	
Division	s	ection 17	BIK/Row		_ Lot _	32 Grav	. 5
Grave space &	Care Fu	nd D78	59				0
Overtime/Late	Arrival Fe	es			ģ		
Opening/Closin	ng & Setu	p		410	2		1.99
Burial Contains	er				Bann		104,-
Handling Fees				110	Lo	YBarr	114-
Flower vases -	- Marker :	setting fee		YOU	e E	WEL	-
Recording/Filin	ng/Transfe	er Fees		JNT HO!	bE.		85-
Sales taxes			-01	Wille			8.00
			Mo		Total Du	e ROLLD	510.06
			Paid receip	t number _	M. P. S. C.	6	510.06
						Balance due	0
and this is you	right to n	ty tounake dis nake this auth	sposition of he norization and	mains as a fagree to h	sbove inc	ticated. I certify	amed decedent y and represent y harmless from
I hereby autho	rina tha in	starment in Inl	1	* Kite	emi	Buetta	enbach
hold under dee	ed.)	1 15	Prest Name	3 5	outine 7	DV.
Kiteen	ni te	nuttgen	Mach	Address	0 - 1-	eyline I	0200
Signature		0		City (619-	-92	2-6763	9 20/9 In Code
18132	- 0	0047		Invoice #			
Work Order #	E Z	0913	44 6	Acct.#_		TATLE OF	

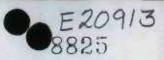


CREDIT SALES CARE

BIOCK

SECTION





INVOICE NO.

LOJ

- GRAVE.

DEED

то	Lorraine			HIP AND			PRIVIL		00			(DOLL AD
	DESCRIPTION	Lot	32 Gr	5 Sec	17	Div 7						(DOLLAR
SECTION.	CRIBED ON P		E ORDER	NUMBER	D-78	359			100			
held for hereafter Cemetery of the C It is ex repairs t	ng to a map of burial privile, r be adopted, i y. The rights emetery Author pressly unders o any monumer	es only neluding nereby of ty in ea cood hor t, head	with end g the right conveyed ach and e wever, the stone, va	dowed car not to ingre- for interm every case at said C sults or ot	e. Sul ess and ent pri and mo emeters her imp	egress vileges ust be r y Divis	all rule with es shall no ecorded ion does its of lik	s and r sentials t be rel in the o not un	regulars for linqui office andertare that	care a shed of of Mo ke or	now in and oper without unt Hope agree t	force or m ation of t the conse Cemeter o make a
of plot.	In no case wi causes of dete	ll the C ioration	emetery I	Division b erves the	right to	onsible o	for dama e anv ol	ge, mal	iciou	s misc	hief, va	ndalism a
of plot.	In no case wi	ll the C ioration	emetery I	Division b erves the	right to	onsible o	for dama e anv ol	ge, mal	iciou	s misc	hief, va	ndalism a
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of plot. natural of the control of t	In no case with causes of determine Cemetery.	ll the C ioration	emetery I	Division b erves the	right to	onsible o	for dama e anv ol	ge, mal	iciou at de	s misc tracts	from the	ndalism a e embellis
of plot. natural of the control of t	In no case with causes of determine Cemetery.	Il the Clioration The following	emetery I	Division b erves the	e respectight to	onsible or remove the period of the period o	for dama e anv ol	ge, mal	iciou at de	S misc tracts Direct	from the	ndalism a e embellis

NOT VALID FOR PURPOSE STATED UNLESS

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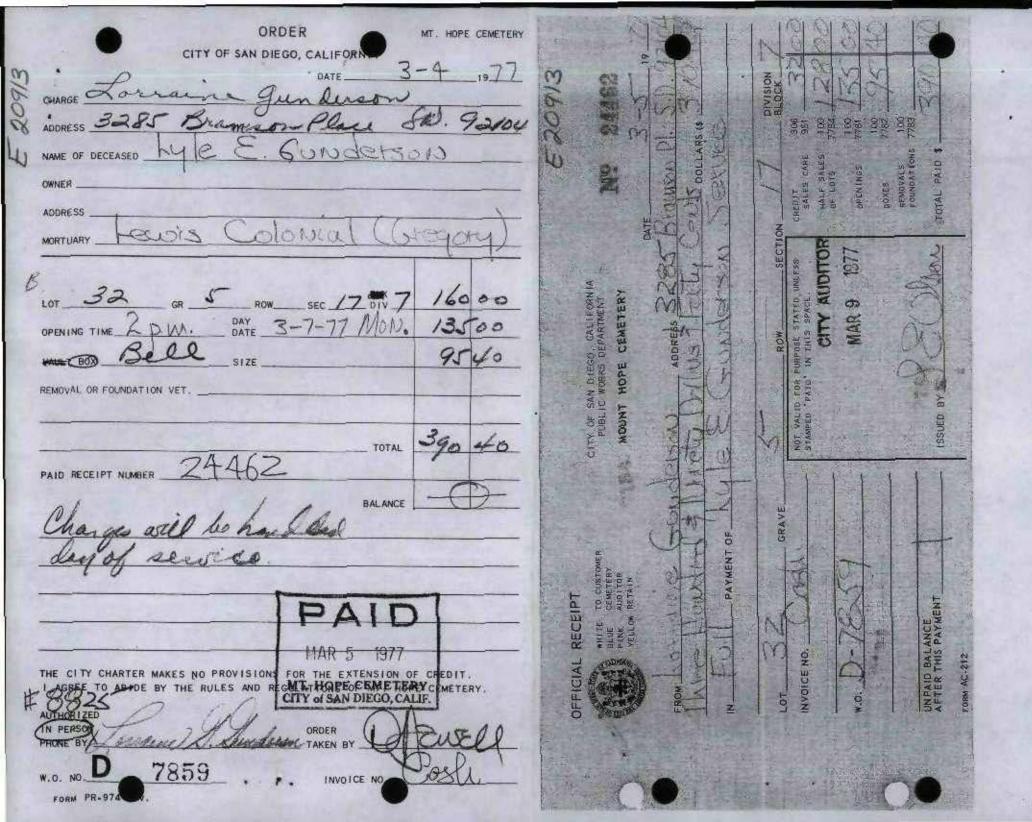
AFTER TI	INVOICE !	FROM	OFFICIA
UNPAID BALANCE AFTER THIS PAYMENT	INVOICE NO. ENSH	IN LEEL PAYMENT OF THE THEEL WITH ADDRESS 3285 Grammas	OFFICIAL RECEIPT WHITE TO COSTS OFFICE THE TENETER FIRE ADDITION VELLOW RETAIN
10 1	ORAVE OF A	MENT OF V	PT COSTOMER COMMETERY AUDITOR RETAIN
		Lunder Lander	MOU MOU
APR 1.1 197	ROW SE STANFED FOR PURPOSE STATED UNLESS	O A ADB	CITY OF SAN DIEGO, CALIFORNIA PUBLIC WORKS DEPARTMENT MOUNT HOPE CEMETERY
APRIL 1977	ROW. STATED UNLES	100 mm 228	CALIFORNIA
OFFICIAL PAID	SECTION // SECTION // SALES CARE HALE SALES CARE OF LOTS	Circ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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95 4	T S S S S S S S S S S S S S S S S S S S	06.06	22

.0	Ur SAN		DATE 9	1-8		19.7
CHARGE Dorrais	ne	E. X	Jean	Ces		
ADDRESS 3285	-7			A		00 704
NAME OF DECEASED TO						
OWNER Plane				10.34		
OWNER						
ADDRESS						
MORTUARY				-		
					Table 1	
LOT 32 GR	4 "	ow s	c 17	7	160	on
OPENING TIME	DAY	/	ning		135	0
		00			90	4
BOX	SIZE		m		10	7
REMOVAL OR FOUNDATION VET.		-		-		
		-				
				TOTAL	390	42
PAID RECEIPT NUMBER	24.52	82				
			84	LANCE		-
		-	le .			
			PA	IE)	
		1	400.0	4077		100
		-	APR 8	1977		
			T. HOPE O			-
		1	T OF COULS T	الم رالانسان	TALLE .	

PHONE BY STAINE

INVOICE NO. CHSH

FORM PR-974 REV.



at Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

		Date	
You are hereby authorized and instructed, so	ubject to your rules an	d regulations, to inter the	he remains
of VOLLENWE	DER, AL	FRED	
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 o	or an extra charge of \$	
will be applied and billed to undersigned		(
Division 12 Section 2 B		ot 165 Grave	ei.
		or row Grave	
Grave space & Care Fund E 19699	7		45
Overtime/Late Arrival Fees			
Opening/Closing & Setup			149,00
Burial Container			79,00
Handling Fees.			
Flower vases - Marker setting fee	4		
Recording/Filing/Transfer Fees.			65.0
Sales taxes		_	6,12
1	Tota	al Due	384.6
Paid	receipt number		
	20023800000000	Balance due	
I hereby certify I am the		of the above name	ad decadent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	on and I agree to hold	e indicated. I certify an	nd represent
I hereby authorize the interment in lot I hold under deed.	76 Front Namus		-
noid dilder deed.	Amress		
Dignature	Je City		
			Zip Code
	Telephone	3 80	
	Invoice#		
Work Order # E 20914	Acct. #		

(1) GALV VASE INSTALLED 5-3-06 W04864.

41608

MT. HOPE CEMETERY

INTERMENT ORDER MT. HOPE CEMETERY 37512 MARRET STREET

SAN DIEGO, CA. 92102 Date_

8/13/08

You are hereby authorized and instructed,	subject to your rule	es and regulations, I	to inter the remains
of Sergio Mu	ñoz Ja	uvequiz	
ina Ash VauII	Funeral, date, ti	me	
Type of Burial Container Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:00 p.n	n, of regular work of	day or an extra char	rge of 5
will be applied and billed to undersigned.		1	
Division 8 Section 4	Blk/Row	1 253	Grave
Grave space & Care Fund		AIN /	426.00
Overtime/Late Arrival Fees	11 1	/ // '	
Opening/Closing & Setup			149.00
Burial Container			79.00
Handling Fees.			8500
Flower vases Marker setting fee	or 65.71, M	avker Ins. \$19	80 243.71
Recording/Filing/Transfer Fees			65.00
Sales taxes	**********		6.12
		Total Due	1,053.83
Pa	id receipt number		
		Balance	due
I hereby certify I am the		of the abo	ve named decedent
and this is your authority to make dispositi that I have the right to make this authorization any liability on account of said authorization	ion and I agree to	above indicated. I o hold Mt. Hope Cem	certify and represent letery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name		
	Address	-	
Signature	City		Zip Code
	Telephone		
0004-	Invoice #		
Work Order # E 20915	Acct.#_		
Control of the Contro	100000000000000000000000000000000000000	The second secon	The state of the s

D Printed on mercial paper

REA-104 (3-04)

This information is available in alternative formats upon request.

call peoply at !!

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/14/08

15	
You are hereby authorized and instructed, subject to	102
of Alfred Vollence	Deider AVA Olialos
in a ANT VCCO / Funera	al, date, time
Church, Chapel, Graveside	Community Mortuary
All Funeral cars must arrive before 3:00 p.m. of regu	llar work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 12 Section 2 Blk/Row	Lot 165_Grave_ //
Grave space & Care Fund E- 969	
Overtime/Late Arrival Fees	1/10 %
Opening/Closing & Setup.	149.0
Burial Container	79.00
Handling Fees	85.00
Handling Fees	7000
Recording/Filing/Transfer Fees	- CEMETERY 6500
Recording/Filing/Transfer Fees	6.12
AP 040	37A Total Due 384.12
Paid receipt	F-61123 3841 12
Palo receipt	A
Daughtis	Balance due
I hereby certify I am the and this is your authority to make disposition of rer that I have the right to make this authorization and I any liability on account of said authorization and inte	agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hald under deed.	PORT NAME 1192 TOBIAS DZ
Signature	Chy / 10 / 1579 9191
	City 619, 496, 1999 To Code Telephone
- 20016	Invoice #
Work Order # E 20916	Acct #

	OFFICIAL RECEIPT	TO CUSTOMER	AT-NEED PU	NEWSCHOOL STONESSES	611	23
		CENTERNA	MOUNT HOPE ((619) 527-	CEMETERY		20 08
	From: Jeggy Bay	tel Address:	1192 Tal	pas Dr Ci	hula Vist	1 97911 384.12
8	inPayme	ent of Inuit	nmout of	agred	aotten	weight. &
	Invoice No	AUG MOUNT H	OPE CEMETER	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77184 100 77184 100 77181 100 77182 100 77182 100 77183	149 00 19 00 85 00 65 00
	Check AC-212A (11-05) This information is available in alternative format	ISSUED BY	Muia	Sales Tax TOTAL PAID	* 3	84 12



AT-Need NON-Res

MT. HOPE CEMETERY

E 20916

INTERMENT ORDER

City of San Diego

Date 5-1-06

You are hereby authorized and instructe	ed, subject to your rules and regulations, to inter the remains
Judith	Vollenweider # 117539
na Liner	Funeral, date, time WEAS 3 06 10:00
Church, Chapel Graveside	
Il Funeral cars must arrive before 3:00	p.m. of segular work day or all extra charge of \$ 183.00
vill be applied and billed to undersigned	II WITA !
Division / A Section A	_ Blk/Row Lot 165 Grave 11
Grave space & Care Fund	\$3,011.00
vertime/Late Arrival Fees	
pening/Closing & Setup	708,00
urial Container	LINE 41 359.00
Committee and the same of	175.00
lower vases Marker setting fee	MAY U 1 2006 \$1280,47
recording/Filing/Transfer Fees	85.00
ales taxes	MOUNT HOPE CEMETE N 1781
	Total Due \$1 4,746.29
	Paid receipt number R -595-95 \$ 4.746.29
1	bughter Balance due 0
hereby certify I am the AIATA	Montech V of the above named decedent
nd this is your authority to make dispo	osition of remains as above indicated. I certify and represent ization and I agree to hold Mt. Hope Cemetery harmless from
ny liability on account of said authoriza	dion and interment.
hereby authorize the interment in lot I	* HERIL Montera
Opt under deed t	* 2818 Alta VIEW
grature / www.	* SAN DIEGO, CA 92/3
	x 858-245-8682 2000
*	Telephone
	Invoice #
Nork Order # E- 19699	Acct. #

GRAV	/E BLIND CHECK FORM
IN GRAVE WITH	oden Vollenweider
marked with "X". Place the r the appropriate space (s) the	ceased for which the grave is for in the block name's, lot # and grave # of all existing marker's in at are adjacent to the burial space.
	X
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	Afred Vollenworder X
MI	
Interment Date: 177	Time:
	Time:
	Blk/Row: Lot: 165 Grave: 11
Div: 12 Sect: 2	Blk/Row: Lot: 165 Grave: 11
Div: 12 Sect: 2 Grave Laid out by: No	BIK/Row: Lot: 165 Grave: 11
Div: 12 Sect: 2 Grave Laid out by: No Agrees with Legal Card:	Blk/Row: Lot: 165 Grave: 11 RMAN + KEN Yes No

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

			ATION AND I						10
1A. NAME O		DENT—FIRST		18. MIDDLE		10.L		and the same	
2 SEX			4 DATE OF DEATH 08/10/2008		EAR)	5. (FETAL DEA	TH ONLY) DAT	E OF EVENT (MONTH, DAY, YEAR)	
TA CITY O	The second second				THE STATE OF	SAN DIEGO	Security of the second	OF CALIFORI	NIA, ENTER STATE
PEGG				78. RELATIONSHIP DAUGHTER		8A. TYPED NAME AN LICENSED FUNERAL ACTING AS SUCH —S CITY, STATE, ZIP CO	DIRECTOR OR P	ERSON	8B, CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1682
1192	TOBIA	OLL MAILING ADDRESS—S AS DRIVE STA, CA 91911	STREET NUMBER AND I	NAME, CITY, STATE, ZI	PCODE	COMMUNITY 855 BROADS CHULA VIST	NAY		
right to cont stated herei	trol stapos in is one o	SENT OF APPLICANT— It sillion pursuant to Health & Sa of the dispositions authorized	fety Code Section 7100, by Health & Safety Code	and that the disposition Section 103055.	9A. APPLICANT	111			98. DATE SIGNED - 08/13/05
This permit of Californi	is issued	JTHORIZATION OF LO in accordance with provision	OCAL REGISTRAR- s of the California Health	ANY CHANGE IN and Safety Code and is	DISPOSITION the authority for 8	N REQUIRES A NE ne disposition specified I	W PERMIT TO this permit. NOT	SHOW FIN E: This permit	IAL DISPOSITION t gives no right of disposal outside
\$ 11.00	March September 1	EE PAID	108 DATE PERMIT ISS 08/13/2008	SUED		NE OF LOCAL REGISTE WOOTEN, M		LANST.	E
3851 SAN I	ROSE DIEGO	COUNTY VITAL CRANS ST D, CA 92110 SPOSITION(S)	RECORDS			FOR CO	RONER'S USE (DNLY	
		12A, NAME AND ADDRES	S OF CALIFORNIA CEMI	ETERY		126. DATE BURIED		12C. INTERM	ENT NUMBER—IF APPLICABLE
SCATTERI CEMET (INCLU ENTOMB	ING IN A TERY JDES	MOUNT HOPE 92102	CEMETERY S	AN DIEGO CA		9-12-6 120. SIGNATURE OF F	PERSON IN CHAR	GE OF BURIA	L OR SCATTERING
CREMA	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION SERVICES INC. 2570 FORTUNE WAY VISTA CA 92083				13D. SIGNATURE OF	8		TION NUMBER—IF APPLICABLE	
14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REN			ins	14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			пх		
TRAN	ISIT	15A. NAME AND ADDRESS CREMATED REMAINS AR		OR COUNTRY WHERE	REMAINS OR	15B. NAME AND ADDR			OF PLACING WITH THE CARRIER NG WITH 15D, DATE SHIPPED
SCATTE BURIAL AT DISPOS	SEA OR	16A, ADDRESS, NEAREST SUFFICIENT TO IDENTIFY IF BURIAL AT SEA, ONLY	FINAL PLACE AND CAL	LIFORNIA DISTRICT OF		168. DATE OF DISPOS		REMAINS DI	E NUMBER OF CREMATED SPOSER—IF APPLICABLE
OTHER THAN IN A CEMETERY						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 REGISTRAY 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 8/18/08

You are hereby authorized and in:	rothi	1 Gros	S	2	3/793
ina DD CYYPT	- "A"	Funeral, date, ti	me Thi	urs, Aug	21 11:00
Church, Chapel, Graveside		- 7	BIS	Shop	Mortuary.
All Funeral cars must arrive before	e 3:00 p.m.	of regular work	fay or an	extra charge	of \$
will be applied and billed to under	signed.				
Division Section	2_8	lk/Row	_ Lot	15 Gran	ve 8
Grave space & Care Fund					111320
Overtime/Late Arrival Fees					00130
Opening/Closing & Setup					Z6650
Burial Container		CILA	************	·····	229
Handling Fees		MIN			937
Flower vases - Marker setting fee	Λ.	UG 2 0 2008			2250
Recording/Filing/Transfer Fees		- 251	AETE	44	41.77
Sales taxes	TVILIDA	HOPE CE	VIII-1-		2.46571
		receipt number	R-	61132	2,465.7
	raio	receipt number		Balance due	10
I hereby certify I am the					named decedent
and this is your authority to make that I have the right to make this a any liability on account of said au	authorizatio	n and I agree to	hold Mt.	licated. I certi	fy and represent
I hereby authorize the interment in hold under deed	n lot I	Print Name	1	11	TIMED
X		Address	100	am	10.
Some		City X Telephone	gu Z	/	73p Code
Work Order# E 2091	7	Invoice #			
REA-104 (3-04)	This inform	nation is availab	le in alter	mative formal	ts unon manest

Control or morded paper

E20917 AT NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/18/08

ina DDC	YUNT	All Funeral	date, time Thurs	. Augol	11:0
Church, Chapel, Gra	waside.	- ruiloiai,	BISh		Mortuary
All Funeral cars mus	A Committee of the Comm	3:00 n.m. of requiar		ACCRECATE VALUE OF THE PARTY OF	194000000000000000
will be applied and bi					
11	,	1			0
Division	Section_Z	BIK/Row_	LOI_	Grave_	8
Grave space & Care	Fund				11320
	and the state of t			Someon and the same	
STATISTICS OF THE OWNER, WITHOUT STATES	West Afficiation			West That was a second	2665
					539°
Handling Fees		**************************			4540
Flower vases - Mark	er setting fee	39.			
Repording/Filing/Tran	nafar Fees	***************************************			32.5
Sales taxes		***************************************			41.71
			Total Due	<u>a</u>	1465.
		Paid receipt n	umber		-
	- 11	1.1.	8	slance due	-
I heraby certify I am and this is your suit	the A	USDAN OF	one se strong indical	he above name	ed deceder
that I have the right	to make this au	shorization and i a	gree to hold Mt. Hop	e Cametery ha	irmless from
		4	Silas Gra		
I hareby authorize the	ni inemiatri er	lot 1	152 Bucc	NAME OF TAXABLE PARTY.	~
X Selace	Sur	4 3	San Dies	anger ()	Qa.ul
Nyutus		9	619 26	4-834	2
Work Order # E	20017) ir	voice#		

REA-104 (3-04)

This information is available in alternative formats upon request.

	GRAVE B	BLIND C	HECK FO	RM	
IN GRAVE WITH					
Write in the name of marked with "X". Place the appropriate space. Burial Container	ce the name	e's, lot # a e adjacen	ind grave #	of all ex	isting marker's in
		Neut			
	cleafis	X	Mitcher		
Flagged Yes Blind check Initiated b	y: P	aules	te No		8-200
Interment space for:		-	14 GY		
Div:Sect;	Y CAN			THE RESIDENCE	Grave: 8
Grave Laid out by:					
Agrees with Legal Car	ď:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verified	Ву:	450	Date		
Cremains were placed	l at:		of gra	ave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

(74	ľ
	01	
Ī		

DORO		ENT-FIRST	18 MIDDLE		GF	OSS		
SEX F	III PASYSAIDS	OF BIRTH (MONTH, DAY, YEAR) 8/1924	4 DATE OF DEATH (MON 08/10/2008	TH. DAY, Y	YEAR) 5 (FETAL DEATH ONLY		(ONLY) DAT	E OF EVENT (MONTH, DAY, YEAR)
EL CA					SAN DIEGO	H—IF OUTSIDE O	F CALIFORN	NA ENTERSTATE
SILAS			78 RELATIONSHIP TO DE HUSBAND	CEDENT	6A TYPED NAME AND UCENSED PUNERAL I ACTING AS SUCH —S CITY STATE ZIP COD	DIRECTOR OR PE REE! NUMBER A	RSON	88. CALIFORNIA LICENSE NUMBER - IF APPLICABLE FD1673
152 BI	UCCA	ILL MAILING ADDRESS—STREET NUMBER AF NEER DRIVE , CA 92114	ND NAME, CITY, STATE, ZIP COC	DE	BISHOP MOF 3444 CITRUS LEMON GRO	STREET	945	
gts to contr	roi dispositi	ENT OF APPLICANT—I hereby acknowledge a ion pursuant to Health & Safety Code Section 71 the dispositions authorized by Health & Safety Co	00, and that the disposition	PPLICANT	SKINATURE			98 DATE SIGNED
ERMIT A	AND AU	THORIZATION OF LOCAL REGISTRA accordance with provisions of the California Hee	R-ANY CHANGE IN DISF	OSITION thority for the	REQUIRES A NEV a disposition specified in	V PERMIT TO S this permit. NOTE:	HOW FIN	AL DISPOSITION gives no right of disposal out
11.00		E PAID 10B DATE PERMIT 08/20/2008			WOOTEN, MI		AST.	£@
A STATE OF THE PARTY OF THE PAR		, CA 92110						
	RIZED DIS	POSITION(S)			FOR COF	KONER'S USE OF	NLY	
BURIA	RIZED DIS	POSITION(S)	EMETERY		12B DATE BURIED			IENT NUMBER—IF APPLICABL
BURIA	AL LOR ING IN A		1 MARKET		12B DATE BURIED	ST JOS	12C INTERN	
BURIAL SCATTERI CEMET (INCLUI ENTOMBI	LOR ING IN A FERRY DOES	124 NAME AND ADDRESS OF CALIFORNIA C	1 MARKET		128 DATE BURIED AL AUBUS 120 SIGNATURE OF P WILL 138 DATE CREMATED	ST JONS ERSON IN CHARG	12C INTERN	TYON NUMBER - IT APPLICABLE
BURIA BURIAL SCATTERI CEMET dINCLU	LOR ING IN A FERRY DOES	MT HOPE CEMETERY, 375 ST., SAN DIEGO, CA 92102	1 MARKET		128 DATE BURIED AL AUBUS 120 SIGNATURE OF P 138 DATE CREMATED TID SIGNATURE OF P	ST JONS ERSON IN CHARG	12C INTERN	U OR SCATTERING
BURIA GATTERI CEMET GINCLU ENTOMBI	LOR LOR LORS IN A CERY LIDES IMENT)	MT HOPE CEMETERY, 375 ST., SAN DIEGO, CA 92102	1 MARKET		128 DATE BURIED AL AUBUS 120 SIGNATURE OF P WILL 138 DATE CREMATED	ERSON IN CHARG	12C INTERN DE OF BURIA 13C CREMA	NL OR SCATTERING TYON WIMBER - T APPLICABLE
BURIA BURIAL CATTERI CEMET (INCLU ENTOMBI	LOR LOR LORS IN A CERY LIDES IMENT)	124 NAME AND ADDRESS OF CALIFORNIA O MT HOPE CEMETERY, 375 ST., SAN DIEGO, CA 92102 134 NAME AND ADDRESS OF CALIFORNIA O	1 MARKET REMATORY ACILITY RECEIVING REMAINS		12B DATE BURIED AL AUGUS 12D SIGNATURE OF P 13D SIGNATURE OF P 14B DATE RECEIVED 14C SIGNATURE OF P	ERSON IN CHARGE	120 INTERN DE OF BURIA 130 CREMA DE OF CREM	N. OR SCATTERING TVON WUMBER - 15 APPLICABLE MATION
BURIA BURIAL CATTERII CEMET (INCLU ENTOMBI	LOR	MT HOPE CEMETERY, 375 ST., SAN DIEGO, CA 92102 13A NAME AND ADDRESS OF CALIFORNIA C 14A NAME AND ADDRESS OF CALIFORNIA C	1 MARKET REMATORY ACILITY RECEIVING REMAINS	MINS OR	12B DATE BURIED AL AUGUS 12D SIGNATURE OF P 13D SIGNATURE OF P 14B DATE RECEIVED 14C SIGNATURE OF P	ERSON IN CHARCE	SE OF FACIL	N. OR SCATTERING SYCH NUMBER OF APPLICABLE MATION OF PLACING WITH THE CARE
BURIA BURIAL CATTERI CEMET (INCLUI ENTOMBI	LOR INGIN A FERNAL IN	MT HOPE CEMETERY, 375 ST., SAN DIEGO, CA 92102 13A NAME AND ADDRESS OF CALIFORNIA C 14A NAME AND ADDRESS OF CALIFORNIA C	ACILITY RECEIVING REMAINS ATE OR COUNTRY WHERE REM LINE OR OTHER DESCRIPTION CALIFORNIA DISTRICT OF DIST	MINS OR	12B DATE BURIED A AUGUS 12D SIGNATURE OF P 13B DATE RECEIVED 14C SIGNATURE OF P 15D NAME AND ADDR 15D SIGNATURE OF P THE CARRIER	ERSON IN CHARCE	12C INTERN 12C OF BURIL 13C OREMA 13E OF FACIL 18C LICENS	U. OR SCATTERING SYCH NUMBER OF APPLICABLE MATION OF PLACING WITH THE CARE

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 URIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



Revised July 2008

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cometery 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		_	ross		
Address:	152 B	UCO	Aneer	Drive	
City:	SAN Olego	s	tate CA Zip C	Code 92/	14_
City of San Diego r	esident? (Circle)		YES	NO	1338
Size of Family (ch	eck one)				94
Ann	ual Income		Annua	d Income	108
(1) \$14,933		(4)	\$41,459		1015
(2) \$24,463		(5)	\$48,926		# 22,5
(3) \$33,588		(6)	\$57,222	1.	1111

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.

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 month rent receipt property tax statement Other
Current 65 / 2007 documents verified

Approved by

Date

8/18/18



Social Security Administration Retirement, Survivors and Disability Insurance

Important Information

Mid-America Program Service Center 601 East Twelfth Street Kansas City, Missouri 64106-2859 Date: January 11, 2008 Claim Number: 435-20-2927A

000294548 01 AB 0.341 T914 T2R M04,0104,PC6,N,KA,

Some Medicare managed care plans offer a reduction of your medical insurance premium as a plan benefit.

What We Will Pay And When

- You will receive \$11.50 around January 19, 2008.
- This is the money you are due through December 2007.
- . You will receive \$1,338.00 for January 2008 around February 1, 2008.
- . After that you will receive \$1,338.00 on or about the third of each month.

Information About Medicare

01/2008

The monthly premiums for your medical insurance are \$93.50 beginning January 2007 and \$96.40 beginning January 2008.

Information About Your Health Plan Premiums

Below we show the changes to the monthly deduction to your medical insurance (Part B) premium.

Start Stop Amount of Amount of Premium
Date Date Reduction After the Reduction

\$11.50

If you have any questions about your health plan premiums, please contact your health plan(s).

\$84.90

Social Security Administration Retirement, Survivors and Disability Insurance

Important Information

Western Program Service Center P.O. Box 2000 Richmond, California 94802-1791 Date: March 3, 2008 Claim Number: 554-44-3900A

000154153 01 AT 0.334 T591 T2R M04,0225,PC5,N,RI,

The State of California will pay your Medicare medical insurance premium beginning August 2007.

What We Will Pay And When

- You will receive \$756.70 around March 11, 2008.
- This is the money due you for the Medicare insurance premiums that you already paid.
- You will receive \$545.00 for March 2008 around April 3, 2008.
- · After that you will receive \$545.00 on or about the third of each month.

Your Benefits

We will no longer deduct the premium from your monthly payment. Later in this letter, we tell you what to do if you disagree with this change in the amount of your monthly payment.

If You Disagree With The Decision

If you disagree with the change we have made to your monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive 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 if you wait more than 60 days to ask for an appeal.

Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

8018118 Bate

Fave G	ed, subject to your rules and regulations, to inter the remains
AD OWNER ADI	
in a DI) CIQVI D Type of Build Container	Funeral, date, time
Church, Chapel, Graveside	, Mortuary.
	0 p.m. of regular work day or an extra charge of \$
will be applied and billied to undersigne	d
Division 11 Section 2	Blk/Row Lot 15 Grave 8
Division Section 4	E - 20917
Grave space & Care Fund	
	532 0
Opening/Closing & Setup	
Burial Container	
Handling Fees	PAID
Flower vases - Marker setting fee	WC 9 0 2008 (5 00)
Recording/Filing/Transfer Fees	AUG 2 0 2008 65.∞
Sales taxes	MOUNT HOPE CEMETERY 598.00
	MOUNT Total Due 378.00
	Balance due
I hereby certify I am the and this is your authority to make disp	of the above named decedent osition of remains as above indicated. I certify and represent
that I have the right to make this author any liability on account of said authoriza	rization and I agree to hold Mt. Hope Cemetery harmless from ation and interment.
the second state of the second second second	× 1 -H-lock
I hereby authorize the interment in lot I hold under deed.	Fritti Name
X	Address Address
Elgnature	City Dip Code
	Telephone
	Invoice #
Work Order # E 20918	Acct.#

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

405.	ty of San Diego	Date_8	118108
You are hereby authorized and instructed,	subject to your rules an		Inter the remains
20 Dullar Wall			
Type of Build Contacting	_ Funeral, date, time _		The second
Church, Chapel, Graveside			Mortuery.
All Funeral cars must arrive before 3:00 p.	n. of regular work day o	y an extra charg	of \$
will be applied and billed to undersigned.			
C	-20917	<u> 15.</u>	rave <u>8</u>
Grave space & Care Fund	20911		
Overtime/Lete Arrival Fees			= = = = =
Opening/Closing & Salup			535.00
Burial Container	*********************		
Handling Fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees			65.00
Sales laxes			
	Tol	al Due	598.00
Pa	id receipt number		
		Balance	tue 0
i hereby certify I am the SELE and this is your authority to make disposit that I have the right to make this authorization any liability on adcount of eald authorization	tion and I agree to hold	re indicated. I ce	e named decedent 4 riffy and represent 4 tery harmless from 0
I hereby authorize the interment in lot i hold under deed. Lilas States Epinion	XSan	Gross Buccones Diago, C 264-8	4 92114
	79 lephone		0
r 20010	Invoice#		
vserk Order # E 20918	Acct. #		

MT. HOPE CEMETERY

INTERMENT ORDER

at need

REA-104 (3-04)

City of San Diego

Date 08/18/2008

You are hereby authorized and instructed.	subject to your rules and regulations, to inter the remains
of <u>Jauntal</u> Aynold	1-Williams 23/19511.00am
in a Liner of Burnal Continuer	Funeral, date, time Thurs - Aug 21, 2008
Church Chapel, Graveside	Andrew Mortuary
All Funeral dars must arrive before 3:00 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
will be applied and unless to direct agrees.	16
Division Section &	Bik/Row Lot_/OGrave_//
Division F Section	
Grave space & Care Fund	22.64.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	PAID 333.00
Burial Container	270.00
Handling Fees	AUG 1 9 2008 206.00
Flower vases – Marker setting fee	INTERPREDE SENETERY
Recording/Filing/Transfer Fees	UNI HUPE CEMETERY 65,00
Sales taxes	2093
	Total Due 3,358.93
P:	aid receipt number R-10131 335693
STATE OF THE PARTY	Balance due
I hereby certify I am the mothe	
and this is your authority to make disposit	tion of remains as above indicated. I certify and represent
any liability on account of said authorization	tion and I agree to hold Mt. Hope Cemetery harmless from in and interment.
	Diane Williams
I hereby authorize the interment in lot I hold under deed.	Print Name
Diane Williams	332 Thrush Street
Signature	San Diego, CA 92114
	(619) 470-1452
0004	Invoice #
Work Order# E 20919	Acct. #

O Francis soundpare

This information is available in alternative formats upon request.

	SRAVE BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place	he deceased for which the grave is for in the block the name's, lot # and grave # of all existing marker's in (s) that are adjacent to the burial space.
Burial Container	Liner Warket
	Feuce
	Smith Sydnes
	MANAGER XVER
	Moerialia
Flagged Yes	No
Blind check Initiated by	Date:
Interment space for:	Jaintai Amold-Williams
Interment Date: 08/	7/108 Time:
Biv:Sect:	2 Blk/Row:Lot: 10 Grave: //
Grave Laid out by:	
Agrees with Legal Card	t: Yes No
Agrees with Map:	Yes No No
Blind Check & Verified	By:Date
Cremains were placed	at:of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

JAUNTA	ECEDENT—FIRST	18 MIDDLE JAMALL	nd, c	- 1	ARNOLD-	WILLIAMS		
2 SEX 3.0	DATE OF BIRTH (MONTH, DAY, YE			EAR)			E OF EVEN	T (MONTH, DAY, YEAR)
M (02/23/1985	06/16/2006 FN	75	BE COUNTY OF	DEATH- IF OUT	SIDE OF CALIFORN	UA ENTER	STATE
SAN DIE	ON LOCAL CONTRACTOR OF THE PARTY OF THE PART			SAN DIE		332 01 0721 311	THE STATE OF	
A NAME OF IN	DOMESTICAL CONTRACTOR OF THE PARTY OF THE PA	78. RELATIONSHIP TO D		BA. TYPED NAM LICENSED FUNE		OF CALIFORNIA- OR PERSON		FORNIA LICENSE
DIANE W	ILLIAMS	MOTHER		ACTING AS SUC CITY STATE, ZIE		MBER AND NAME	FD13	329
332 THR	S FULL MAILING ADDRESS—STR USH STREET GO, CA 92114	EET NUMBER AND NAME, CITY, STATE, ZIP CO	DDE	5050' FED	ON-RAGSE DERAL BLY GO, CA 921		UARY	
ght to control dis	sposition pursuant to Health & Safety	by acknowledge as applicant that I have the Code Section 7100, and that the disposition leath & Safety Code Section 103055.	AFELICANT S	nn Uk	an	m		8 DATE SIGNED
		AL REGISTRAR—ANY CHANGE IN DIS the California Health and Safety Code and is the a						
0A. AMOUNT O	1000	20/00/0000		WOOTEN	AN TONGOLOGIC CONT.	PERMIT		E
SAN DIE 3851 RO	OF REGISTRAR OF DISTRICT OF E GO COUNTY VITAL F SECRANS ST GO, CA 92110	RECORDS	10E. ADD	RESS OF REGIS	TRAR OF DISTRI	CT OF DISPOSITIO	N—IF DIFF	FERENT FROM 100
BURIAL OR SCATTERING II CEMETERY (INCLUDES	STREET, SAN DI	TERY: 3751 MARKET		AUGOS 20 SIGNATURE	raido	NARGE OF BURN	and the second	SER IF APPLICABLE
ENTOMBMEN		(• (• (• (• (• (• (• (• (• (•	1	- W -	40	U) (\$	$\overline{}$	
	13A, NAME AND ADDRESS OF	F CALIFORNIA CREMATORY	1	38 DATE CREM	ATED	156 CREMA	TION NUMB	BER-IF APPLICABLE
CREMATION			1	3D. SIGNATURE	OF PERSON IN (CHARGE OF CREM	ATION	
	Destriction in a color section	F CALIFORNIA FACILITY RECEIVING REMAINS	1	4B. DATE RECEI	VED			H-10
SCIENTIFIC US	SE :			4C SIGNATURE	OF PERSON IN (CHARGE OF FACIL	TY	
TRANSIT	15A NAME AND ADDRESS IN CREMATED REMAINS ARE TO	RECEIVING STATE OR COUNTRY WHERE REM DIBE SHIPPED	AAINS OR 1	5B NAME AND A	DDRESS OF PER	RSON IN CHARGE	DE PLACIN	IG WITH THE CARRIEF
1100000				5C. SIGNATURE HE CARRIER	OF PERSON IN (CHARGE OF PLACE	NG WITH	150 DATE SHIPPED
SCATTERING	SUFFICIENT TO IDENTIFY FIN IF BURIAL AT SEA, ONLY ENT OR	INT ON SHORELINE OR OTHER DESCRIPTION IAL PLACE AND CALIFORNIA DISTRICT OF DISF ER LATITUDE AND LONGITUDE		6B DATE OF DIS	POSITION			OF CREMATED F APPLICABLE
DISPOSITION			1.2					

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 - 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 8 | 18 | 08

You are hereby authorized and instructed	subject to your rules and regulations, to inter the remains
of ADELA	GUTIERREZ \$ 23/828
ina ASH VAULT	Funeral, date, time Friday, Sept 5 e 10
Church, Chapel, Graveside	AZT CAN Mortuary.
All Funeral cars must arrive before 3:00 p.r	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 12 Section 1	Blk/Row Lot 148 Grave 9
Grave space & Care Fund	426
Overtime/Late Arrival Fees	UG 1 8 2000 149 00
Opening/Closing & Setup	CEMETERY 79 00
Burial Container	THOPE
Flower vases (Marker setting fee 7)	00 65,91 MARVER \$19800 943.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Pa	Total Due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	3161 Refigures (SON
Signature Geografia	Address SAN DIEGO CA-92139 City 619) 434-7198 Zie Gode Twieshorn
Work Order # E 20920	Acct. #

GRAV	/E BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place the n	ceased for which the grave is for in the block name's, lot # and grave # of all existing marker's in at are adjacent to the burial space.
	X
349 068 90	A
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	Idela Botienez &
Interment Date: 415108	7 Time: 10 am
Div:/ Sect:	Blk/Row:Lot: <u>148</u> 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

	APPLIC USE BLACE	ATION AND	PERMIT FOR	DISPOS	ITION OF	HUMA OR OTH	N REMAINS	12456-9
ADELLA	DENT-FIRST		18. MIDDLE		-07	C. LAST GUTIEF		E20920
1100000	E OF BIRTH (MONTH, DA 06/1934	Y, YEAR)	4. DATE OF DEATH 08/08/2008	(MONTH, DAY, Y	EAR)	S. (FE	TAL DEATH ONLY) DA	TE OF EVENT (MONTH, DAY, YEAR)
GA CITY OF DEATH	0	4 7 9			SAN DIE		OUTSIDE OF CALIFOR	NIA, ENTER STATE
7A. NAME OF INFOR	GUTIERREZ		SON	TO DECEDENT	LICENSED FUNE	RAL DIRECT	ESS OF CALIFORNIA- OR OR PERSON NUMBER AND NAME,	BB. CALIFORNA LICENSE NUMBER—IF APPLICABLE FD1658
2444 ADIRO	ONDACK ROW (O, CA 92139	76) NAME, CITY, STATE, ZII	PCODE	FUNERAR 7856 LA M LA MESA,	IESA BL		RY SVC
right to control disposit stated herein is one of	ENT OF APPLICANT—I illion pursuant to Health & 8 f the dispositions authorize	sefety Code Section 7100 d by Health & Safety Cod	, and that the disposition e Section 103055.		SIGNATURE	' (Mm h	98 DATE SIGNED
PERMIT AND AU This permit is issued i of California.	JTHORIZATION OF L in accordance with provision	OCAL REGISTRAR os of the California Healt	—ANY CHANGE IN h and Safety Code and is	DISPOSITION the authority for the	REQUIRES A e disposition specif	NEW PER led in this per	MIT TO SHOW FIN	NAL DISPOSITION It gives no right of disposal outside
10A. AMOUNT OF FE \$ 11.00	EE PAID	108. DATE PERMIT IS 08/21/2008	SSUED	The second second	WOOTEN,	CONSTRUCTOR	JING PERMIT	EO
			OCCURRED IN CALIFOR	INIA 10E AD	DRESS OF REGIS	TRAR OF DIS	TRICT OF DISPOSITION	ON—IF DIFFERENT FROM 100
CR/BU BURIAL OR BOATTERING IN A	12A, NAME AND ADDRE				128. DATE BURIE 9-5 ~ 0		12G, INTERN	MENT NUMBER—IF APPLICABLE
CEMETERY (INCLUDES ENTOMBMENT)	92102				10	OF PERSON	Terque	AL OR SCATTERING
CREMATION	THE RESERVE OF THE PARTY OF THE	SS OF CALIFORNIA CRI CA CREMATOR AKE ELSINORE	Y 601 D		13B. DATE CREM 13D. SIGNATURE	08	13C CREMA	AATION
SCIENTIFIC USE	14A, NAME AND ADDRE	SS OF CALIFORNIA FAC	CILITY RECEIVING REMA		146. DATE RECEI 14C. SIGNATURE		IN CHARGE OF FACIL	LITY
TRANSIT	15A, NAME AND ADDRE CREMATED REMAINS A		E OR COUNTRY WHERE			SSV.10340-981	PERSON IN CHARGE	OF PLACING WITH THE CARRIER ING WITH 15D, DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A	SUFFICIENT TO IDENTIF	Y FINAL PLACE AND CA	NE, OR OTHER DESCRIP ALIFORNIA DISTRICT OF D L'ONGITUDE		The state of the state of	6-08		SE NUMBER OF CREMATED SPOSER—IF APPLICABLE
CEMETERY	THE PARTY OF				·X-	Du	(4/2)	

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*

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. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

A+ need >

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
23/808 Date 8/14/08
You are hereby authorized and instructed, subject to your rules and repulations, to inter the remains
of Qing HUA Wang & FRIDAY
in a Ash Vault Funeral date, time Aug 29, 2008 2:30
Church, Chapel Graveside Calif Baria Mortuary
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ 213
will be applied and billed to undersigned.
will be applied and blied to discovering the
Division 11 Section 2 Blk/Row Lot 145 Grave 2
Grave space & Care Fund
Overtime/Late Arrival Fees
Opening/Closing & Setup
Burlal Container Ash Wault 79.00
Handling Fees 85.00
Flower vases – Marker setting Fee AID
Recording/Filing/Transfer FerAUG 1 8 2008 65, 60
Sales taxes
MOUNT HOPE CEMETERY Total Due 384.12
Paid receipt number R- 61130 384 12
Balance due
I hereby certify I am the daug hereby certify I am the daug hereby certify I am the decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.
Diana Tara 23/8/
Thereby authorize the interment in lock
hold under deed.
signature San Diego V
be rentel se morrow
shes to be incented use to be incented as 8 - 679 - 0486
8 F 20921
Work Order # E 20921 Acct. #

A+ need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_8/19/08

1 1 1/ 01	Wang & Feiday
ina Ash Vault	Funeral, date, time Aug 29, 2008 2
Church, Chape Graveside	Calif Baria Mon
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	Cor
Division 11 Section 2 Bi	k/RowLot_145_Grave_2_
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149. 29.
Burial Container Ask U	ault 79.
Handling Fees	95.
Recording/Filling/Transfer Fee U.G. 1.8 200	ng 65.
Sales taxes	6.
MOUNT HOPE CE	METERY Total Due 384.1
	receipt number R-10130 384.1
	Balance due
hereby certify I am the days and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named dece of remains as above indicated. I certify and repre- n and I agree to hold Mt. Hope Cemetery harmless
hereby authorize the interment in lot I hold under deed.	11868 Careridae
Agmint Communication of the Co	CA . 92128 Telephone 858-679-048
Work Order # E 20921	Invoice#

E 20921 80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A NAME OF DECE	DENT-PIRST	18 MIDDLE	2,111010001	IC LAST WANG	2561 61931195936	
	E OF BIRTH (MONTH, DAY, YEAR) /02/1928	08/15/2008 FND	(YEAR)	5 (PETAL	DEATH ONLY) DAT	E OF EVENT (MONTH, DAY, YEAR)
BA CITY OF DEATH	27		SAN DIE	EGO	SIDE OF CALIFORN	IIA, ENTER STATE
7A. NAME OF INFO		78. RELATIONSHIP TO DECEDEN DAUGHTER	LICENSED FUI	ME AND ADDRESS NERAL DIRECTOR ICH—STREET NUM ZIP CODE	OR PERSON	BB. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1357
11868 CAN	FULL MAILING ADDRESS—STREET NUMBER AND NO IERIDGE ROAD O, CA 92128	ME, CITY, STATE, ZIP CODE	5880 EL	RNIA CREM CAJON BLV GO, CA 921	/D	IRIAL CHAPEL
right to control dispo- stated herein is one	AENT OF APPLICANT—I hereby acknowledge as app silion pursuant to Health & Safety Code Section 7100, a of the dispositions authorized by Health & Safety Code S	etion 103055	I III	elete	d	88/19/02
	UTHORIZATION OF LOCAL REGISTRAR— in accordance with provisions of the California Health at					
10A. AMOUNT OF F \$ 11.00	EE PAID 10B. DATE PERMIT ISSU 08/19/2008		URE OF LOCAL RE	GISTRAR ISSUING N, MD	PERMIT	EO
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF DEATH-OF DEATH-OC O COUNTY VITAL RECORDS ECRANS ST O, CA 92110	OURRED IN CALIFORNIA 10E /	ADDRESS OF REG	STRAR OF DISTRI	OT OF DISPOSITIO	N-IF DIFFERENT FROM 10D
11. AUTHORIZED D	SPOSITION(S)		FC	OR CORONER'S U	SE ONLY	
BURIAL OR SOATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT HOPE CEMETERY 3751 MA STREET SAN DIEGO CA 92102	ARKET	128 DATE BUR 6-29 120 SIGNATOR	-08		ENT NUMBER—IF APPLICABLE
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMA SOUTHERN CALIFORNIA CRE 601 D CRANE ST LAKE ELSING 92530	MATORY		MATED 25-08 E OF PERSONALO	16	111
SCIENTIFIC USE	14A, NAME AND ADDRESS OF CALIFORNIA FACIL!"	FY RECEIVING REMAINS	14B DATE REC	EIVED	CHARGE OF FACILI	TY T
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO BE SHIPPED	R COUNTRY WHERE REMAINS OR				OF PLACING WITH THE CARRIER
			THE CARRIER	E OF PERSON IN C	HARGE OF PLACE	NG WITH 15D, DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR	16A, ADDRESS, NEAREST POINT ON SHORELINE, SUFFICIENT TO IDENTIFY FINAL PLACE AND CALL IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LO	ORNA DISTRICT OF DISPOSITION	18B DATE OF C	ISPOSITION		NUMBER OF CREMATED POSER—IF APPLICABLE
OTHER THAN IN A CEMETERY			160. SIGNATUR	E OF PERSON IN C	CHARGE OF SCATT	ERING OR BURIAL
CHOOK ALTERIORIZAT	TON OF DEBMIT, SYSTRIBUTE CORIES AS FOIL OWS					

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 8 1912008

You are hereby authorized and instructed, su	ubject to your rules and regulation	ons, to inter the remains
of Jose Die	1-1-2	3aby) (0:0
ina OX-Linex	Funeral, date, time Thus	rs. Aug. 21.
Church, Chapel, Graveside	El Can	The street of
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra	74-6565 charge of \$565
will be applied and billed to undersigned		Stevenylorda
0 0		Courselo
Division Section B	lk/Row Lot	Grave
Grave space & Care Fund	***************************************	277
Overtime/Late Arrival Fees		
Opening/Closing & Setup		277
Opening/Closing & Setup	"4x 10 h>	135,-
Handling Fees		71
Flower vases - Marker setting fee	11/	
Recording/Filing/Transfer Fees	1 1	65,-
Sales taxes	///	10.46
_ /	Total Due	835.44
Paid	receipt number	
	Ва	lance due
I hereby certify I am the and this is your authority to make disposition	of the	e above named decedent
that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope	Cemetery harmless from
ary having on account of gave an arrangement		
I hereby authorize the interment in lot I hold under deed.	Prest Name	
Control of the Contro	Address	
Signature	City	Zip Code
	Telephone	
04		
Work Order # E 20922	Invoice #	
Work Order# L 20722	Acct.#	

ACNEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 5-20-08

You are hereby authorized and instru		es and regulations, to	1 200
or Delors		20	1 800
in a TS Type of Bunal Container	Funeral, date, t	ime 8-25-08	MON 090
Church, Chapel, Graveside	i	GRIKCON SAND	COMMortuary.
All Funeral cars must arrive before 3	00 p.m. of regular work	day or an extra charg	pe of \$
will be applied and billed to undersign	ned.		
Division 10 Section	Blk/Row	Lot 144 G	rave
Grave space & Care Fund (C.50	060 4/4/68)		-0
Overtime/Late Arrival Fees			
Opening/Closing & Setup			708-
Burial Container	MAG		472-
Handling Fees	Anna Maria	y	350-
Flower vases - Marker setting fee	50 200	TERY	
Recording/Filing/Transfer Fees	ALC	ENETER	85-
Sales taxes	196.4		36,59
	**OU!		1651.58
	Paid receipt number	R61134	_1651,5
		Balance	due
I hereby certify I am the A and this is your authority to make di that I have the right to make this auth any liability on account of said author	norization and I agree to	above indicated. I ce	re named decedent entify and represent tery harmless from 231810
I hereby authorize the interment in lo hold under deed.	t I Print Name	HZISTI TUR	DER
	Address		
Signature	City	619-698-1	291 9523
F 20923	Invoice #	207000 10000	
Work Order # E 20923	Acct. #_		

2 3 0 2	CITY OF SAN DIEGO, CALIFORNIA CHARGE B. M. HAMMER GATE H 4 1968 ADDRESS RR # 2. BLENWILL LL. 12246 NORTHARY ADDRESS MORTHARY OPENING TIME DAY DAY DAY OPENING TIME DAY DAY SIZE REMOVAL OR FOUNDATION VET REMOVAL OR FOUNDATION VET DAY SIZE TOTAL 145.00
OFFICIAL RECEIPT WHITE TO CUSTOMER BLUE CEMETRY PINK AUDITOR YELLOW RETAIN FROM B. M. Hammond One Aumanied fonts IN fuell payment of Pre INVOICE NO. Cash W.O. C-5660	CITY OF SAN DIEGO, CALIFORNIA PUBLIC WORKS DEPARTMENT MOUNT HOPE CEMETERY ADDRESS R. * 1 Security Se

GRAV	/E BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place the r the appropriate space (s) the	ceased for which the grave is for in the block name's, lot # and grave # of all existing marker's in at are adjacent to the burial space.
Burial Container	1.5
	X
Flagged Yes	No
Blind check Initiated by:	Date:
The second secon	PLORES HALL
Interment Date: 8/25/0	08 Time: 9:00 am
Div: 10 Sect:	Blk/Row:Lot: 144 Grave: L
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

DOLORE	S PRINT PRINT	LORRAINE		1000	HALL		
COMMERCIAL PROPERTY.	ATE OF BIRTH (MONTH, DAY, YEAR) 2/05/1924	4. DATE OF DEATH 08/19/2008		YEAR)	5. (FETAL	DEATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR
LA MESA				SAN DIEG	The state of the s	SIDE OF CALIFOR	NIA ENTER STATE
A NAME OF IN		78 RELATIONSHIP NIECE	TO DECEDENT	8A. TYPED NAME ALICENSED FUNER ACTING AS SUCH- CITY, STATE, ZIP (AL DIRECTOR -STREET NUM	OR PERSON	88. CALIFORNIA LICENSE NUMBER-IF APPLICABLE FD-296
4820 GAI	S FULL MAILING ADDRESS—STREET NUMBER RFIELD ST , CA 91941	PR AND NAME, CITY, STATE, 20	PCODE		MEMOR ON AVE	RIAL - LA MI	ESA
int to control dis ated herein is or	EMENT OF APPLICANT—I hereby acknowled postion pursuant to Health & Safety Code Secti- e of the dispositions authorized by Health & Safety	on 7100, and that the disposition ety Code Section 103055.	SA. APPLICANT	Lisa	cast	D SHOW SIN	98, DATE SIGNED
ERMIT AND his permit is issu California.	AUTHORIZATION OF LOCAL REGIS ed in accordance with provisions of the California	a Health and Safety Code and is	the authority for the	he disposition specifie	d in this permit.	NOTE: This permi	t gives no right of disposal outs
11.00	108 DATE PE 08/21/2		100000000000000000000000000000000000000	A WOOTEN,	A STATE OF THE PERSON OF	PERMIT	EO
SHIT DIE	GO, CA 92110		2				
1. AUTHORIZEI	DISPOSITION(S)			FOR	CORONER'S L	JSE ONLY	
	DISPOSITION(S)	NIA CEMETERY					RENT NUMBER—IF APPLICABLE
BU . *	12A NAME AND ADDRESS OF CALIFORN A MT. HOPE CEMETERY: SAN DIEGO CA 92102			128. GATE BURIED 8 - 24	-08	12G. INTERN	MENT NUMBER—IF APPLICABLE
BURAL OR SCATTERING IN CLUDES	12A NAME AND ADDRESS OF CALIFORN A MT. HOPE CEMETERY: SAN DIEGO CA 92102	3751 MARKET ST		128. GATE BURIED 8 - 24	-08 FPERSON IN	12C, INTERNAL CHARGE OF BURIA	AL OR SCATTERING
BURAL OR SCATTERING IN CLUDES	12A NAME AND ADDRESS OF CALIFORN MT. HOPE CEMETERY: SAN DIEGO CA 92102	3751 MARKET ST		128. DATE BURIED 8 - 24 120. SIGNATURE C	-08 F PERSON IN I	12C. INTERN CHARGE OF BURIA 213C. CREMA	NL OR SCATTERING TION NUMBER—IF APPLICABLE
BURNAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMEN	12A NAME AND ADDRESS OF CALIFORN MT. HOPE CEMETERY: SAN DIEGO CA 92102	3751 MARKET ST	MINS	12B. DATE BURIED 8 - 24 12D. SIGNATURE C 13B. DATE CREMA	F PERSON IN	12C. INTERN CHARGE OF BURIA 213C. CREMA	TION NUMBER IF APPLICABLE
BURNAL OR SCATTERING CHEMITARY (INCLUDES ENTOMBMEN	12A MAME AND ADDRESS OF CALIFORN AMT. HOPE CEMETERY: SAN DIEGO CA 92102 13A MAME AND ADDRESS OF CALIFORN 14A MAME AND ADDRESS OF CALIFORN	3751 MARKET ST	MINS	128. DATE BURIED 8 - 24 120. SIGNATURE C 138. DATE CREMA 130. SIGNATURE C	F PERSON IN	12C. INTERN CHARGE OF BURIA 13C. CREMA CHARGE OF CREM	NL OR SCATTERING THOMNUMSER—IF APPLICABLE
BURNAL OR SCATTERING CHEMITARY (INCLUDES ENTOMBMEN	12A MAME AND ADDRESS OF CALIFORN AMT. HOPE CEMETERY: SAN DIEGO CA 92102 13A MAME AND ADDRESS OF CALIFORN 14A MAME AND ADDRESS OF CALIFORN	3751 MARKET ST		128. DATE BURIED 8 - 24 120. SIGNATURE C 138. DATE CREMA 130. SIGNATURE C 148. DATE RECEIV 14C. SIGNATURE C	F PERSON IN	12C, INTERN CHARGE OF BURIA 13C, CREMA CHARGE OF CREM	NL OR SCATTERING THOS NUMBER—IF APPLICABLE
BURNAL OR SCATTERING IN CLUDE'S ENTOMBMEN	12A NAME AND ADDRESS OF CALIFORD 13A NAME AND ADDRESS OF CALIFORD 13A NAME AND ADDRESS OF CALIFORD 14A NAME AND ADDRESS OF CALIFORD 15A NAME AND ADDRESS OF CALIFORD	3751 MARKET ST		128. DATE BURIED 8 - 24 120. SIGNATURE C 138. DATE CREMA 130. SIGNATURE C 148. DATE RECEIV 14C. SIGNATURE C	F PERSON IN	12C. INTERNA CHARGE OF BURIA 13C. CREMA CHARGE OF FACIL RSON IN CHARGE	AL OR SCATTERING THOWNUMBER—IF APPLICABLE MATION JTY OF PLACING WITH THE CARRY
BURAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMEN) CREMATION SCIENTIFIC US	12A NAME AND ADDRESS OF CALIFORM A MT. HOPE CEMETERY: SAN DIEGO CA 92102 13A NAME AND ADDRESS OF CALIFORM 14A NAME AND ADDRESS OF CALIFORM CREMATED REMAINS ARE TO BE SHIPF 16A ADDRESS, NEAREST POINT ON SHIPFICIENT TO IDENTIFY FINAL PLACE IF BURIAL AT SEA, ONLY ENTER LATITUOR	STATE OR COUNTRY WHERE ED	E REMAINS OR	12B. DATE BURIED 8 - 24 12D. SIGNATURE C 13B. DATE CREMA 13D. SIGNATURE C 14B. DATE RECEIV 14C. SIGNATURE C 15B. NAME AND AD 15C. SIGNATURE C	F PERSON IN ORESS OF PE	12C. INTERN CHARGE OF BURIA 13C. CREMA CHARGE OF FACIL RSON IN CHARGE CHARGE OF PLAC	AL OR SCATTERING THOWNUMBER—IF APPLICABLE INTO OF PLACING WITH THE CARRY

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 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

No CHARD

of SYDELL E. SAY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

8-20-08 Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

Type of Bunet Container		0-0 78 MD	
Church, Chapel, Graveside		UMPHREY	Mortuary.
All Funeral cars must arrive before	e 3:00 p.m. of regular work day	or an extra charge of \$	
will be applied and billed to under	signed.		
Division D Section	Blk/Row	Lot 327 \(\text{ Grave}	18
Grave space & Care Fund C. 7	972/E8623/		0
Overtime/Late Arrival Fees			
Opening/Closing & Setup. E. J	9638)3-13-06	0.	598.00
Burial Container			
Handling Fees.	2000		
Handling Fees. Flower vases – Marker setting fee Recording/Filing/Transfer Fees Sales taxes		MELEL	
Recording/Filing/Transfer Fees	aclay Mar		
Sales taxes	MISIN TO MOY		
In interfor annosi	tech milli	tal Due	598.00
LOW COM	Paid receipt number R	GH33	598.00
Sales taxes FUND TYOU JO IN HOU WAS day OSI JONEY WAS COME JONEY WAS COME	To Paid receipt number	Balance due _	-0-
I hereby certify I am the W	wantes	of the above nan	ned decedent
and this is your authority to make that I have the right to make this a	disposition of remains as about authorization and I agree to hold	ve indicated I certify a	and represent
any liability on account of said aut			4
I hereby authorize the interment in	n lot 1 X VE	an c. SA	Y
hold under deed.	05825	FOLSOM	DR.
Sau luopa	x 14A	JOLLA 9:	2037
		-459-313	
	Invoice #		
Work Order# E 2092	4 Acct. #	NA SA	
REA-104 (3-04)	This information is available in	n alternative formats u	ipon request.

OFFICIAL RECEIPT WHITE CANARY		ASE	59482
From: Jean C. Say Five hundred 1	Address: 5825 FOIS Dinety-EIGHT Interment Order of	Dollars (120,20 UE 1011A 92 598-
Div Sec	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 Burial 100	5 33 -
Money Order Charge Check 1 > 4 6 AC-212A (11-05) This information is available in alternative formats upon requ	MAR 2 0 2006 MOUNT HOPE CEMETERY ISSUED BY	Containers 77182 100 - Handling Fee 77185 Recording & 100 - Misc. Fees 77183 Sales Tax 80101 78390 - TOTAL PAID \$	598 -

MT. HOPE CEMETERY

1 to INTI	ERMENT OR	DER	
Pre-nced to INTI	City of San Diego	Date_ 3/	13/06
The same in the sa	ed, subject to your rule 5 · Say	s and regulations, to	MICHOGOLOGICAL CONTRACTOR AND
in a 90 CR OPT 6 Type of Burial Container Church, Chapel, Graveside All Funeral cars must arrive before 3:00	Funeral, date, to	Humphre	Mortuary.
will be applied and billed to undersigne	d		
Division 10 Section 7 - Y	1972/E - 9	Lot 3275	Grave
Overtime/Late Arrival Fees Opening/Closing & Setup Burial Container Handling Fees	PAID	0.00	<u>533</u> 00
Flower vases – Marker setting fee	.,	ETERY	65.00
Sales taxes	3	Total Due	698,00 2 598.00
i hereby certify I am the and this is your authority to make disp that I have the right to make this authorized any liability on account of said authorized.	rization and I agree to	above indicated. I ce	
I hereby authorize the interment in lot I hold under deed.	Abdress City S	Jultoca 18-459-	3137 mm
Work Order # E-19638	Invoice #		

REA-104 (3-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/9/90

in a Double	Crypte	uneral, date, time	MON, 2/1	2.3 pm
Church, Chapel, Graveside				
All Funeral cars must arrive be	LIVERG			
and bified to undersigned. War		738		
13306				10
Lot 22/2 Grave	_ Row	Section	Division/4	10
Grave space & Care Fund				
Additional spaces and care fun	d			
Opening/Closing & Setup			******	320.U
Rurial Container			******	330.00
Handling Fees	91.49	\ N		320.00
Flower vases - Marker setting f	66			
Recording and filing fee	+01	- L		35.W
Sales taxes				23.93
			Il Due	1028.93
	Paid n	eceipt number 3	8870	600.00
			Balance d	428.9
		3/9/9	3 38989	428.43
hereby certify I am the and this is your authority to ma that I have the right to make this any liability on account of said	authorization	and lagree to hole	ve indicated. I cer	named deceden tify and represen ery harmless from
hereby authorize the intermer hold under deed.	nt in lot I	Signature 5	ell E.	San Dr
Signature of recorded holder of deal		State State Felophane 5	9-853	CA 9203

PAID NO. NO REMOVAL OR FOUNDATION VET AUTHOR I ZED NAME OF ADDRESS FORM PR-974 REV. AGREE TO ABIDE BY THE RULES PERSON CITY RECEIPT NUMBER BY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT. 80 CITY OF SAN DIEGO, CALIFORNIA 0 90 SIZE AND 0 ORDER REGULATIONS TAKEN INVOICE NO. CITY of SAN DIEGO, CALIF OF MT. HOPE CEMETERY 1969 š 9000 0000 HOPE CENETERY 00 261 OFFICIAL RECEIPT 16819 CITY OF SAN DIEGO, CALIFORNIA PUBLIC WORKS DEPARTMENT TO CUSTOMER BEUE DEMETERY AUDITOR MOUNT HOPE CEMETERY YELLOW HETAIN DIVISION ROW_ NOT VALUE FOR PURPOSE STATED UNITESSE STAMPED 'PAID' IN THES SPACE. 906 CREDIT INVOICE NO. SALES CARE HALF SALES OF LOTS 100 CITY AUDITOR 7.784 1.00 7781 DRENINGS 5 1969 100 BOXES 7282 100 7788 REMOVALS FOLNOATIONS UNPAID BALANCE TOTAL PAID 5 FORM AC-212

HE

F20924

GRA	VE BLIND CHECK FORM
IN GRAVE WITH	heodore Say
marked with "X". Place the the appropriate space (s) to	ceased for which the grave is for in the block name's, lot # and grave # of all existing marker's in nat are adjacent to the burial space.
Burial Container	Crypt "B"
	X
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	Sydell E. Say
Interment Date: 8 75	08 Time: 11:00
Div: Sect:	Blk/Row:Lot: 3275 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK ONLY - MAK	E NO ERASURES, V	WHITEOUTS,	PHOTOCOPIES, OR	OTHER ALTERATIONS	
SYDELL	EDENT—FIRST	E.		IC LAS		
	(TE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, 0/27/1910 08/19/2008		YEAR): 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YE		E OF EVENT (MONTH, DAY, YEAR)	
LA JOLLA	M:	NAME OF THE OWNER, OWNE	A STATE	SAN DIEGO	IF OUTSIDE OF CALIFORN	NIA, ENTER STATE
7A NAME OF INFORMANT JEAN CAROL SAY 7B. RELATIONSHIP TO DECEDENT DAUGHTER		TO DECEDENT	LICENSED FUNERAL DIRECTOR OR PERSON NUMBER—		BB. CALIFORNIA LICENSE NUMBER—F APPLICABLE FD964	
5825 FOLS	FULL MAILING ADDRESS—STREET NUMBER AND SOM DRIVE CA 92037	NAME CITY, STATE, ZI	PCODE	HUMPHREY M 753 BROADW. CHULA VISTA	AY	
ngte to control disp stated herein is one PERMIT AND A	MENT OF APPLICANT—I hereby acknowledge as betten pursuant to Health & Safety Code Section 7100 of the dispositions authorized by Health & Safety Code AUTHORIZATION OF LOCAL REGISTRAR d in accordance with provisions of the California Healt), and that the disposition te Section 103055 R—ANY CHANGE IN		n Peccus	PERMIT TO SHOW FIN	
of California. 10A. AMOUNT OF \$ 11.00			10C SIGNATUR	E OF LOCAL REGISTRAN	R ISSUING PERMIT	gives no right of disposal outside
SAN DIEG 3851 ROS	REGISTRAR OF DISTRICT OF DEATH—IF DEATH O COUNTY VITAL RECORDS ECRANS STREET O, CA 92110	OCCURRED IN CALIFOR	RNIA 10E AD	DRESS OF REGISTRAR C	OF DISTRICT OF DISPOSITIO	N—IF DIFFERENT FROM 10D
11. AUTHORIZED	NAME OF THE OWNER OWNER OF THE OWNER OWNE			FOR CORO	ONER'S USE ONLY	
BU	12A NAME AND ADDRESS OF CALIFORNIA CEI	METERY		128 DATE BURIED	12C INTERN	IENT NUMBERIF APPLICABLE
BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT)	MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102			8-25-08	RSON IN CHARGE OF BURIA	AL OR SCATTERING
CREMATION	13A NAME AND ADDRESS OF CALIFORNIA CRI	EMATORY		13B. DATE CREMATED	13C. CREMA	TION NUMBER IF APPLICABLE
Testa	14A NAME AND ADDRESS OF CALIFORNIA FAC	CILITY RECEIVING REMA	INS	14B. DATE RECEIVED	1000	•
SCIENTIFIC USE				14C SIGNATURE OF PER	RSON IN CHARGE OF FACIL	пу
	15A NAME AND ADDRESS IN RECEIVING STAT CREMATED REMAINS ARE TO BE SHIPPED	E OR COUNTRY WHERE	REMAINS OR	15B NAME AND ADDRES	SS OF PERSON IN CHARGE	OF PLACING WITH THE CARRIER
TRANSIT				15C SIGNATURE OF PEI THE CARRIER	RSON IN CHARGE OF PLACE	NG WITH 15D DATE SHIPPED
SCATTERING/ BURIAL AT SEA O	16A ADDRESS NEAREST POINT ON SHORELIN SUFFICIENT TO IDENTIFY FINAL PLACE AND C. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND	ALIFORNIA DISTRICT OF		16B DATE OF DISPOSIT		E NUMBER OF CREMATED SPOSER—IF APPLICABLE
OTHER THAN IN.	DISPOSITION THER THAN IN A			16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL		
UPON AUTHORIZA	TION OF PERMIT DISTRIBUTE COPIES AS FOLLO	WS:				

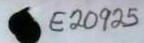
COPY 1—ACTOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN TO DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS 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

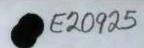
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8 20 2008

You are hereby authorized and instructed,	subject to your rules and regulation	ns, to inter the remains
or EIHEL C	AKTER Pin: 231	801 Weas
in a Liner	_ Funeral, date, time Aug to	17,2008 1200
Church, Chapel, Graveside	Amerso	n Kapsmortuary.M
All Funeral cars must arrive before 3:00 p.	m. of regular work day or an extra o	charge of \$
will be applied and billed to undersigned.		
Division Section	BIK/Row Lot 109	2011
Grave space & Care Fund		3011-
Overtime/Late Arrival Fees		700
Opening/Closing & Setup	DECE ON BE	708-
Burial Container		359
Handling Fees.	AUG 2 6 2008	275
Flower vases - Marker setting fee	UU L	
Recording/Filing/Transfer Fees	By	85
Sales taxes		27.82
	Total Due	4465,82
Pa	aid receipt number R-613	1 4,4655
	UL 1676	nce due
I hereby certify I am the DOUGH and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	tion of remains as above indicated tion and I agree to hold Mt. Hope C	above named decedent I certify and represent cemetery harmless from
I hereby authorize the interment in lot I fiold (Inder deed.	Shawn (Print Name) 9 Perra Address Sorrae Valler	ARTER dise Vally 10 CA 91977 FF217
	reteptions 453	8109 Tip Code
⊏ 20925	Invoice #	
Work Order# E 20925	Acct. #	The Control of the Co



GRAVE	BLIND CHECK FORM
IN GRAVE WITH	7
marked with "X". Place the nar	ased for which the grave is for in the block me's, lot # and grave # of all existing marker's in are adjacent to the burial space.
	X
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	of Cartes
Interment Date: 8/27/08	3 Time: 1:00 Chapel
Div: 11 Sect: 1	Blk/Row: Lot: 109 Grave10
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

TA NAME OF DECE	DENT—FIRST	IB MIDDLE IC LAST LEE CARTER				
2. SEX 3. DAT	TE OF BIRTH (MONTH, DAY, YEAR) /21/1927			NO PERSON	TE OF EVENT (MONTH, DAY, YEAR)	
SPRING V				SAN DIEGO	H-IF OUTSIDE OF CALIFORN	NIA, ENTER STATE
7A NAME OF INFO		TB RELATIONSHIP TO	DECEDENT	LICENSED FUNERAL I	ADDRESS OF CALIFORNIA- XRECTOR OR PERSON REET NUMBER AND NAME, E	88. CALIFORNIA LICENSE NUMBER - IF APPLICABLE FD1329
8519 PARA	FULL MAILING ADDRESS—STREET MUMBER AND N ADISE VALLEY RD #217 ALLEY, CA 91977	AME, CITY, STATE, ZIP	CODE	ANDERSON-I 5050 FEDERA SAN DIEGO,		UARY
right to control dispo- stated herein is one	RENT OF APPLICANT—I hereby scknowledge as application pursuant to Health & Safety Code Section 7100, are fitted dispositions eatherized by Health & Safety Code S	nd that the disposition section 103055	A. APPLICANT	emuk	Amor	98 DATE SIGNED
PERMIT AND A This permit is issued of California.	JTHORIZATION OF LOCAL REGISTRAR— in accordance with provisions of the California Health at	ANY CHANGE IN D	ISPOSITION e authority for th	REQUIRES A NEW disposition specified in	PERMIT TO SHOW FIN this partial NOTE: This permit	AL DISPOSITION gives no right of disposal outside
10A AMOUNT OF F \$ 11.00	105. DATE PERMIT ISSU 08/22/2008	1		WOOTEN, MI	ESTABLISHED CONTRACTOR (VIII)	E@
3851 ROSE	O COUNTY VITAL RECORDS ECRANS ST O, CA 92110 ISPOSITION(S)		-	FOR COR	ONER'S USE ONLY	
-	1924 NAME AND ADDRESS OF CALIFORNIA CEMET	TERY		128 DATE BURIED	112C INTERM	ENT NUMBER—IF APPLICABLE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102			8-27-00	The state of the s	III WANTE HER SECULIAR STATE OF THE SECURIAR STATE OF THE SECULIAR STATE OF THE SECULIAR STATE OF THE SECURIAR
The Late	13A. NAME AND ADDRESS OF CALIFORNIA CREMA	ATORY		13B. DATE CREMATED	13C CREMAT	TION NUMBER—IF APPLICABLE
CREMATION				13D SIGNATURE OF PE	RSON IN CHARGE OF CREM	ATION
	14A. NAME AND ADDRESS OF CALIFORNIA FACILI	TY RECEIVING REMAIN	s	148 DATE RECEIVED		
SCIENTIFIC USE				14C. SIGNATURE OF PE	RSON IN CHARGE OF FACIL	пу
TRANSIT	15A, NAME AND ADDRESS IN RECEIVING STATE O CREMATED REMAINS ARE TO BE SHIPPED	OR COUNTRY WHERE R	EMAINS OR	15B. NAME AND ADDRE	SS OF PERSON IN CHARGE (OF PLACING WITH THE CARRIER
				SC SIGNATURE OF PE THE GARRIER	RSON IN CHARGE OF PLACE	NG WITH 1950, DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION	16A ADDRESS, NEAREST POINT ON SHORELINE SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIF IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LO	FORNIA DISTRICT OF D		16B. DATE OF DISPOSI		E NUMBER OF CREMATED SPOSER—IF APPLICABLE
OTHER THAN IN A CEMETERY				16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL		

COPY 1 - ACCOMPANIES REMAINS TO THE STATED FLACE 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 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY DRIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

MT. HOPE CEMETERY

INTERMENT ORDER

at need

City of San Diego

Date 8 20 2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
or JOSEPH M. FERNANDES 238104
in a DD A Funeral, date, time WGD 8-13-08 2pm
Church, Chapel Graveside : GRCGN WOOD Mortuary.
All Funeral cars 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 246 Grave
Grave space & Care Fund E 19465/ 2005 —
Overtime/Late Arrival Fees R- 59395
Opening/Closing & Setup
Burial Container
Handling Fees
Flower vases - Marker setting fee Master card 85 - CANAPI Recording/Filing/Transfer Fees A-61(49) 0 903 85 965 00
Recording/Filing/Transfer Fees. 1261(49) 0 80 85 965 00
Sales taxes
Total Due
Paid receipt number
Balance due
I hereby certify I am the Adaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.
I hereby authorize the interment in lot I Hold under deed. Address Address Address Address Address
Address El Cajon, CA 92000 × 619 966 - 9868 Per Cada Telephone
= 2000 (Invoice #
Work Order # E 20926 Acct. #

E 20926

	GRAVE B	BLIND C	HECK F	ORM	
IN GRAVE WITH		0			
Write in the name of marked with "X". Pla the appropriate space	ce the name e (s) that ar	e's, lot # e adjace	and grave nt to the b	# of all e	existing marker's
Burial Container	Double	2-00	pth p		
		X			
Flagged Yes				No	
Blind check Initiated	by:			Date	:
Interment space for:	Jose	ph r	n. Fe	mar	des
Interment Date:					
Div: 10 Sect		Blk/Row:	Lo	nt: 244	4 Grave:
Grave Laid out by:					
Agrees with Legal Ca	rd:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verified	d By:	اللاغة	Da	ite	
Cremains were placed	i at:		of	grave	

		MT. HOPE CEMETERY
Frenced Trust Pre-need Trust Pre-nee	OFFICIA	pre-need INTERMENT ORDER lot + trust City of San Diego
Fight They Fight They For No. E-1 ALANCE DUE: Pre-need Trust M	Ö	from thust City of San Diego
SE S		Date 11/10/05
是 是 日 一 四 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	E E	
A A	CEIP	You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains.
20 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3	of for ma & mu Joseph M. Fernandes
Thousand Thousand Thousand P Loug At Need Ust M Cash		
事 第	308	in a D.D.CIVITA Funeral, date, time
Fernal Payment One	X X III	Church, Chapel, Graveside Mortuary.
ent of H		All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
Grave Grave Check N		will be applied and billed to undersigned.
第三	j	
	WED CONST	Olvision 10 Section Bik/Row Lot 2464 Grave 1
Address: 13624 Coyotz licel Ninety One 5700 NOT VALID FOR PURPOSES STATED VALESS STAMPED PAID IN THIS SPACE. PAID NOV 10 2005 PAID NOV 10 2005 SCHOOL OF THE TER	AND STO	4511 -
B . BB	SE SE	Grave space & Care Fund
\$3 T D D B		Overtime/Late Arrival Fees
NO NO PROPERTY OF THE PROPERTY		Opening/Closing & Setup
ESS TO THE	CITY OF SAN DIEG MOUNT HOPE (619) 527	Burial Container 7/7 -
B6 500 F 600	UN Y OF	604.
BOO STORY	OT FS	TO SECURE A CONTRACT OF THE PROPERTY OF THE PR
图名 日	SAN DIEGO, CAI T HOPE CEN (619) 527-3400	Flower vases - Marker setting fee Recording/Filing/TraNs/Full 2005
10000000000000000000000000000000000000	PE 52	Recording/Filing/Trahible/Fedest/ 2003.
THE STATE OF L		Saloe tayes
₩ S S S C C S S S S C C S S S S S S S S	400 CA	
100 6 11 15 9	O, CALIFORNIA CEMETERY	Paid receipt number <u>R-59395</u> 5180 57
SESSER SESSERS SESSER	ORN	Belance due
Part of the state	7 5	of the above named decedent
5 7 THE THE WOLL 15 17 16		
a lot th		and this is your authority to make disposition of remains as about Mt. Hope Cemetery narmless from that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery narmless from any liability on account of said authorization and interment.
82282-2-2-2-20 X = K		
8288888888888888		I hereby authorize the interment in lot I Ring TORICHARD Fernandes the hold under deed.
8 8 100 00 00 00 00 00 00 00 00 00 00 00 00		120 S COLINE VION WAY
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 00 to a man to a ma
3 2	7	Samul, care 71735
	59	RL1-444-1746
7 5 6 1 7 4 5 7 5 0 S	8-59395	outter.
20 OS 11 OS 12 OS	OI.	Paulette Invoice#
7 LIQ QO SET [EL		Work Order # E-19465 Acct #
19		REA 104 (3-04) This information is available in alternative formats upon request.
500		O months received pater

H 14-

E. 20926

CITY OF SD MT HOPE CEMETERY 64 3751 MARKET ST SAN DIEGO CA 92182 519-527-5474

Tera 10: 79598694 Ref #: 8884

Sale

MASTERCARD Entry Method: Manual

Total:

85.00

88/26/88

12:15:41

Inv #: 888884 Appr Code: 868385 Batch#: 888882 Zip Code:

Customer Copy -

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20926

0	USE BLACK INK ON	LY - MAKE NO ERASUR	RES, WHITEOUTS,	PHOTOGOPIE	S, OR OTHER	ALTERATIONS		
JOSEPH	ECEDENT—FIRST	18 MIDDLE MICHA	EL		FERNAND	ES JR.		
2 SEX 3.	DATE OF BIRTH (MONTH, DAY, YEAR) 11/28/1916	4. DATE OF E 08/23/2	DEATH (MONTH, DAY, 2008	Y, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)			(MONTH, DAY, YEAR)	
LA MES				SAN DIE	GO	IDE OF CALIFORN	NIA. ENTER	STATE
7A. NAME OF I	ISE W. FERNANDES	31805 WIFE	NSHIP TO DECEDENT	LICENSED FUN	E AND ADDRESS OF ADDRES	OR PERSON		ORNIA LICENSE —IF APPLICABLE 3
410 SOL	TS FULL MAILING ADDRESS—STREET N JTH 1ST STREET DN, CA 92019	JUMBER AND NAME CITY, ST.	ATE, ZIP CODE	4300 IMP	OOD MOR ERIAL AVE GO, CA 921	NUE		
ngnt to control o stated herest is	GEMENT OF APPLICANT—I hereby ack isposition pursuant to Health & Safety Code one of the dispositions authorized by Health D AUTHORIZATION OF LOCAL RI	Section 7100, and that the disp 8 Safety Code Section 103055.	osition \	hak	Hami	2 SHOWEIN	IAI DIED	98 DATE SIGNED 08/26/2008
This permit is in of California.	sued in accordance with provisions of the Ca	sifomia Health and Safety Code	and is the authority for	the disposition spec	ified in this permit. I	NOTE: This permit		
\$ 11.00	# C2550	6/2008	A CONTRACTOR OF THE PARTY OF TH	A WOOTEN	GISTRAR ISSUING	PERMIT		E
SAN DIE 3851 RO	OF REGISTRAR OF DISTRICT OF DEATH GO COUNTY VITAL REC SECRANS ST GO, CA 92110		ALIFORNIA 10E AI	DORESS OF REGIS	STRAR OF DISTRIC	OT OF DISPOSITIO	N—IF DIFFI	ERENT FROM 100
BURIAL	D DISPOSITION(S)			FO	R CORONER'S US	SE ONLY	1	
	12A NAME AND ADDRESS OF CAL MOUNT HOPE CEME STREET, SAN DIEGO	ETERY, 3751 MARI	KET	128. DATE BURIE	27-68 27-68 E OF PERSONN C	12C INTERN HARGE OF BURIA		ER—IF APPLICABLE TERING
BURIAL OF SCATTERING CEMETER (INCLUDE:	12A NAME AND ADDRESS OF CAL MOUNT HOPE CEME STREET, SAN DIEGO	ETERY, 3751 MARI D, CA 92102	KET	128. DATE BURIL	27-68 27-68 E OF PERSONIN C	12C INTERN HARGE OF BURIA	L OR SCAT	2011/01/2017/2017/10/2017
BURIAL OF SCATTERING CEMETER (INCLUDE:	MOUNT HOPE CEME STREET, SAN DIEGO 13A NAME AND ADDRESS OF CAL	ETERY, 3751 MARI D, CA 92102	KET	128. DATE BURIL 120. SIGNATURE 138. DATE CREM	27-68 27-68 E OF PERSONIN C	HARGE OF BURIA	TION NUMB	TERING
BURIAL OF SCATTERING CEMETER (INCLUDE: ENTOMBME	MOUNT HOPE CEME STREET, SAN DIEGO 13A NAME AND ADDRESS OF CAL	ETERY, 3751 MARI D, CA 92102 FORNIA CREMATORY		128. DATE BURIL 120. SIGNATURE 138. DATE CREM	ED 27-68 E OF PERSON IN C	HARGE OF BURIA	TION NUMB	TERING
BURIAL OF SCATTERING CEMETER (INCLUDE: ENTOMBME	12A. NAME AND ADDRESS OF CAL MOUNT HOPE CEME STREET, SAN DIEGO 13A. NAME AND ADDRESS OF CAL N 14A. NAME AND ADDRESS OF CAL	ETERY, 3751 MARI D, CA 92102 FORNIA CREMATORY		12B. DATE BURIS 12D. SIGNATURE 13B. DATE CREM	ED 27-68 E OF PERSON IN C	HARGE OF BURIA	AL OR SCAT	TERING
BURIAL OF SCATTERING CEMETER (INCLUDE: ENTOMBME	12A. NAME AND ADDRESS OF CAL MOUNT HOPE CEME STREET, SAN DIEGO 13A. NAME AND ADDRESS OF CAL N 14A. NAME AND ADDRESS OF CAL	ETERY, 3751 MARIO, CA 92102 FORNIA CREMATORY FORNIA FACILITY RECEIVING	FIEMAINS	12B. DATE BURIL 12D. SIGNATURE 13B. DATE CREM 13D. SIGNATURE 14C. SIGNATURE 15B. NAME AND	ED 27-68 E OF PERSON IN C	HARGE OF BURIA	TION NUMBI	TERING
BURIAL OF SCATTERING CEMETER (INCLUDE: ENTOMBME) CREMATIO	12A. NAME AND ADDRESS OF CAL MOUNT HOPE CEME STREET, SAN DIEGO 13A. NAME AND ADDRESS OF CAL 14A. NAME AND ADDRESS OF CAL 15A. NAME AND ADDRESS IN RECE	ETERY, 3751 MARIO, CA 92102 FORNIA CREMATORY FORNIA FACILITY RECEIVING	FIEMAINS	12B. DATE BURIS 12D. SIGNATURE 13B. DATE CREM 13D. SIGNATURE 14B. DATE RECE 14C. SIGNATURE	ED 27-08 E OF PERSON IN CO	HARGE OF BURIA	TION NUMBI	TERING ER—IF APPLICABLE G WITH THE CARRIER
BURIAL OF SCATTERING CEMETER (INCLUDE: ENTOMBME) CREMATIO	12A. NAME AND ADDRESS OF CAL MOUNT HOPE CEME STREET, SAN DIEGO 13A. NAME AND ADDRESS OF CAL 14A. NAME AND ADDRESS OF CAL 15A. NAME AND ADDRESS IN RECE CREMATED REMAINS ARE TO BE S 16A. ADDRESS, NEAREST POINT O SUFFICIENT TO IDENTIFY FINAL PI IF BURIAL AT SEA, ONLY ENTER LY IN A	ETERY, 3751 MARI D, CA 92102 FORNIA CREMATORY FORNIA FACILITY RECEIVING EIVING STATE OR COUNTRY IN SHORELINE, OR OTHER DE LACE AND CALIFORNIA DISTR	MHERE REMAINS OR	12B. DATE BURIL 12D. SIGNATURE 13B. DATE CREM 13B. DATE RECE 14C. SIGNATURE 15B. NAME AND 15C. SIGNATURE 16B. DATE OF DE	ED 27-68 E OF PERSON IN CO	HARGE OF BURIA HARGE OF FACIL SON IN CHARGE HARGE OF PLACIL REMAINS DE	TION NUMBER THE PLACING WITH E NUMBER SPOSER—IF	TERING ER—IF APPLICABLE G WITH THE CARRIER 15D. DATE SHIPPED OF CREMATED FAPPLICABLE

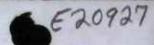
COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 - RETURNED 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.



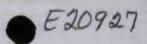
MT. HOPE CEMETERY

Grave of Ruth BINTERMENT ORDER at need City of San Diego

8/20/08

10 Chairs	Date	
You are hereby authorized and instructed,	subject to your rules and regulations, to	inter the remains
of Paul R.	BRyant 18 206	46/2008
ina ASHVAULT	Funeral, date, time MON Set	24.22, VILOS
Church, Chapel Graveside	- Famil	Mortuary.
All Funeral cars must arrive before 3:00 p.	.m. of regular work day or an extra chan	ge of \$
will be applied and billed to undersigned.		
0 2		
Division Section	BIK/Row Lot \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Grave
Grave space & Care Fund B-89	121/	_6_
Overtime/Late Arrival Fees		
Opening/Closing & Setup		149.00
Burial Container		79.00
Handling Fees.		
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	N. B. C.	65.00
Sales taxes	D. S.	612
10 Mar	Total Due	384.12
HON'T BILL	sid receipt number R6 (/) 7	38 V. 17
Ms	N 577/8 Balance	due
I hereby certify I am the	ON OF OF the abo	ve named decedent
and this is your authority to make disposithat I have the right to make this authorization	ition and I agree to hold Mt. Hope Ceme	
any liability on account of said authorization		
I hereby authorize the interment in lot I	HORLOMA Alta DR. Address San Diego CA	BNY
hold under deed.	- 4108 Loma Alta DR.	228861
Signature S	San Diego CA	92115
()	610-779-105	7
	Technine CGU 619-987-	4328
- 20007	Invoice #	
Work Order # E 20927	Acct. #	

REA-104 (3-04) 90105 This information is available in alternative formats upon request.



GRAVE I	BLIND CHECK FORM
Write in the name of the deceas	sed for which the grave is for in the block le's, lot # and grave # of all existing marker's in
the appropriate space (s) that a	
	x
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for: Pau	LR. Bryant R
Interment Date:	
Div: 8 Sect: 3	Blk/Row: Lot: 1689 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

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 PAUL BRYANT RAYMOND 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH DAY, YEAR) 2 SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 04/16/1917 M 08/20/2008 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA. ENTER STATE SA CITY OF DEATH HEAL DSBURG SONOMA 8B CALIFORNIALICENSE NUMBER-IF APPLICABLE 7A. NAME OF INFORMANT

78 RELATIONSHIP TO DECEDENT

DAUGHTER

TC. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME. CITY, STATE, ZIP CODE

6830 MONTECITO CT. SANTA ROSA, CA 95409 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE KEATON'S REDWOOD CHAPEL 1801 NOVATO BLVD. **NOVATO, CA 94945**

E20927

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

BA APPLICAN SIG BE DATE SIGNED

FD-1137

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR-ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION sition specified in this permit. NOTE: This permit gives no right of disposal out This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disp

10A. AMOUNT OF FEE PAID \$ 11.00

WILMA ATKINS

10B. DATE PERMIT ISSUED 08/25/2008

10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT MARY MADDUX-GONZALEZ, MD

10D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA

SONOMA HEALTH DEPARTMENT 625 FIFTH STREET SANTA ROSA, CA 95404

TOE. 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

CREMATION/ BURIAL

12A NAME AND ADDRESS OF CALIFORNIA CEMETERY 128 DATE BURIED 12C. INTERMENT NUMBER-IF APPLICABLE SCATTERING IN A MT. HOPE CEMETERY-3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST.-SAN DIEGO, CA 92102 **FINCLUDES** 13A NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C CREMATION NUMBER--IF APPLICABLE 138. DATE CREMATED 76.08 VALLEY MEMORIAL PARK-650 BUGEIA CREMATION 13D SIGNATURE OF PERSON IN CHARGE OF CREMATION LANE-NOVATO, CA 94945 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B, DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO SE SHIPPED TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED. 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, CNLY ENTER LATITUDE AND LONGITUDE 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER-IF APPLICABLE 18B DATE OF DISPOSITION SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 160. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS POLLOWS

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 GREMATED REMAINS WERE SCATTERED AT SEA.*

VORTE SUST INTERESTS OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 — RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATED REMAINS.

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

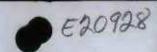
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 08 22 2008

You are hereby authorized and instruc	ted, subject to your rule	es and regulations, to	inter the remains
of - Clifford 1	Nanaels	, 213	3956
ina Liner	Puneral, date, ti	me 904	08 Thurs.
Type of Buriel Container Church Chapel, Graveside		contain B	VOS STOWN
All Funeral cars must arrive before 3.0	0 p.m. of regular work	day or an extra charg	e of s
will be applied and billed to undersign	ed		
4		indl	1
Division Section	Blk/Row	_ Lot 1074. G	rave
Grave space & Care Fund			<u> </u>
Overtime/Late Arrival Fees	ULA		
Opening/Closing & Setup	bh. w		700,-
Burial Container	J 77000	Kon	359-
Handling Fees	SEY	JETE"	275
Flower vases - Marker setting fee	OPE		
Recording/Filing/Transfer Fees	THE		82'-
Sales taxes	0-		21.84
		Total Due	1,454.82
	Paid receipt number	R61146	1424.8
		Balance o	due
I hereby certify I am the	daughter position of remains as	above indicated. I ce	e named decedent
that I have the right to make this authors any liability on account of said authors	orization and I agree to	hold Mt. Hope Ceme	tery harmless from
	1-	e Morlan	23/826
I hereby authorize the interment in lot hold under deed.	Print Name	50 Dartolo	
Man Male	- Andress	D varioro	
Signature /	City City	mona	92065 Zp Code
	760 Telephone	-420-4625	
	Invoice #		
Work Order # E 20928.	Acct.#_		



GRAVE	BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place the nam	sed for which the grave is for in the block ne's, lot # and grave # of all existing marker's in are adjacent to the burial space.
	<u>ner</u>
	X
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	9
Interment Date: 9/4/08	
Div: 8 Sect: 1	Blk/Row: Lot: 1044 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20928

CLIFFORD	DENT-PIRST		DANIEL		11/8/1/20	MANGELS	S	
10 March 10	EOFBIRTH (MONTH, DAY 17/1917	(, YEAR)	4. DATE OF DEATH 08/21/2008	CALL CONTRACTOR OF STREET	, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MCNTH, DAY,		TE OF EVENT (MONTH, DAY, YEAR)	
LA MESA					SAN DIEG		SIDE OF CALIFORI	NA, ENTER STATE
ANGIE MOF				LICENSED FUNERAL DIRECTOR OR PERSON NUMBER-IF APPLICA		BR CALIFORNIA LICENSE NUMBER-IF APPLICABLE FD568		
16550 DAR	INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 6550 DARTOLO RD AMONA, CA 92065			IP CODE	BONHAM E 321 12TH S RAMONA,	ST		MORTUARY
ght to control dispositisted herein is one of PERMIT AND AL	ENT OF APPLICANT—I stion pursuant to Health & S. if the dispositions authorized JTHORIZATION OF LI	afery Code Section 710 I by Health & Safety Cod OCAL REGISTRA	C, and that the disposition de Section 103055. R—ANY CHANGE IN	BA APPLICANT	SIGNATURE	BILD.	MO T TO SHOW FIN	98 DATE SIGNED ELOS DU NAL DISPOSITION
This permit is assued of California.		10B. DATE PERMIT I	Accessed and a second and a second	10C SIGNATUR	RE OF LOCAL REGIS WOOTEN.	STRAR ISSUING	Service Complete	it gives no right of disposal outside
	COUNTY VITA			man haran				DN-IF DIFFERENT FROM 100
SAN DIEGO	O, CA 92110			-	- I-aa			
	O, CA 92110			-	FOR	CORONER'S L	USE ONLY	
SAN DIEGO 1 AUTHORIZED DI BU BUPBALOR	O, CA 92110	METERY 3752			128 DATE BURIED	108	12C INTERN	MENT NUMBER—IF APPLICABLE AL OR SCATTERING
SAN DIEGO AUTHORIZED DI BU SUFBAL OR SCATTERING IN A CEMETERY HNCLUDES	D, CA 92110 SPOSITION(S) 12A NAME AND ADDRES MT HOPE CEN	METERY 3752 A 92102	MARKET ST		128 DATE BURIED	OS PERSONING	CHARGE OF BURIA	AL OR SCATTERING TION NUMBER—IF APPLICABLE
SAN DIEGO AUTHORIZED DI BU SUFBIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	D, CA 92110 SPOSITION(S) 12A NAME AND ADDRES MT HOPE CEN SAN DIEGO C.	METERY 3752 A 92102 SS OF CALIFORNIA CR	MARKET ST		12B. DATE BURIED 12D. SIGNATURE O 13B. DATE CREMAT	OS OF PERSON IN O FED OF PERSON IN O	12C INTERN CHARGE OF BURIA 13C CREMA CHARGE OF CREW	AL OR SCATTERING TION NUMBER—IF APPLICABLE MATION
SAN DIEGO AUTHORIZED DI BU SURBAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	12A NAME AND ADDRES MT HOPE CEN SAN DIEGO CA 13A NAME AND ADDRES - 14A NAME AND ADDRES -	METERY 3752 A 92102 SS OF CALIFORNIA CR	MARKET ST	E REMAINS OR	12B. DATE BURIED 12D. SIGNATURE O 13B. DATE CREMAT 13D. SIGNATURE O 14B. DATE RECEIVI	PERSON IN CORPERSON IN CORPERSO	CHARGE OF SURIAL CHARGE OF CREW	AL OR SCATTERING TION NUMBER—IF APPLICABLE MATION OF PLACING WITH THE CARRIER

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.

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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 Not/trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

231797

Date 8/26/2008

	sted, subject to your rules and regulations, to inter the remains
15.00	lavie Harring & Mr. Harring
In a Liver Type of Burial Container	Funeral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	ed
Division 12 Section 2	
Grave space & Care Fund	2264.0
Opening/Closing & Setup.	533.00
Burial Container	210,00 Z10,00
Handling Fees	Q-F 206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	lot m
Sales taxes	2093
Odies taxes	Total Due 3,358.93
	Paid receipt number P-01368 1,000.00
	0 Balance du 9 358 93
I hereby certify I am the	selfor husband of the above named decedent
and this is your authority to make disa	position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	zation and interment.
I hereby authorize the interment in lot	X thankory
hold under deed.	Juni Name 100 CUMULAGO
Blance	Address XXX
Egrature	City CSQ - 2000 - MQQ L Zip Code Q
	Talaurana Sca S49 - LM37 limited
	1000ice#
Work Order# E 20929	The state of the s
vvork Order#	Acct. #

Pre-Need Not/trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

2317	97	Date 8/20	23/8/H
You are hereby authorized and instructed, so	bject to your rules an	d regulations, to inte	er the remains
or for Roseman	ie Harri	na e Mr.	Harring
	Funeral, date, time	-	
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day o	or an extra charge or	f\$
will be applied and billed to undersigned			
Division 12 Section 2 B	ik/RowL	ot 138 Graw	. 8
Grave space & Care Fund			2264.0
Overtime/Late Arrival Fees	·		
Opening/Closing & Setup	***************************************	*****	533.0
Burial Container	***************************************		210,0
Handling Fees.			200.00
Flower vases - Marker setting fee	·		
Recording/Filing/Transfer Fees			10500
Sales taxes			2009
	Jota	al Due	2008-40
Paid	receipt number	orbies t	000.00
- 1.		Balance du	158.40
I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorization any liability on account of said authorization.	of remains as above and I agree to hold and interment.	40	and represent narmless from
I hereby authorize the interment in lot I hold under deed.	Print Marpe	iarie Ha	
-Rosemanie Having	Address	Caminito	200
Signature	X Sau C	nego a 3 - 206 - 0	92131 991
			*
Work Order # E 20929	Invoice #		
This inform	antion le available in	atternative formale	unon request

Re: Kennety Harring

Sinsle Adult Burial With Bell Liner. Enclosed is \$1,000.00.

That is about all I can afford at Tyis time.

I Rave Can Problems and needs to

get fixed and is kind of Expensive.

By Husband seems to get better

Problem was to many Pain Medicine

Problem was to many Pain Medicine

Which made Rim sleepy all the Time

Since they Pills were redunded

There.

Roemanie Harring

0086

10447 Caminto Bunyon 80. 02 92/31

S. Revision

1+ need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-26-08

	N SHELBY 21833	1
Type of Buriel Container	_ Funeral, date, time Aug 29 Triday	W
Church, Chapel, Graveside	Anderson-Raastalemort	uary
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of \$	_
will be applied and billed to undersigned	1.	_
Division 12 Section 2	Blk/Row Lot 57 Grave 5	_
Grave space & Care Fund (E-00)	658 9 4-1980) -	_
Overtime/Late Arrival Fees		_
Opening/Closing & Setup	61-25-2000)	9
Burial Container		_
landling Fees		_
		_
Recording/Filing/Transfer Fees	_/_	_
Sales taxes		_
	Total Due	
	Paid receipt number	_
	Balance due	_
hereby certify I am the_ and this is your authority to make dispo	of the above named dece- esition of remains as above indicated. I certify and repre	sen
that I have the right to make this authori any liability on account of said authoriza	zation and I agree to hold Mt. Hope Cemetery harmless ton and interment.	ron
	n unalind	
hereby authorize the interment in lot I nold under deed.	Print Name	
	Address ADD O	_
ignative	City Zie	Cod
	Telephone	-
Nork Order # E 20930	Invoice#	_

REA-104 (3-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

REA-104 (7-96)

City of San Diego

Date 1-25-00

		-
Type of Buriel Contemer	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.		
ot 57 Grave 5 Row		13
Grave space & Care Fund	e-New E-1658 _	9
Additional spaces and care fund		
Opening/Closing & Setup	¥ \ 7 25	5.00
Burial Container	+ 1 r 25	0.00
Handling Fees	75 00 185	5.00
Flower vases - Marker setting fee		
Recording and filing fee	1114 111 111 111 111 111 111 111 111 11	6.00
Sales taxes	3	0.00
P	aid receipt number R-52067 87	5.00
**************************************	Balance due	-6
that I have the right to make this authorized any liability on account of said authorizati	of the above named ation of remains as above indicated. I certify and ation and I agree to hold Mt. Hope Cemetery harm ion and interment.	represent
hereby authorize the interment in lot I hold under deed.	Signature	
Ø.1	Address	
Signature of recorded holder of deed	City	Zip Cod
	Tolephune	
	Tolephane	

	ORD	ER ·	(M	T. HOPE	CEMETERY
	CITY OF SAN DIE	SO, CALIFORN	NIA C	/	C/a
10-	0 . 0	DATE	1-7	-	19 20
	brich	sh	elo	7	_
ADDRESS 646	Gaven	Lt	J. D.		
NAME OF DECEASED	hearte	20			
OWNER Orles	on Al	allow	1		
6			/		
ADDRESS			8		
MORTUARY					
LOT 57	5	SEC 2	BEK //	205	00
LOT	GR ROW	SEC_V	DIV	× / ~	00
OPENING TIME	DATE				
VAULT DOW-	SIZE				
REMOVAL OR FOUNDATION	VET.				
			1		
			N.	275	00
	2072	1	_ TOTAL @	(10)	CHI
PAID RECEIPT NUMBER _	2010				
			BALANCE		
Fleigh 7	Marka 16	2000	Ola.	uean	0
		1			
		Paradonal Paradonal	AIT	THE PERSON NAMED IN	74
			ALL	-	
		SFI	P 4 100	1	
		11			
THE CITY CHARTER MAN	CES NO PROVISIONS		AN DIEGO		
AGREE TO ABIDE BY	THE RULES AND REG	LATIONS OF	MT. HOPE	CEMETER	Ϋ́.
AUTHORYZES			1		-
TN PERSON Sheld	rick Shell	ORDER BY	18.111	Cal	ma
00165	8	THE BY	1	101	
W.O. NO. E		INVOICE	E NO. CA	1/10	V_
PR-974 (REV 8-78)					

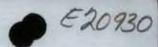
45 Printed un recycled paper

E 20930 52067

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

	527-3400	1 . 1	0.0
From James Milloy	Address: 646 Raver	n It Sin Diego	92102
Eight Rushed Sem	ty Time yet	Pollars (\$	875.00
InPayment of	re- Need Smed of	or arlean While	John
Lot 57 Grave	5 Row_	Section 2	Division \2
Invoice No.	NOT VALID FOR PURPOSE STATED UNLESS ST "PAID" IN THIS SPACE.	20% Sales Care 77184	
Acct. No.		80% Sales 100 of Lots 77184 — Opening/ 160	
W.O. E-15516	C WELL WILL	Closing 77181 — Burlai 100 Containers 77182 —	
BALANCE DUE		Handling Fee 77185 — Recording & 100	
Pre-Need Lot At Need On Acct		Misc. Fees 77183 — Pre-Need 63033 Trust 9022 —	875 00
Pre-need Trust □ Cash □ Check ☑	ISSUED BY D. Mulli	Sales Tax 60101 78390 — TOTAL PAID	875 00
AC212 (Rev. 5-94)			State of the same



	SRAVE E	BLIND C	HECK F	ORM	
IN GRAVE WITH	0				
Write in the name of the marked with "X". Place the appropriate space Burial Container	the nam	e's, lot # : re adjace	and grave nt to the b	# of all ex	isting marker's in
		\			
	Schoss	ΣM	SIEP	nen	
	Muan	X	grett	my .	
		shelle	y Kuni	1	
Flagged Yes	V			No	
Blind check Initiated by	<i>y</i> :	toule	ette	Date:	8/26/08
Interment space for:	Ar		195		1
Interment Date: 8 20	ind f	Time	: 11:	00	
Div: 12 Sect:	2	Blk/Row:		ot: 57	Grave:5
:Grave Laid out by:					
Agrees with Legal Care	d:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verified	Ву:			ate	
Cremains were placed	at:		0	f grave	

GHAMPA OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

E20930 61325

		Date:	- 11	1-24,20	80
From: James SHERRY	Address:			97	113
ONG HUMRED-SENS	NON EIGHT ?	MILES -	- Dollars (\$_	178	0,
in Full Payment of 36		12 ARLCON SUT	siby		
Div Sec	Blk/ Row	Lot57	Grave	5	
Invoice No. 218553 Acct. No. 602093 0 W.O. 6630 BALANCE DUE 6	NOT VALID FOR PURPOSES ST STAMPED "PAID" IN THIS SPACE PAID NOV 2 4 200	E. CREDIT 20% Sales Ca 80% Sales of Lots Opening/ Closing	67007 77184 — 100 77184 — 100 77181 — 100 — 77182 100 — 100		
☐ Money Order ☐ Charge LP07234 C ☐ Check AC:2124 (11-05)	MOUNT HOPE CE	METERY Handling Fee Recording & Misc. Fees Sales Tax	77185 100 77183 60101 78390 S	178	-

E20930

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

ARLEAN	1A NAME OF DECEDENT—FIRST 1B. MIDDLE ARLEAN SANDERS				1C LAST SHELBY				
1 - NO. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	ATE OF BIRTH (MONTH, DAY, YE 1/02/1919	AR)	4. DATE OF DEATH 08/22/2008		EAR)	5 (F	PETAL DEATH ONLY) DAT	E OF EVENT (MO	NTH DAY, YEAR)
BA CITY OF DEA					ORANG		OUTSIDE OF CALIFORI	NIA, ENTER STA	TE
7A NAME OF INF	FERENCE GROWN	T. TT	78. RELATIONSHIP SON	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				
7C INFORMANTS 201 E. BC PLACENT	PCODE		ON-RAC		UARY				
right to control diep	MENT OF APPLICANT—I here position pursuent to Health & Safety of the dispositions authorized by H	Code Section 7100 an	d that the disposition	STE	SIGNATURE	adh	ger	98.	3/28/08
This permit is issue of California.	AUTHORIZATION OF LOCA ad in accordance with provisions of	the California Health an	d Safety Code and is	the authority for the	e disposition spe	cified in this pe	orwin NOTE: This permit	AL DISPOSIT gives no right of	of disposal outside
\$ 11.00	4	3 DATE PERMIT ISSUI 08/28/2008	ED	► ERIC	E OF LOCAL RE				E
ORANGE HEALTH DEPARTMENT 1200 NORTH MAIN STREET, SUITE 100-A						COUNTY RANS ST			NT FROM 10D
11. AUTHORIZED	DISPOSITION(S)						R'S USE ONLY		
BU	** *** * *								4
BURIAL OR SCATTERING IN	12A NAME AND ADDRESS OF A MT. HOPE CEME				8-29		12C INTERM	ENT NUMBER-	IF APPLICABLE
(INCLUDES ENTOMBMENT)	STREET, SAN DI		Park		120 SIGNATUR	e of Person	Morie		NG
	13A. NAME AND ADDRESS OF	CALIFORNIA CREMA	TORY		136 DATE CREI	MATED		TON NUMBER-	FAPPLICABLE
CREMATION					130 SIGNATUR	E OF PERSON	N IN CHARGE OF CREM	ATION	
7/16	14A, NAME AND ADDRESS OF	F CALIFORNIA FACILIT	Y RECEIVING REMA	INS	14B. DATE RECI	EIVED			
SCIENTIFIC USE					14C SIGNATUR	E OF PERSON	N IN CHARGE OF FACIL	ПУ	
	1SA, NAME AND ADDRESS IN CREMATED REMAINS ARE TO		R COUNTRY WHERE	REMAINS OR		ADDRESS O	F PERSON IN CHARGE	OF PLACING WI	TH THE CARRIER
TRANSIT					15C SIGNATUR	E OF PERSON	N IN CHARGE OF PLACE	NG WITH 1150	DATE SHIPPED
1455					THE CARRIER				
SCATTERING/ BURIAL AT SEA O DISPOSITION	URIAL AT SEA OR				168. DATE OF D	SPOSITION		NUMBER OF C POSER—IF API	
OTHER THAN IN					16D, SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL				IAL
The same of the same of	TION OF PERMIT DISTRIBUTE (AND TO BE THE				-	-		

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 LEBO

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/24/08

You are hereby authorized and instructed, subject to your ru	les and regulations, to inter the remains
or Sheenas, Jordan	231825
in a BELL LAYOR Funeral date	time SSP 3 @ 10:30
Church, Chapel Graveside	CA CREMATION Mortuary
All Funeral cars must arrive before 3:00 p.m. of regular work	day or an extra charge of \$
will be applied and billed to undersigned.	
Division 12 Section Z Blk/Row	_ Lot _215_ Grave _5
Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container.	270.00
Handling Fees AUG 2 9 2008	206.00
Flower vases Marker setting Tels V D.C.	710.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20,93
	Total Due 3569.07
Paid receipt number	15-61138 3569 0
	Balance due
	ohold Mt. Hope Cemetery harmless from 23/824
MORTUARY TO 121 K. C. 11	45 Wonderlih AUE. n Diego CA 92114 g 822-5262
Work Order # E 20931 Invoice	*
ACCL #	

E20931

	GRAVE BL	IND CH	ECK FO	RM	
IN GRAVE WITH	FIE	0		W-II	
Write in the name of marked with "X". Pla the appropriate space Burial Container	ice the name's	, lot # and adjacent t	grave #	of all exi	sting marker's
	JASON	X			
	nonse		MODRE		
Flagged Yes	s		N		
Blind check Initiated	_	-	_,	Date:	
Interment space for:	AND DESCRIPTION OF THE PARTY OF				-
Interment Date:					
Div: 12 Sect		k/Row: _	Lot:	215	Grave 5
Grave Laid out by:	KENO	JUA	· N	100	
Agrees with Legal C	ard:	Yes [No	
Agrees with Map:		Yes [No	
Blind Check & Verifie	ed By:	AVID	/ Date	9-	2-08
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OF THOME TIEDER T	Transcription 1994	CONTRACTOR OF THE	AT ALTER	NIBOLIAGE		6'	1138	
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CITY OF SAN DIEGO CALIFORNIA

OFFICIAL RECEIPT

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 25

E 2093 (1)

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7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 6245 WUNDERLIN AVE SAN DIEGO, CA 92114					IP COIDE	2200 HI	GHLANI	REMATION & BU D AVENUE Y, CA 91950	JRIAL C	CHAPEL	1
right to cont stated herei	trol dispos in is one o	ENT OF APPLICANT—I her ison pursuant to Health & Safet I the dispositions authorized by ITHORIZATION OF LOC	y Code Section 7100, a Health & Safety Code 3	and that the disposition Section 103055.	- Cli	rude	tte	RUSS SHOWEIN	IAI DISPO	98, DATE SIGN	3/0
This permit of Californi	is issued i ia.	n accordance with provisions o	f the California Health s	and Safety Code and is	the authority for th	e disposition sp	ecified in this	permit NOTE: This permit	gives no ri	ght of disposal o	butside
				► WILMA			SSUING PERMIT		E		
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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 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Par weer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3(24/08

of						
in a	00		Funeral da	te time		
	Type of Burist Container apel, Graveside	-	, and an	2		Mortuary
Service Contraction	Production of the Control of the Con					100000000000000000000000000000000000000
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MT. HOPE CEMETERY

at need

REA-104 (3-04)

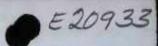
INTERMENT ORDER

City of San Diego

8-27-08 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (1) Funeral, date, time - Mortuary Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. 12 Section 2 Blk/Row Lot/92 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 Balance due of the above named decedent I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under des Invoice # Work Order # E 20933 Acet. #

This information is available in alternative formats upon request.

40W INCOME



GRAVE	BLIND CH	HECK FOR	RM		
IN GRAVE WITH)	113			
Write in the name of the decear marked with "X". Place the nam the appropriate space (s) that a	ne's, lot # ar	nd grave # c	of all exis	sting marke	er's in
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Div: 12 Sect: 2	Blk/Row:	Lot:	198	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 gn	ave		



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.

Address: Gity: San Diego State CA Zip Code 92116-3377 City of San Diego resident? (Circle) YES NO Size of Family (check one) 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 principal 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. Daughter Services Agreement and current month rent receipt property ax statement Other Current World 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 ax statement Other Current World California verified Approved by Date	Name of Deceased:	Beverly	A. Pa	rKer		
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Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other Current documents verified	Residency is the residence hospital unless said stay extended to the residence has been also been said to the residence has	ow administrative of the deceased ceeded one year, penalty of perjurue	prior to enter	his program	initial are facility, hosposter at of Californ	ice, and/ or
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Approved by Date	Proof of Residency: Valid Cone of the following: Current current month rent receipt pro	alifornia Driver's Lie Utility Bill Curren perty tax statement C	ense/ Identificate Monthly Che	ation card displaying cking/Bank Stateme	City of San Diego	address and greement and
	Approved by			Date		



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
- 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)
- 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 F	amily	Annual Income
1		\$14,933
2		\$24,463
3		\$33,588
4		\$41,459
5		\$48,926
6		\$57,222
More than 6	Each additiona	al member add \$ 8,296

- 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. <u>Valid</u> 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
- Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
- 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 <u>first burial</u>. 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.
- 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 20933

Social Security Administration Supplemental Security Income

Notice of Change in Payment

000025864 01 AB 0.341 436 08S1069B82285 0422,M02,110

Date: April 29, 2008 Claim Number:

壓

BEVERLY A PARKER
4669 IOWA ST 7
SAN DIEGO CA 92116-3377
Udandlildaddlindd

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 months in the past. The rest of this letter will tell you more about this change.

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

Your Payments Will Be Changed As Follows:

From

Through

Amount Due Each Month

April 1, 2008

April 30, 2008

\$0.00

Why Your Payments Changed

Because of your income, you were not eligible to receive Supplemental Security Income payments for April 2008.

Information About Your SSI Payments

This action does not change your current payment amount.

See Next Page

H



Your Payment Is Based On These Facts

You had monthly income which must be considered in figuring your eligibility as follows:

Your special one-time payment of Social Security benefits- before deductions for Medicare premiums, if any-received April 2008 of \$1,073.00.

Information About Your Back Payments

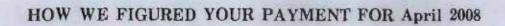
• We sent you a Social Security check for \$469.00 in April 2008. We will not count the part of this money which was due for back payments as your resource for 9 months. If the money is not spent before February 1, 2009, we will count any money left over as part of your resources. But things bought with this money may count as resources the month after they are bought. Your Social Security office can tell you which things count as resources. You cannot get SSI if the resources we count have a value of more than \$2,000.

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

- We may be in touch with you later about any payments we previously made.
- This decision refers only to your claim for Supplemental Security Income payments.
- This determination replaces all previous determinations for the above periods.
- This information is also being sent to WILLIAM RADER.
- Would you like to work? If so, you should know about special Supplemental Security Income (SSI) rules. These rules can help you keep Medicaid and may help you keep getting some SSI even though you are working. The enclosed fact sheet tells you more about special SSI rules for people who work.



Your Payment Amou	nt
The most Federal SSI money the law allows us to pay	\$ 637.00
Minus (-) "Total income we count" (see below)	-1,053.00
Federal SSI money (no Federal payment due because of too	
much income)	\$ 0.00
The most State SSI money the law allows us to pay	\$ 233.00
Minus (-) remainder of income from State SSI money	
(\$1,053.00 minus (-) \$637.00 = \$416.00)	- 416,00
State SSI money (no State payment due because of too	
much income)	\$ 0.00
Total SSI Payment for April 2008	\$ 0.00
Your Income Other Than	Your SSI
Income you receive in April 2008 affects your payment for Ap	oril 2008
Social Security benefits	\$1,073.00
By law we don't count \$20,00 of above income	- 20.00
Total income we count	\$1,053.00



Print

Save

Back of Bill

Close

Account Number 1867 963 407 9 BEVERLY A PARKER 4669 IOWA ST, #7 SD Date Mailed: Aug. 7, 2008 Cycle 05 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

YOU MAY QUALIFY FOR A 20% DISCOUNT ON YOUR BILL IF YOUR INCOME MEETS CALIFORNIA ALTERNATE RATES FOR ENERGY (CARE) GUIDELINES.

ACCOUNT SUMMARY

Previous Account Balance
Payments Received
Current Charges
TOTAL AMOUNT DUE

55.50

-55.50 20.12

20.12

Please Pay \$20.12 by Aug. 26, 2008

BILL PERIOD

Service

Meter

Begin

End

Total Consumption

ELECTRIC

#00909661

07-08-2008

08-06-2008

192 kWh

Next Meter Read Date: 09-05-2008

Circuit: 0257 Currently not subject to curtailment. Curtailment status subject to change without notice.

ENERGY USAGE HISTORY

	This Month	Last Month	Percent Change	This Month Last Year	Percent Change
kWh/day	6.6	7.1	- 7.0%	7.1	- 7.0%
Billing Days	29	32	TENOR REPORT	32	



P.O. BOX 1098 NORTHRIDGE, CA 91328-1098

This Statement Covers

From: 07/11/08 Through: 08/11/08

Need assistance?
To reach us anytime
call 1-800-788-7000
or visit us at wamu.com

BEVERLY ANN PARKER 4669 IOWA ST 7 SAN DIEGO CA 92116-3377

Your Free Checking Detail Information

BEVERLY ANN PARKER MARY A PARKER

	Your Account at a Glance			
Beginning Balance	\$104.12			
Checks Paid	-\$93.00			
Other Withdrawals	-\$863.25			
Deposits	+\$877.13			
Ending Balance	\$25.00			

Date	Description	Withdrawals (-)	Deposits (+)
07/25	POS VIKING LIQUO 8725 BROADWAY LA MESA CA	\$24.87	
08/01	US TREASURY 312 SOC SEC		\$604.00
08/01	US TREASURY 310 SUPP SEC		\$199.00
08/04	Automatic Savings Plan Debit	\$25.00	
08/05	OLB TRANSFER TO 048600004504050	\$740.00	
08/05	AARP LIFE INS. INSURANCE A2618461	\$40.38	
08/06	OLB TRANSFER FROM 048600004504050		\$16.13
08/06	OLB TRANSFER FROM 048600004504050		\$33.00
08/06	Overdraft Charge	\$33.00	
08/06	ATM-NCHGFR S1D07855 4440 WIGHTMAN AVE. #10SAN DIEGO CA		\$25.00

AT THE REAL PROPERTY.		Chec	ks Paid	*Indicates check out of sequence		
Check Number	Number Date	Amount Paid	Check Number	Date	Amount Paid	
201	07/15	\$71.00	205*	08/05	\$22.00	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

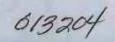
1A. NAME OF DEC BEVERLY	EDENT—FIRST	18 MIDDLE ANN		PARKER	3		
AND THE RESERVE AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	TE OF BIRTH (MONTH, DAY, YEAR) 4 DATE OF DEATH (MONTH, D 08/25/2008		, YEAR) 5. (FETAL DEATH ONLY) DATE O		E OF EVENT (MONTH, DAY, YEAR)		
SAN DIEG			SAN DIE		JTSIDE OF CALIFORN	NIA ENTER STATE	
7A NAME OF INFORMANT 7B RELATIONSHIP TO DECEDENT MARY PARKER DAUGHTER				BA TYPED NAME AND ADDRESS OF CALIFORNIA LICENSED FUNERAL DIRECTOR OF PERSON ACTING AS SUCH STREET NUMBER AND NAME CITY, STATE, ZIP CODE BE CAUSDRIIA LICENSE NUMBER—IF APPLICABLE FD 1357			
1808 VIA 0	FULL MAILING ADDRESS—STREET NUMBER AND H CAPRI STA, CA 91913	NAME, CITY, STATE, ZIP CODE	CALIFOR 5880 EL		_VD	JRIAL CHAPEL	
nght to control disposatelled herein is one	MENT OF APPLICANT—I hereby acknowledge as a sistion pursuant to Health & Safety Code Section 7100, of the depositions authorized by Health & Safety Code	and that the disposition Section 103055	SIGNATURE	Rel	21	98. DATE SIGNED 08/28/	
This permit is issued of California.	UTHORIZATION OF LOCAL REGISTRAR- I in accordance with provisions of the California Health I	and safety Code and is the authority for t	he disposition spe	cified in this perm	it. NOTE: This permit	IAL DISPOSITION splices no right of disposal outside	
10A. AMOUNT OF F	108 DATE PERMIT ISS 08/28/2008		REOFLOCAL RE		NG PERMIT	E	
BU (O, CA 92110		FO	OR CORONER'S	USE ONLY		
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT HOPE CEMETERY 3751 M STREET SAN DIEGO CA 9210	MARKET	128 DATE BURN 8 / 29/ 120 SIGNATUR	108	12C. INTERM	ENT NUMBER—IF APPLICABLE	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREM	ATORY	138. DATE CREATING		13C CREMAT	TION NUMBER—IF APPLICABLE	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY				
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE (CREMATED REMAINS ARE TO BE SHIPPED	OR COUNTRY WHERE REMAINS OR	15C SIGNATUR			OF PLACING WITH THE CARRIER	
SCATTERING/ BURIAL AT SEA OF	18A. ADDRESS, NEAREST POINT ON SHORELINE, SUFFICIENT TO IDENTIFY FINAL PLACE AND CAU IF BURIAL AT SEA, ONLY ENTER LATITUDE AND L	FORNIA DISTRICT OF DISPOSITION,	THE CARRIER 168. DATE OF D	SPOSITION		ENUMBER OF CREMATED POSER-UF APPLICABLE	
DISPOSITION OTHER THAN IN A					16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURGAL		

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 - RETAINED BY PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS 9e Rev. 01/01/2008



^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

The-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-29-08

231839	_
You are hereby authorized and instructed, subject to your rules and regulations, to inter the rem	ains
or George Asakawa & F Toshiko Asakau	19 B
in a 2 - ASK YOULLTS Funeral, date, time	
Church, Chapel, Graveside Family Mo	rtuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned.	
Division 7 Section 1 Blk/Row Lot 51 Grave 1	
Grave space & Care Fund B - 5303	
Overtime/Late Arrival Fees	
Opening/Closing & Setup 22 \$ 199 391	2_
Burial Container 2 @ 8 10 4, - 20 4	1
Handling Fees 20 \$1114- 222	3_
Flower vases – Marker setting fee	
Reporting/Filling/Estate Fees 20 \$86 170	
SINE 5 E 1 V E 1 2 D & 8.06	112
AUG 2 9 2008	0 12
Paid receipt number 168/3 1.02	0.12
By Daulette C. Re-needlance due	
I hereby certify I am the Self 17-01372 of the above named dec	
and this is your authority to make disposition of remains as above indicated. I certify and rep that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmles	resent s from
any liability on account of said authorization and interment.	138
I hereby authorize the interment in lot I TOSHIKO ASAKAWA	
Hold under deed. X Jeshika asekawa Address PRESIDENT ST	
Syname TELLOW Springs, OH &	5397
X 937 767 - 7519	Eq. Code
Polephone	
- 20074 Invoice#	
Work Order # E 20934 Acct. #	

DISINTERMENT ORDER

Reintermen	Date 6 29 00
You are hereby authorized and instructed, subject	to your rules and regulations, to inter the remains
or Lerou Reed	
	ral, date, time TUPS, SEPT. 2 @ 12
Church, Chapel, Graveside	CABURIAL Mortuary
All Funeral cars must arrive before 3:00 p.m. of reg	gular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division Section Blk/Row	vLot
Grave space & Care Fund	
Overtime/Late Arrival Fees DS INTEN	ment See
Opening/Closing & Setup	E-20934 1887 -
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	,
Recording/Filing/Transfer Fees Proces	sing fee see
Sales taxes	T E-20934 65-
INEGEUWEN	Total Due
M	number - 0 - to
AUG 2 9 2008 result	Balance due
I hereby certify I are, the	8
and this is your authority to make disposition of a	of the above named decedent linains as above indicated. I certify and represent
that I have the right to make this authorization and any liability on account of said authorization and in	l agree to hold Mt. Hope Cemetery narmiess from terment.
10-00-00-00-00-00-00-00-00-00-00-00-00-0	Martin RRED
I hereby authorize the interment in lot I holdunder deeg.	915 Orchio Pl. #102
MartoVVV	Bellingham, WA 98226
Efgnature	00 -
	Temphone 2759 Zip. Look
Work Order # E 20935	Invoice #
Work Order # L 2000	Acct. #



THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF

Leroy Reed

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of LOW RECO 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 Leven Reco 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 LevoyReed is identified as:

Lot 12 | Grave 10 | Section | Division | 1

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

SIGNATURE(S)

2001

RELATION TO DECEASED

WITNESSED BY

9/2/08

DATE



OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY PINK FILE

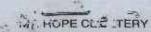
AT-NEED PURCHASE MOUNT HOPE CEMETERY

61865

2,012	(619) 527-3400	Aure	ist 1	.20 09
From: Mally Ked	Address: 4415 G STC	er, suh	Disp	A SELVE
One Contra 944	ty-cult as		Dollars (\$ _	758
in Full Payment of	11 162 1 163	1- B	1/1-	104 100
Div 11 Sec	Blk/ Row Lot	124	_ Grave _	0-038
Invoice No. L-20935A Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Caro 80% Sales	67007 77184	
W.OBALANCE DUE	PAID	of Lots Opening/ Closing Burtal	100 77184 100 77181 100	
Money Order	AUG 1 2 2009	Containers Handling Fee Recording &	77182 100 77185 100	170
Charge Check	MOUNT HOPE CEMETE	RYMisc. Fees Sales Tax	77:183 60:101 78390	168
AC-212A (11-08) This information is available in sitemative formats upon reques		TOTAL PAID	5	175 00



REA-104 (7-96)



INTERMENT ORDER

City of San Diego

Date 3/86/98

You are hereby authorized and instructed, subj	ect to your rule	es and regulation	s, to inter the remains
or kercy Keod		P 1 11	
In a Type of Builel Container	ineral, date, tii	ne Frid Ma	100 A 12 11:00
	251de:	S.D.Memor	Mortuary.
All Funeral cars must arrive before 3:30 p.m. of	regular work	day of an extra c	harge of \$ 150
will be applied and billed to undersigned. X	Month	Lul	
3 //		l	
Lot (Q) Grave 10 Row	Section	Divis	sion/Bleek
Grave space & Care Fund		200 895	00 1790.00
		3.58	3
Additional spaces and care fund		432	37500
Opening/Closing & Setup			90000
Burial Container		***************************************	00000
Handling Fees			
Flower vases - Marker setting fee			31.55
Recording and filing fee			45.00
Sales taxes			17,05
length 30 Dit		Total Due	2647.38
88 Length 30 Dite Paid re	ceipt number	49793	1000.00
2 2112		Balan	ce due 164738
I hereby certify I am the X SM and this is your authority to make disposition		of the a	bove named decedent
and this is your authority to make disposition that I have the right to make this authorization	of remains as	above indicated.	I certify and regresent
any liability on account of said authorization ar	nd interment.	110-	10//
I hereby authorize the interment in lot I	X 1/4	atrid	delle
hold under deed.	Signature 3	6 Allay	onve
	Address	VIAO C	A 92612
Signature of recorded holder of deed	on 19	49 / 551	1- 9907 Zip Code
	Telephoge	1141	
	Invoice !	2967	91 08
F 14260	40.000	19511	14 NAV
Work Order # L 13000	Acct. #	1101	1

This information is available in alternative formats upon request.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/25/98

1 - 4	bject to your rules and regulations, to inter the remains
1017 11000	Funeral, date, time Frid, March 27th 11.0
	rauside: S.D. Memorial 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 M
Lot 12 Grave 10 Row	Section Division/Block
Grave space & Care Fund	893.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	220.00
Handling Fees	145.00
Flower vases - Marker setting fee	DN XS rule -
Recording and filing fee	W 18 619 45.00
Sales taxes	17.05
88 Logith Paid in	Total Due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of sain authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Signature of 2 Chine Way
Signature of recorded holder of deed	V Oaklay CH- 1756 2 (570) 679-1470 Zip Code Totaphinder 1019 263-1344
Work Order # E 14258	Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

BUILOCK 6195333811

US' BUILOCK ons.

OCTIME act system

OCTIME act system

OPErged from 1998'

THE 3172 OFFERGE OFFERGE 1998'

A		CITY (OF SA	N DI	EGO				ACCOU	NT INQUIRY
ACCOUNT 1	116610							OWI	NG	-RECEIVED-
CLIENT# D	072	MOI	JNT H	OPE	CEMETARY	AGN/A	MT	1.6	47.38	1.647.38
1NAME (?)	REED.	MARTI	LER	OY		INT			18.96	18.96
NAME2	REED.	MARCE	LA			CANCE	ELLED		0.00	
ADDRESS	356 AR	ROYO I	OR			ATTOR	NEY		0.00	0.00
ADDRESS2						COURT			0.00	0.00
CITY	IRVINE					MISC	(D)	1	64.74	164.74
		ST	CA	ZIP	92612-4347	TOTAL	****	1.8	31.08	1.831.08
2TELEPHONE				INT	.12					
NOTE LNS	54	D08:	*			NET	****			0.00
DESK (UNIT	200	SSN:	-	9		6STATUS	S	PIF	COMM	
PKT(n.+)	DR/L	(Viziletinia)			PPLAN	\$			
3CLIENT RE	F 29679	1								

FWD CLIENT

4ASSIGNED 05-12-98 5SPC FLD1 LAST CHG 04-01-98 OLD TCS LAST PAY 05-02-99 SPC FLD3 1ST DELQ SPC FLD4 CL LC/LP SPC FLD5 04-01-98 INTR EFF 05-02-99 CREDIT RPT

Enter Option (?):

Poulette Crawford 527-3403 FX

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

-	USE BLAC	KINK ONLY - MAK	E NO ERASURES.	WHITEOUTS.	PHOTOCOPI	ES. OR OTH	R ALTERATIONS	N. Comes
1A. NAME Marce	OF DECEDENT—FIRST		18. MIDDLE			IC. LAST		
2 SEX	3. DATE OF BIRTH (MONTH, DA	v vexes	В	MACHINE THE S		Reed		
F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY 07/14/1938 08/23/2008				Y, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)			
Belling					Washing		UTSIDE OF CALIFORI	NIA. ENTER STATE
AND DESCRIPTION	OF INFORMANT I Reed		78 RELATIONSHIP	TO DECEDENT	LICENSED FU	VERAL DIRECTO	SS OF CALIFORNIA- OR OR PERSON LIMBER AND NAME.	68. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD 1689
913 Or	MANT'S FULL MAILING ADDRESS- chid Place #102 nam Wa 98226	STREET NUMBER AND	NAME, CITY, STATE, ZI	P CODE	2200 High	Burial Cha nland Ave City CA 919	1	
right to cont stated herei	LEDGEMENT OF APPLICANT- irol disposition pursuant to Health 6 is in its one of the dispositions authorize AND AUTHORIZATION OF L is issued in accordance with provision	arety Code Section 7100 d by Health & Sefety Code OCAL REGISTRAR	and that the disposition Section 103055	9A, APPLICANT OISPOSITION the authority for the	160	A NEW PERM	AIT TO SHOW FIN	BB DATE SIGNED OS/29/O AL DISPOSITION gives no right of disposal outside
10A. AMOU \$ 11.00	INT OF FEE PAID	108 CIATE PERMIT IS	19/08		8013		NG PERMIT	
100. ADDR -	ESS OF REGISTRAR OF DISTRICT	OF DEATH—IF DEATH	OCCURRED IN CALIFOR	San I P.O.	No. of Concession, Name of Street, or other Persons, Name of Street, Name of S	STRAR OF DIST ty Vital Rec	RICT OF DISPOSITIO ords	N—IF DIFFERENT FROM 100
A. BUR (INC	RIZED DISPOSITION(S)—CHECK A RIAL OR SCATTERING IN A CE LUDES ENTOMBMENT) EMATION POSITION OF CREMATED RE- IER THAN IN A CEMETERY	METERY	D. SCIENTIFIC U E. TEMPORARY F. DISINTERMEN G. SHIP IN TO CA	ENVAULTMEN IT ALIFORNIA		L DISPOSITION NAME AND		USE ONLY CATION OF REMAINS—
BURIAL SCATTERII CEMET (INCLUI ENTOMBI	Mt Hope Cemete 3751 Market Stre	et	ETERY		128 DATE BURI	108	12C INTERM	ENT NUMBER—IF APPLICABLE L OR SCATTERING
CREMA	-	S OF CALIFORNIA CREE	MATORY		38 DATE CREA	1000	13C. CREMAT	ION NUMBER—IF APPLICABLE
SCIENTIFI	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS TIFIC USE				14B DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. TRANSIT				William Control				
F76360					5G SIGNATURE HE CARRIER	OF PERSON IN	CHARGE OF PLACE	IS WITH 150 DATE SHIPPED
SCATTER EURIAL AT S DISPOSIT	SEA OR -	FINAL PLACE AND CAL	FORMIA DISTRICT OF	TION DISPOSITION;	68. DATE OF DI	SPOSITION		NUMBER OF CREMATED POSER—IF APPLICABLE
OTHER THA CEMETE	RY			19	160. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL.			
IDCM: ALITER	CONTATION OF BEOMIT DISTRICT	TE CODIES AS FOLLOW	e.	100	THE REAL PROPERTY.			The second second second

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.

E20935

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/29/08

	Heby aut			subject to	W	and regulation	ins, to inter	13/8/0
of	710			S-1		9/4/08	9 2	2/0/0
	Тура о	f Burial Container	1, 0.	7			rial	m
		raveside 5	0770					Mortuary
All Funera	l cars mu	st arrive bef	ore 3:00	p.m. of regul	ar work da	y or an extra	charge of	
A mu	alled and	billed to und	ersigned.	-				
Division_	11	_ Section_	1	_ Blk/Row_		Lot 12	_ Grave	1091
				O PORT				The said
Dvertime/L	ate Arriv	al Fees D	SINT	ERME	NT.	SEE E	-20935	1887.0
Burial Con	tainer							47200
landling F	ees							350.0
lower yas	ses - Ma	rker setting f	66	Per	199	75		124.4
				PRZOC			0835	130.0
Sales taxe	E C	E.O. IV	EM					36,5
13		The state of the s			TK 2	otal Due		3000.
	AUG	29 200	3	Paid receipt	number &	-611	45 3	3,000.0
Luu.						Bal	ance due	8
Ву	atily Fer	n the #	_	son		of th	e above na	meu deceder
and this is	your au	thority to ma	s authoriz	zation and I:	agree to he	ove indicate	d. I certify Cemetery	and represer
my liabilit	y on acc	ount of said	authorizat	tion and inter	rment.	SECTION IN COME		1210
hereby a	uthorize	the intermen	timlot I	Y	Ma	or Chil	Reed	20101
rold under	deed /	the Interment	U	1	913	Orchil	81 9	# 102
11	an	e-V 1		- 7	Address (1)	naham	WA	9822
M	enaa	er M	124. larke		Eny [619]	-	2759	Zip Cor
lowe	- 60	se co	Insta	//	and page 1			
1000		000		-	Invoice #			
		TO E SERVICE	and the latest terminal to the latest terminal t					

•	OFFICIAL RECEIPT WHITE TO CANARY From: Reed, Martin	CITY OF SAN DIEGO, CALI AT-NEED PURCHA MOUNT HOPE CEME (619) 527-3400 Date: Address:	SE ETERY	E 20935 61145 29 ,20 08	
	Three Thousand and in full Payment of I Div 11 Sec	Aterment of Marceu R 1 Blk/ N Lot	Dollars Deed / DISIN- 121 Gra	(\$ 3000, and the state of Land 10 & 11	erry Reed
•	Invoice No. P-20934 Acct. No. W.O. BALANCE DUE OVER 342 Money Order Charge Check AC-212A (11-05) This information is available in alternative formats upon request	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID' IN THIS SPACE AUG 28 2008 P. P.O. ISSUED BY POLICE OF THE PURPOSES STATED UNLESS ISSUED BY POLICE OF THE PURPOSES STATED UNLESS ISSUED BY POLICE OF THE PURPOSES STATED UNLESS STAMPED PAID' IN THIS SPACE ISSUED BY POLICE OF THE PURPOSES STATED UNLESS STAMPED PAID' IN THIS SPACE ISSUED BY POLICE OF THE PURPOSES STATED UNLESS ISSUED BY POLICE OF THE PURP	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Bunal 100 Containers 77182 100 Handling Fee 77185 Recording & 100 Misc. Fees 77183 Sales Tax 60101 78390 TOTAL PAID \$	472 00 350 00	-bourial contained Oisinter Precord to Process Char Al

10t refund

Cu

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-1-08

in a	DD	Funeral, date, time	
	Type of Bunal Container	Turicial, data, time	Mortuary
		p.m. of regular work day or an extra charge of	,
will be app	lied and billed to undersigned	1.	
Division	17 Section 1	Bik/Row Lot _7 \(\square\) Grave	3
or			
Grave space	se & Care Fund	ENRIS \$ 70800 \$85.00	30000
Overtime/L	ate Arrival Fees	21417 & 108.00 83.00	195100
Opening/Cl	losing & Setup		708,00
			711,00
Handling F	ees.		604,00
Flower vas	es - Marker setting fee		
Recording/	Filing/Transfer Fees	Santana and Santan	85,00
Sales taxes	B		55,5
#190001	requested refund.	Total Due	597315
1130001	12324	Paid receipt number Pol377	1195,0
		Balance due	4778.5
l hereby ce	ertify I am the	of the above na	med deceden
and this is that I have	your authority to make disposite right to make this author	osition of remains as above indicated. I certify ization and I agree to hold Mt. Hope Cemetery	harmless from
any liability	on account of said authoriza	ation and interment,	23181
hereby au	thorize the interment in lot I	KAYMOND HIL	
hold under	deed.	1 06212 FOXCROT	+ Ave
Dinonh of	upmond >	Telfaguesa Vagas NV	The second secon
		702 263 9589	7)p Code
To	my Paulette Printed acupo	MS Telephone	
	* E 20936	Invoice #	
	E /11956		

Coupous did not print, I had to go in and redo contract because coupons in would not print out.

	OFFICIAL RECEIPT WHITE TO DANARY	MOUNT HOPE CEME	ASE	P01630	
4		(619) 527-3400 Date	715	, 20 (09
	From: Raymond Hill	Address: 6212 Toycrof	+ Ave. bas	s Vega NV 2	9108
	in David Payment of Div 1/2 Sec	Pre-need Lot Trust	account	lars (\$ 199.00 d. Grave 3)
	Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID FEB 5 2009	20% Sales Care 77 80% Sales of Lots 77 Pre-Need 63	100 199	00
•	Pre-Need Lot	MOUNT HOPE CEMETERY ISSUED BY PAULETTE C.	Trust 77	199	00

PRE NESD OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

PRE-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

P01377

From: Zayway	m Hu	Address: 6217 Foxce	per Dr 1	9-1	1 ,20 0	18
ONE THOUSA	mo ONE H	Address: 6212 FOXCR	\$ Pho Do	ollars (\$	95 00	_)
Div 12		D Lot of TRUST (5973.	1 75	Grave 3	2	
Acct, No		NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	20% Sales Care 7 Pre-Need 6	7007 7184 9033 7186	602 2	1
BALANCE DUE _	177857	SEP 2 7 2008				
Pre-Need Lot	Money Order	MOUNT HOPE CEMETERY	100/184		59281	2
AC-212 (11-05)	Check	ISSUED BY	TOTAL PAID	5	195 -	

OFFICIAL RECEIPT	TO CUSTOMER PRE-NEED PURC MOUNT HOPE CEI	HASE PU1446
	(619) 527-340	170 m - 20 m - 2
Sixty-sii and	200 Address on file	Dollars (\$ 66.00
in Part Payment	or Pre-need lot, trust	
DIV	Sec Row L	ot 19 Grave 3
Acct. No.	STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care TT184 Pre-Need 63033
W.O. BALANCE DUE \$ 4712.57	PAID	Trust 77186
	UCT 2 0 2008	109/1784 66 00
	O'MOUNT HOPE CEMETERY	
AC-212 (11-05) This information is available in alternative formats of	2054ssued By Paulette C.	TOTAL PAID \$ 66, 00

	TO CUSTOMER PR	PESAN DIEGO, CALIFORNIA E-NEED PURCHASE NT HOPE CEMETERY	P01554	
From: Madine is Reig	Address: 62	(619) 527-3400 Date:	12-03 20 C	08 C9891-
in fact Payment	В	act payment for	Dollars (\$ 133. Q	Diquest or
Invoice No. = 2.0936 Acct. No	NOT VALID FOR PURPOSE STAMPED "PAID" IN THIS		Grave 9 7 67007 Care 77184	_ 101
W.O. BALANCE DUE \$ 4,579	PA DEC	3 2008 Pre-Need Trust	100 77184 /33 63033 77196	00
☐ Pre-Need Lot ☐ Money ☐ Pre-Need Trust ☐ Charg		E CEMETERY	5	
AC-212 (2-08) XCheck		TOTAL PAIR	s 133.0	00

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICES

This agreement entered into this 1st day of Sep, 2008, between Raymon Hill, hereinafter know as "PURCHASER", and the CITY OF SAN DIEGO, Mount Hope Cemetery, hereinafter called "SELLER."

That PURCHASER agrees to purchase and that SELLER agrees to sell the exclusive right of interment in: Division 12, Section 1, Block/Row _____, Lot 75, Grave 3, located in Mount Hope Cemetery, for and in consideration of a total purchase price of \$5973 57 Payable as follows: \$1195 downpayment herewith, the receipt of which is hereby acknowledged on the 5th day of Sep, 2008; and the balance in installments of \$199 or more, payable at the office of Mount Hope Cemetery, on the 1st day of each month thereafter until the total sum of said purchase price is fully paid.

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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102. THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This agreement describes exclusive right of interment and made subjects to all rules, regulations, conditions and restrictions now existing or which thereafter may be adopted governing Mount Hope Cemetery. Such 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 Agreements is 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 , or to his heirs or executors or administrators or assignees at the address stated in this agreement, or as stated on the books of the Cemetery, or at any other address requested in writing by the PURCHASER, may declare this Agreement cancelled and all rights of PURCHASER in and to the interment space herein described forfeited. Upon such cancellation, the SELLER shall be released from all obligations both at law and in equity to convey such interment space and property to PURCHASER, or to repay to said 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 terms, 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 , minus any Cancellation Fee. 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 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 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 Mount 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 this 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 .

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.

WITNESS WHEREOF this day and year underneath written.

TOTAL \$5973.57

DOWNPAYMENT \$1195

23 MONTHS \$199

FINAL 24TH MONTH \$201.57

TWO YEAR CONTRACT

I agree to pay the required monthly payments of $$\underline{199}$$ for 23 months, and a Final payment of $$\underline{201.57}$$ on the 24^{th} month.

First monthly payment to begin on:

MONTH 1 Oct

YEAR 2008

Raymonn Hi	11	
Print Name 62/2 FOXCROST	4 Ave	
Street Address (Mail)	NV	89108
702) 263.9589	State	Paymond Hill
Phone	E Spring	Signature
CO-PURCHASER		
Print Name		
Street Address (Mail)		
City	State	Zip Code
Phone		Signature
CITY OF SAN DIEGO Mount Hope Cemetery 3751 Market Street San Diego, CA 92101		
BY:		

For Auditors Use Only		, , ,
Date Auditors Rcvd		Application Date 9/18/09
Refund No.	_ The City of San Diego	Date Rovd By Dept 9/18/0
Fund Acct	APPLICATION FOR REFUND	Daily Cash Receipt VOVIOUS
Apprvd By Date		
To City Auditor & Comptroller:		
No. E-20936 for the follow		on Pre-Need Contract (Name of Receipt or Permit No.)
Change in	seture plans we	th our
families no	plat is needed . o	Tecded not
to use these y	plure for a plat.	
Mur Copet 1,000	only the card u	wind.
Refund Requested by: Print Name: Raymond F	1111 Address: 6212 Form	oft ave.
Signature: Laymand	Will Las Vegn, NV	189108
	id receipt or permit must be attached. If claim receipt or permit, he must submit satisfactory nt.	
	CITY USE ONLY	
I hereby certify that payment to the ci that payor has received no consideration properly be made under provisions of	ity of San Diego of the above stated amount won from the City for such payment and that ref Ordinance 3911 (NS).	ras made under mistake of law or fact, fund, subject to lawful limitations, may
Print Name: Mayia Flor Po Signature: Micula Flor Po	Dept. Name PER/CPT Phone	9/22/09 75474 m.s. 72
Of the state of th	at to Pay	
Dac# 1900012524	Pink	te Copy - Auditor's Copy - Auditor's on Copy - Originating Dept.
FORM AC-1006 (Revised 4/91)	IIIIIIIII Gree	ar copy originating pept

30 days approp. 4.5 weeks waitingtime

MT. HOPE CEMETERY

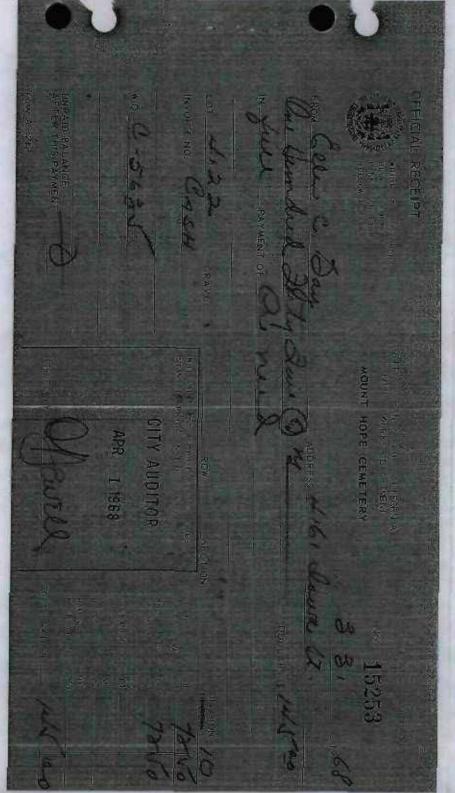
INTERMENT ORDER

at need

City of San Diego

Date 9-3-08

Filen 0 2	subject to your rules and regulations, to inter the remains
TS Vacult	Funeral, date, time Friday Sept 5 1100
Church, Chapel, Graveside	thess 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.	
	Blk/Row Lot 4122 Grave 1
Grave space & Care Fund	
Opening/Closing & Setup	708=
Burial Container Handling Fees	472.
Handling Fees	PAID 350-
Flower vases Marker setting fee	SEP 0 3 2008 237-
Recording/Filing/Transfer Fees	
Sales taxes M(DUNT HOPE CEMETERY 85-
	Total Due
P	aid receipt number VISA 09943C 1 88858
~ =	R-615 Balance due 1,868 58
I hereby certify I am the and this is your authority to make dispose that I have the right to make this authorization in the said authorization and the said authorization in the said authorization in the said authorization.	of the above named decedent lition of remains as above indicated. I certify and represent ation and I agree to hold Mt. Hope Cemetery harmless from any interment
I hereby authorize the interment in lot I hold under deed.	Print Name 1 K MBERLY WOODS Address EL CA JON CA 0.303 Telephone
Work Order # E 20937	Invoice #
THUR CHUCK I	Production of the second of th



	CITY OF SAMPLEGO, CAL	E 2093	3.7	
CHARGE Ellen	, ,	TE	331	160
ADDRESS 4161 J	ware get.	9210	V	
NAME OF DECEASED	e nud		M	
OWNER Same				
ADDRESS			2.0	F
MORTUARY				
Maria Service	PP-8			
OT 4/22 GR		DIV 10	145	0
PENING TIME	DAY DATE			
AULT BOX	SIZE			
EMOVAL TO BOUNDATION V	ET			
Mark III		TOTAL	145	7-0
AID RECEIPT NUMBER	015453	TOTAL	, , ,	
in the same of the		BALANCE		
		57		
	PAIL	2		
	MAR 31 196	68		
	MT. HOPE CEME	TERY CALIF.		
	CITY of SAN DIEGO			
	NO PROVISIONS FOR THE			

AUTHORIZED IN PERSON 5635

ORDER TAKEN BY

INVOICE NO. CASH

FORM PR-974 REV.

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61151

	Date	9-3	, 20_08
From: Fred W. Jacob	, redirect	200	
One Thousand, &	ight hundred Eighty-Eight		1,888.58
in Payment of		Bay services, s	Effing of Stone
DivSec	Blk/ RowLot	4122 Grave	12
Invoice No E - Z0937 Acct. No W.O BALANCE DUE	PAID SEP 0 3 2008	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burlal 100 Containers 77182	708.00 0/c 472.00 b/c 350.00 h/f
☐ Money Order ☐ Charge A 0 0 2 9 4 ☐ Check AC-212A (11-05) This information is evallable in atternative formats upon	ISSUED BY DAUGHTE	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Sales Tax 60101 78390 TOTAL PAID \$	85. 00 Nf 36. 58 tax 1,888 58

E20937

MOUNT HOPE CEMETERY

	GRAVE E	BLIND C	HECK FOR	RM	
IN GRAVE WITH	-0	_		ME	
Write in the name of marked with "X". Place the appropriate space	ce the name e (s) that an	e's, lot # a e adjacer	and grave # ont to the buris	of all exist	
Burial Container	T	S-Vai	ut		
		* ***			
	Muray	Kekk	Esterby	Allen	
	Morris	Rourk			
Flagged Yes			No		
Blind check Initiated				Date:	9-3
Interment space for: Interment Date: Fr				<u></u>	
Div: 10 Sect		Blk/Row:	Lot:	4/22	Grave:
Grave Laid out by:					
Agrees with Legal Ca	ard:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verifie	ed By:		Date		
Cremains were place	ed at:		of gr	ave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93 E20937

1A. NAME O		DENT-FIRST	1B. MIDDLE			BAY		
2 SEX	72120	E OF BIRTH (MONTH, DAY, YEAR) 01/1914	4. DATE OF DEATH 08/29/2008		EAR)	5. (FE	TAL DEATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR)
6A CITY OF DEATH LA MESA					SAN DIE		IUTSIDE OF CALIFORI	NA, ENTER STATE
	RED JACOBS JR. 78. RELATIONSHIP TO DECEDENT TO DECEDE			TO DECEDENT	LICENSED FUNI	H-STREET	ESS OF CALIFORNIA- OR OR PERSON NUMBER AND NAME,	8B. CALIFORNIA LIGENSE NUMBER - IF APPLICABLE FD1083
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 1691 KIMBERLY WOODS DR EL CAJON, CA 92020			PCODE	FEATHER 6322 EL 0 SAN DIE	AJON B	MORT COLL O	CHAPEL M. Dominguez.	
right to contro stated herein	ol disposi is one o	ENT OF APPLICANT—I hereby acknowledge lion pursuant to Health & Safety Code Section the dispositions authorized by Health & Safety	7100, and that the disposition Code Section 103055,	BA APPLICANT	SIGNATURE C)omig	2	OR OS JUNES
	s lanued i	ITHORIZATION OF LOCAL REGIST in accordance with provisions of the California						
\$ 11.00	IT OF FE	E PAID 10B. DATE PERI 09/05/20		ALCOHOL: STREET	WOOTEN	A SECTION AND AND ADDRESS.	ING PERMIT	EG
BURIA BURIA BURIAL SCATTERIN	CR IG IN A	D, CA 92110 SPOSITION(S) 12A. NAME AND ADDRESS OF CALIFORNIA MT. HOPE CEMETERY, 3			128. DATE BURIE	io .	S USE ONLY	ENT NUMBER—IF APPLICABLE
(INCLUDE ENTOMBIN	DES	STREET, SAN DIEGO, CA			DE MILE	OF PERSON	IN CHARGE OF BURIA	L OR SCATTERING
CREMAT	ION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY			13B. DATE CREM 13D. SIGNATURE		13C, CREMA	TION NUMBER—IF APPLICABLE
14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE				14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			mv:	
TRANS	SFT	15A. NAME AND ADDRESS IN RECEIVING I CREMATED REMAINS ARE TO BE SHIPPED		REMAINS OR	158. NAME AND A	ADDRESS OF	PERSON IN CHARGE	OF PLACING WITH THE CARRIER
		ALL MARKET			15C, SIGNATURE THE CARRIER	OF PERSON	IN CHARGE OF PLACE	NG WITH 15D. DATE SHIPPED
BURIAL AT S	SCATTERING/ URIAL AT SEA OR DISPOSITION			168, DATE OF DIS	POSITION		E NUMBER OF CREMATED SPOSER—IF APPLICABLE	
CEMETE	MINA				16D, SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL			ERING OR BURIAL
LIPON ALITH	ORIZATI	ON OF PERMIT, DISTRIBUTE COPIES AS FO	OLL CIWS-					

COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERWITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAIN 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

REA-104 (3-04)

MT. HOPE CEMETERY

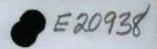
INTERMENT ORDER

City of San Diego

Date 9/3/2008

You are hereby authorized and instructed, sub	ject to your rules and regulations, to inter the remains
Henry Vald	62 231816
na T.S. Veult F	Funeral, date, time Friday, Sept 5 @ 10 00
Church Chapel Graveside _ S4, Jud	
All Funeral cars must arrive before 3:00 p.m. o	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division MASON Section _ C Blk	Row Lot Lot
Grave space & Care Fund	2264,-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533-
Burial Container	
Handling Fees	OEP 13 2008 263
-lower vases - marker setting fee	
Recording/Filing/Transfer Fees. MOUN	THOPE CENE - 65.
Sales taxes	27.5
	Total Due
Paid re	eceipt number
	Balance due
hereby certify I am the FATHE and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization are	of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from ad interment. 231815
hereby authorize the interment in lot I	HENRY LVALGEZ
171	SION MIDWAY DE TOTO
Signature / ACCURACY	Estandido (292027
	760-737-3545 Telephone
⊏ 20938	Invoice#
Work Order # E ZU938	Acct #

This information is available in alternative formats upon request.



MOUNT HOPE CEMETERY

	GRAVE	BLIND CH	ECK FOR	RM	
IN GRAVE WITH	-	Y 4			
Write in the name marked with "X". the appropriate s	Place the na pace (s) that	me's, lot # an are adjacent	d grave # o to the buria	of all exis	sting marker's in
Burial Container	TS	VauIT			w
		Parson S			
Camacha	Julio	X			2
				- 18	16
		Colon			
Flagged	Yes X K	ing Solom	140		
Blind check Initia	-	Maria			913/08
Interment space	for: He	nry V	aldez		Rept.
Interment Date:	9/5/08	Time:	10:0	0	
Interment Date:	Sect:	Blk/Row:	Lot:	15	Grave: 6
Grave Laid out by	<i>r</i> :			W. C.	
Agrees with Lega	Card:	Yes [No	
Agrees with Map		Yes		No	
Blind Check & Ve	erified By:		Date		
Cremains were p	laced at:		of gr	ave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS.

E20938

IA NAME OF DECI	THE PARTY OF THE P	- Contract of the Contract of	18 MIGGLE	WHITEOUTS	10100	11C LAST	THER ALTERATION	
HENRY	OPERATOR SALES		THEODOR	E		VALD	EZ	
THE RESERVE TO SERVE THE PARTY OF THE PARTY	E OF BIRTH (MONTH DAY) /11/1985	YEAR)	# DATE OF DEATH 08/28/2008	The state of the s	EAR	3	FETAL DEATH ONLY) DE	TE OF EVENT MONTH DAY YEARS
SAN DIEGO					SAN E		FOUTSION OF CALIFOR	NIA ENTER STATE
7A NAME OF INFO HENRY VA	VALDEZ SR. FATHER		TO DECEDENT	LICENSED FUNERAL DIRECTOR OF PERSON ACTING AS SUCH-STREET NUMBER AND NAME			to conferentiating	
530 N. MIC	FULL MAILING ADDRESS—S DWAY DR. DO, CA 92110	TREET NUMBER AND	NAME CITY STATE &	P CODE	GUADA 2601 II	E ZIP CODE ALUPANA MPERIAL IEGO, CA	AVENUE	HAPEL & MORTUARY
nght to poneral dispo	MENT OF APPLICANT—I have no pure and to Health & Sa of the dispositions authorized	fely Code Section 1190	and that the disposition	DA APPLICANT	SIGNATURE	The state of the s	25/11/12/20	0 9/05 200
This permit is issued of California.		of the Carlornia Haalti	and Safety Code and is	the authority for it	e disposition	specified in this ;	permit NOTE: This perm	NAL DISPOSITION at gives no right of disposal outside
10A AMOUNT OF F	EE PAID	106 DATE PERMIT IS 09/05/2008	SUED	► WILMA			SUND PERMIT	EQ
SAN DIEG 3851 ROSE	REGISTRAR OF DISTRICT OF COUNTY VITAL ECRANS ST O, CA 92110		OCCURRED IN CALIFOR	RNIA TOE ADI	JRESS OF R	EGISTRAR OF D	DISTRIČT OF DISPOSITII	ON—IF DIFFERENT FROM 10D
BU BURIAL OR	12A NAME AND ADDRESS				128 DATE D		12C INTERP	MENT NUMBER - IF APPLICABLE
SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MOUNT HOPE STREET, SAN I				9-5-08 120 SIGNATURE OF PERSON IN CHARGE OF BUHIAL OR SCATTERING VII. 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ON				138 DATE C		HISC CREMA	ATION NUMBER—IF APPLICABLE
	14A NAME AND ADDRESS	OF CALIFORNIA FAC	LITY RECEIVING REMA	uns	14B, DATE R	ECEIVED		
SCIENTIFIC USE					IAC SIGNAT	URE OF PERSO	IN IN CHARGE OF FACIL	лү
TRANSIT	15A NAME AND ADDRESS CREMATED REMAINS ARE		OR COUNTRY WHERE	REMAINS OR	158 NAME A	NO ADDRESS (DE PERSON IN CHARGE	OF PLACING WITH THE CARRIER
				4	FHE CARRIE		IN IN CHARGE OF PLAC	ING WITH 150 DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION	16A ADDRESS, NEAREST SUFFICIENT TO IDENTIFY IF BURIAL AT SEA, ONLY E	FINAL PLACE AND CA	LIFORNIA DISTRICT OF		68 DATE O	F DISPOSITION		E NUABER OF CREMATED SPOSER—IF APPLICABLE
OTHER THAN IN A CEMETERY	DISTITION THAN IN A			50 SIGNAT	URE OF PERSO	IN IN CHARGE OF SCAT	TERING 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 HEMAINS COPY 3 - RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT IF NOT APPLICABLE COPY 3 MAY SE DISCARDED.*

COPY 4 - RETAINED BY REGISTRAP ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

MT. HOPE CEMETERY

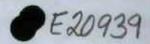
INTERMENT ORDER

at need

City of San Diego

9/3/2008

You are hereby authorized and instruct	ted, subject to your rules and regulations, to inter the remains
	Hernandez monday 8th 200
ina TS. Yault	Funeral, date, time Tricky Sept \$ 2008 @
Church, Chape Graveside	Guadalupana Mortuary
All Funeral cars must arrive before 3:0	O p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	ed
TOTAL PROPERTY OF THE PROPERTY	BIK/ROW Lot
Grave space & Care Fund	
Overtime/Late Arrival Fees	PAID 533-
Burial Container	SEP 03 2008 355-
Handling Fees	263-
Flower vases - Marker setting fee	MOUNT HOPE CEMETERY
Recording/Filing/Transfer Fees	65,5
Sales taxes	00000 2577.60
	Total Due R-0149 3507.05/
•	Paid receipt number 35025
Lhereby certify I am the X Estandard this is your authority to make dispendent I have the right to make this authorized any liability on account of said authorized	obsition of remains as above indicated. I certify and represent inization and I agree to hold Mt. Hope Cemetery harmless from the cation and interment.
I hereby authorize the interment in lot I hold under deed.	* Ricarda Hemandez
Bignature	S See ottacked 92113
Work Order # E 20939	Invoice #



MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM					
IN GRAVE WITH				C 80 G	
Write in the name of the decease marked with "X". Place the name the appropriate space (s) that an Burial Container	e's, lot #	and grave # nt to the buri	of all exis	sting marker's in	
Durin Container		_			
			1		
				10	
	X			cheek	
	76.				
Flagged Yes		N	·		
Blind check Initiated by:	aule	He	Date:	9-9	
Interment space for: Monico Hernandez					
Interment Date: Non 919	Time	: 1000	GAA 9	is.	
Div: 12 Sect: 2	Blk/Row:	Lot:	199	Grave:	
Grave Laid out by:		100			
Agrees with Legal Card:	Yes		No		
Agrees with Map:	Yes		No		
Blind Check & Verified By: Date					
Cremains were placed at:of grave					

(THU)SEP 4 2008 10:20/ST. 10:18/No. 7500000170 P

1 + +2

MT. HOPE CEMETERY INTERMENT ORDER

at need

City of San Diego

Date 9/3/2008

n a LS. VUUIT	Funeral, date, tinte 11 tour 2015 2008
Church, Chape) Graveside	:_ Guadalupana Montuery.
Il Funeral cars must arrive before 3:00 p.m.	n. of regular work day or an extra charge of \$
viil be applied and billed to undersigned	
Division 12 Section 2	Blic/Row Lot
Grave space & Care Fund	2264
Overtime/Late Arrival Fees	DAID
Opening/Closing & Setup	PAID 533
Jurial Container	SEP 0 9 2008 355,-
landling Fees	111-4-
lower vases - Marker setting fee	OUNT HOPE CEMETERY
ecording/Filling/Transfer Fees	65-
ales laxes	4/19
	Total Due R.G. 49 3,507.05/
Palo	d receipt number (1 38025)
	Balance due
nd this is your authority to make disposition	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
	* RICARDA HERNANDE
old under deed	X2080 MAINST
	X2680 MAINST X SANDIEGO 92113
old under deed	X2680 MAIN 5+ Address X SANDIEGO 92113 2000000 Y619) 238-3673
hereby authorize the interment in lot I old under deed Succepts HERmandel Work Order # E 20939	X SANDIEGO 92113

for 527 3483

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	APPLICATION AND							
1A NAME OF DECEM	USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, IAME OF DECEDENT—FIRST ONLCO		IC. LAST HERNANDEZ-RODRIGUEZ					
2. SEX 3. DATE	TE OF BIRTH (MONTH, DAY YEAR) 4 DATE OF DEATH (MONTH, DAY, 08/31/2008		I MANUSCO CONTRACTOR C					
6A CITY OF DEATH CHULA VIS	TA			SAN DIE		DE OF CALIFORN	NIA ENTER STATE	
7A NAME OF INFORMANT GERARDO HERNANDEZ 7B RELATIONSHIP TO DI		TO DECEDENT	LICENSED FUNERAL DIRECTOR OR PERSON NUMBER		BB. CALIFORNIA LICENSE NUMBER—F APPLICABLE FD1425			
7C INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY STATE, ZIP CODE 2680 MAIN STREET SAN DIEGO, CA 92113			GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVENUE 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 103065			SA APPLICANT ► CLU	OUL NOXO Chaves 09/08/2008				
	THORIZATION OF LOCAL REGISTRA in accordance with provisions of the California Hea							
\$ 11.00	1 00/00/0000			INATURE OF LOCAL REGISTRAR ISSUING PERMIT ILMA WOOTEN, MD				
		H OCCURRED IN CALIFOR	NIA 10E AD	DRESS OF REGIS	RAR OF DISTRIC	r of dispositio	N—IF DIFFERENT FROM 10D	
BU	12A NAME AND ADDRESS OF CALIFORNIA CE	EMETERY		128 DATE BURIEF)	112C INTERM	ENT NUMBER—IF APPLICABLE	
SURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	ALOR RINGIN A MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102				08 DE PERSON IN CH	ARGE OF BURIA	L OR SCATTERING	
CREMATION	13A, NAME AND ADDRESS OF CALIFORNIA CREMATORY			138. DATE CREMATED 3C. CREMATION NUMBER—IF APPLICABLE 130. 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 STA CREMATED REMAINS ARE TO BE SHIPPED	TE OR COUNTRY WHERE		156. NAME AND A 15C. SIGNATURE THE CARRIER			OF PLACING WITH THE CARRIER NG WITH 15D DATE SHIPPED	
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY LIPON AUTHORIZATION OF PERMIT. DISTRIBUTE COPIES AS FOLLOWS:		168 DATE OF DIS		REMAINS DIS	E NUMBER OF CREMATED SPOSER—IF APPLICABLE TERING OR BURIAL			
		>						

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.

Low lucome

REA-104 (3-04)

LOW INCOME

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-3-08 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 12:00 StrugNSON Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _____ will be applied and billed to undersigned. Blk/Row_ Grave space & Care Fund Overtime/Late Arrival Fees 266,50 Opening/Closing & Setup. 135,00 Burial Container Flower vases - Marker setting fee SEP 1 0 2008 Recording/Filing/Transfer Fees... Sales taxes. MOUNT HOPE CEMET Paid receipt number 1644 Balance due I hereby certify I am the / SISTG12 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Invoice # Work Order # E 20940 Acct. #

This information is available in alternative formats upon request.

MARIR JENKING 419 584 7000 FAX 584 7030

11808

VASTENS' SECHIBLOM



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:	Georgia	-S+0	CUCNDON	
Address:	2929' K	' st	cel	
City.	0 0			0.1. 0.1.2.0
City:	San Di	Ego	State CH, Zip	Code 92102
City of San Diego res	ident? (Circle)		YES	NO
Size of Family (chec	k one)			
Annua	al Income		Annu	al Income
(1) \$14,933		(4)	\$41,459	
(2) \$24,463		(5)	\$48,926	
(3) \$33,588		(6)	\$57,222	
household. Please subm Human Services-Notice o I understand that Mt maintain	it the deceased's crif Action (dated within the Hope Staff will a low administrative of the deceased	urrent inter in 30 days), respectfull ve costs for	nal revenue service or Social Security- A ly choose the buria r this program	I site of the deceased to
		ry under t	he laws of the Sta	ate of California that the
above statements are	. 0			
Dadue	/actua	-		9-3-08
Signed/ Relationship			Date	
one of the following: Currer	nt Utility Bill Curren	t Monthly C	hecking/Bank Statemen	City of San Diego address and Rental/Lease Agreement and
Approved by		177	Date	



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
- 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)
- 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 F	amily	Annual Income
1		\$14,933
2		\$24,463
3		\$33,588
4		\$41,459
5		\$48,926
6		\$57,222
More than 6	Each additiona	I member add \$ 8,296

- 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. <u>Valid</u> 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
- Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
- 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 <u>first burial</u>. 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.
- 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.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY JEAN M. SHEPARD, DIRECTOR

PUBLIC ADMINISTRATOR - PUBLIC GUARDIAN

LORI G. BAYS 5201-A RUFFIN ROAD, SAN DIEGO; CA 92123-1699
PUBLIC ADMINISTRATOR (858) 694-3500 FAX (858) 694-3987
PUBLIC GUARDIAN

September 03, 2008

Gladys Jackson 2929 K St. San Diego, CA. 92102

RE: Gorgia Stevenson

Dear Ms. Jackson

Enclosed please find the application for indigent assistance. The application must be completed by you and submitted to this office for consideration.

The Indigent Program generally calls for a direct cremation. There is no provision for any type of services. You must also work with this office to find an appropriate mortuary. If you entered into any contract with a mortuary that will automatically void this application.

Once we receive the completed application, a Deputy Public Administrator from this office will contact you to discuss whether the indigent program will be able to assist you.

Sincerely, Lori Bays

Public Administrator

Lilian Flagg Deputy

SOCIAL SECURITY ADMINISTRATION

Date: September 2, 2008 Claim Number: 435-34-1673A 435-34-1673DI

GEORGIA STEVENSON 2929 K ST SAN DIEGO CA 92102-4131

auner Pruss Investments / Private Corp.

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.....\$ 583.30

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 582.00 (We must round down to the whole dollar.)

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

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

Information About Supplemental Security Income Payments

Beginning September 2008, the current Supplemental Security Income payment is.....\$ 262.00

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.)

Medicare Information

You are entitled to hospital insurance under Medicare beginning October 1974.

You are entitled to medical insurance under Medicare beginning October 1974.

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

If You Have Any Questions

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

SOCIAL SECURITY 1333 FRONT STREET SAN DIEGO, CA 92101

If you do call or visit an office, please have this letter with you. It will

help us answer your questions.

OFFICE MANAGER

		K INK ONLY - MAKE						D	2
1A NAME OF DECE GEORGIA	DENT-FIRST		MAE MAE			10. LAST STEVEN	SON		
NAME OF THE OWNER, WHITE PARTY OWNER, WHITE PARTY OWNER, WHITE PARTY OF THE OWNER, WHITE PARTY O	0F BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY 09/01/2008		MARKET MARKET THE PARTY OF THE	EAR)	5. (FET	ALDEATH ONLY) DAT	TE OF EVENT	(MONTH, DAY, YEAR)	
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7A. NAME OF INFORMANT GLADYS JACKSON 7B. RELATIONSHIP TO DECEDENT			TO DECEDENT				OFMA LICENSE HE APPLICABLE		
2929 K STF		-STREET NUMBER AND	NAME, CITY, STATE, ZI	PCODE	PREFE 6163 U			BURIA	AL .
right to control dispor	sition pursuant to Health &	hereby acknowledge as a Safety Code Section 7100, d by Health & Safety Code	and that the disposition	1 Aprilan	TO POST SECURIO DE POST	a MI	action		98. DATE SIGNED 09/09/2008
		OCAL REGISTRAR- ons of the California Health							
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CREMATION	13A. NAME AND ADDRE	SS OF CALIFORNIA CRE	MATORY		138. DATE C	REMATED	13C, CREMA	HANDLE OF STREET	ERIF APPLICABLE
14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE			14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY						
15A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED			REMAINS OR	15B, NAME A	ND ADDRESS OF F	ERSON IN CHARGE	OF PLACIN	3 WITH THE CARRIES	
TRANSIT					15C. SIGNAT THE CARRIE		N CHARGE OF PLAC	ING WITH	15D. DATE SHIPPER
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OTHER THAN IN A					16D. SIGNAT	URE OF PERSON I	N CHARGE OF SCAT	TERNG OR	BURIAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 4 - 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 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

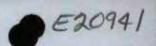
AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

		Date	7 1	00
		Jones	225	708
You are hereby authorized and instructed, su			The second secon	Lank
orCLAPRIC	E HOUT	MAN	**	10124
in a NICHE	Funeral, date, tim	18	AYL	4/10
Church, Chapel, Graveside	14	PAGSDALE		Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work da	y or an extra ch	arge of \$ _	
will be applied and billed to undersigned.				
Division 9 _ Section _ Z _ BI	k/Row_3	Lot NICHE	Grave	-2-
Grave space & Care Fund 610358				
Overtime/Late Arrival Fees Opening/Closing & Setup. 9 10009 Burial Container No International Container Monage Container Conta				1
Opening/Closing & Setup 4 1010*	una positeu	nd		
Burial Container NO INC.	03 000 70	172		
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Flower vases – Marker setting fee	Who			
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Paid	receipt number _			
	NESTER DEMONSTRATE	Balanc	e due	
I hereby certify I am the		of the al	bove name	i decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to he	bove indicated. I	certify and	represent
I hereby authorize the interment in lot I			1	
hold under deed.	Print Name	lee atta	MOU	
Signatura	Address	100 alla		
	CAY ~	W-		Zip Code
	Teleptrone			
	Invoice #			
Work Order # E 20941	Acct #	No.		THE STATE OF
From Gradin	and the same	2 2 161 9		
REA-104 (3-04) This inform	nation is available	in alternative fe	ormats upo	n request.



MOUNT HOPE CEMETERY

GRA	VE BLIND CHECK FORM
IN GRAVE WITH	8 NICHE
marked with "X". Place the	eceased for which the grave is for in the block name's, lot # and grave # of all existing marker's in nat are adjacent to the burial space.
Burial Container	NIA
	X
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	larice Houtman &
	68 Time: 11:25
Div: 9 Sect: 2	Blk/Row: 3 Lot: Ny he Grave: 2
	Sanman foe.
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

Λ	1 1 1 1
Due	Need Drust
410	iche

PY-593 (REV. 8-85)

1 1 1 1 1	City of San Diego
The Need Just	Date 9-25-92
You are hereby authorized and instructed of Wilburf & Clarking	subject to your rules and regulations, to inter the remains
ina	Funeral, date, time
Church, Chapel, Graveside	: Mortuary.
	o.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time veter	
Lot Niche Grave L& 2 Row_	1
Grave space & Care Fund 2. @.	\$ 250.00 500.00
Additional spaces and care fund Opening/Closing & Setup 2	#85.0 170.00
Burial Container	
Handling Fees	
Handling Fees Flower vases - Marker setting fee 2. 4 Recording and filing fee 2. 6. 5	ngraving fu @ 60 120.
Recording and filing fee	40,7
Sales tax	000 M
PAID	Total Due 8 80.00
SEP 2 5 1992	Balance due
I hereMoeHOPE GEMETERY an OFEN SOLD AND TO MAKE this authorize	of the above named decedent ition of remains as above indicated. I certify and represent ation and lagree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorizat	tion and interment.
I hereby authorize the interment in lot I hold under deed.	Signature V. Houstman
Signature of recorded holder of deed	Sacramento Ca 95831-3031
- #F	Same 1-(916) 391-0942 Zip Code Telephone
	Invoice #
Work Order # E 10358	Acct #

A-25 1920	
CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 527-3400 Date Address Address Address	POW 3 Section 2 NOTVALO CORPUSPOSE STATED CHART CHART CARDIT THIS SPACE SIGNATURE CONTROL OF THE CHART CONTROL OF CHART SIGNATURE CHART CONTROL OF CHART SIGNATURE CHART SIGNATURE CHART CONTROL OF CHART TOTAL PAID TOTAL PAID
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CLARICE

DIV9 SEC 3 BUX/BOOK LOCKED

got Need to know where the Location is.

San Diego, California 92113 Telephone (619) 264-1933 www.seaman-poe.com Fax (619) 264-1973

ALL SPELLING AND DATI HERE IS YOUR DESIGN LAYOU! WITH APPROVAL

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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Austin				Texas					
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727 Wellingt Justin, TX 78				Anderso	n-Ragsda	ale Mortuary d., San Diego, CA	92102		
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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 PERMI WITHIN 10 DAYS OF DISPOSITION 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 PROMISSUE DATE.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City	09 04 2008
Abvaham -	Date
You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
of Cerhan	Ruiz (infant) boy 11:0
	Funeral, date, time Monday Sept. 8
Type of Builal Container	00 -41
Church, Chape Graveside	Mark 584-7000
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Division 9 Section 1 BI	k/Row Lot 1764 Grave
Grave space & Care Fund	142
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178-
Opening/Closing & Setup. Burial Container 24" L K	? WAIL 99
Handling Fees	SED 0 9 2009 36
Flower vases - Marker setting fee	351 0 8 2008
Recording/Filing/Transfer Fees	OUNT HORE CEMETERY 65.
Sales taxes	7/17
	Total Due 527.67
Paid	receipt number R-61157 52T-101
	Balance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery Harmless from and Interment.
	× 231823
I hereby authorize the interment in lot I hold under deed.	Privi Name
4	Address
Signature	Zip Cook
	Melephone }
	Invoice #
Work Order # E 20942	. Acct. #
	nation is available in alternative formats upon request.

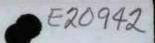
At Need

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 09 |04 | 2008

ou are hereby authorized and instructed, su	Ruiz	(infun	
18	Funeral, date, I	me Mondo	u Sept.
hutch, Chapel, Graveside		Prefects	Mortuer Mortuer
Funeral cars must arrive before 3:00 p.m.	of regular work	day or an extra cha	LYK 584 70
ill be applied and billed to undersigned			
		17/11	1
ivision 9 Section B	K/Row	_ Los_1764	Grave 1
rave space & Care Fund			142
vertime/Late Artival Fees			
pening/Closing & Setup		Marine Views - Marine Views	178-
pening/Closing & Setup. 24" L. K.	? W		99
anding Fees			_36
lower vases - Marker setting fee			
ecording/Filing/Transfer Fees	military and the state of the s		65-
			-7 /
		Total Due	527.6
Paid	receipt number		
v1.	_	Balano	e due
hereby certify I am the Make	meil		ove named decade
nd this is your authority to make disposition at I have the right to make this authorization	n and I agree to	hold Mt. Hope Cer	netery harmless fro
ly liability on account of said authorization a		olalla C	1
Tereby authorize the interment in lot I	Print Barrier	cheile Ce	
	Address /	Nubela !	
Druhen .	X	67 Sawte	CA 9211
	= 5		The second secon
	Amphone	619-40	64-209
Work Order # E. 20942	Invoice		



MOUNT HOPE CEMETERY

GI	RAVE B	LIND C	HECK FOR	RM	
IN GRAVE WITH		P	7		ma y
Write in the name of the marked with "X". Place the appropriate space (s	the name	's, lot # a	and grave #	of all exi	sting marker's in
Burial Container					
	enbian	1	Galvin		
		X			
Flagged Yes	V		No		
Blind check Initiated by: Interment space for:	1000	0	tte,	_	9/4/08 (Dry)
Interment Date: MOV					7
Grave Laid out by:	KEN	150.	AN	331	
Agrees with Legal Card:		Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verified B	Ву:	DAMD	Date	9-6	5-08
Cremains were placed a	it:		of gr	ave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS IA. NAME OF DECEDENT-FIRST 18. MIDDLE 1C. LAST Abraham Ruiz Jr. 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 2 SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 09/01/2008 09/01/2008 SA. CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE Chula Vista San Diego SA, TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 7A. NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT 88. CALIFORNIA LICENSE NUMBER--IF APPLICABLE Michelle Rene Cerhan Mother FD1746 7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 367 Sawtelle Avene Preferred Cremation & Burial 6163 University Avenue San Diego, CA 92114 San Diego, CA 92115 Brenda Martin 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 98. DATE SIGNED 09/04/2008 tated herein is one of the dispositions authorized by Health & Safety Code Section 103055 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 author of California. nit. NOTE: This permit gives no right of disp 108. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A. AMOUNT OF FEE PAID 09/08/2008 \$ 11.00 2801372 100. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA County of San Diego Vital Records 16E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 100 3851 Rosecrans Street San Diego, CA 92110 11. AUTHORIZED DISPOSITION(S)-CHECK APPLICABLE ITEMS D. SCIENTIFIC USE
E. TEMPORARY ENVAULTMENT
F. DISINTERMENT FOR CORONER'S USE ONLY A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) DISPOSITION PENDING-LOCATION OF REMAINS-DL NAME AND ADDRESS B. CREMATION
C. DISPOSITION OF CREMATED REMAINS
OTHER THAN IN A CEMETERY G. SHIP IN TO CALIFORNIA
H. TRANSIT OUTSIDE OF CALIFORNIA 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 12C. INTERMENT NUMBER-IF APPLICABLE 128. DATE BURIED BURIAL OR SCATTERING IN A 8-Mt. Hope Cemetery 9 Ux 3751 Market Street CEMETERY 12D, SIGNATURE OF PERSON IN CHARGE OF SURIAL OR SCATTERING San Diego, CA 92102 ENTOMBMENT) 13A, NAME AND ADDRESS OF CALIFORNIA CREMATORY TOC. CREMATION NUMBER-IF APPLICABLE 108: DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SKINATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER 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 168. DATE OF DISPOSITION 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSERAIF APPLICABLE SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

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.

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

Canopy

MT. HOPE CEMETERY

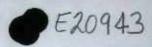
INTERMENT ORDER

City of San Diego

Date 9/4/08

Yan are bearing a shade of and individual at	
Antonia On	bject to your rules and regulations, to inter the remains
	Funeral, date, time TUPS, SEPT 9 @ 11 am
n a	CA Cremation 4 Royla I Mortuary
	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Division 12 Section 2 B	POAID Lot 65 Grave 9
Communication of Communication	2(11)
Overtime/Late Arrival Fees S	EP 04 2000
Opening/Closing & Setup	HOPE CEMETERY 708.00
Burial Container MOUNT	7/7.00
Handling Fees	604.8
Flower vases - Marker setting fee	120 %
Recording/Filing/Transfer Fees	170,∞
Sales taxes	55.51
	Total Due
Paid (receipt number <u>R-61154</u> 5,365,8
	Balance due
hereby certify I am the 50 m	of the above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I	ABEL CASTRUITA
hold under-deed.	1377 Los codhes et
Splature Ch	Chuly Vista CA 919
	City 619 - 781 - 6297 Telephone
	Invoice#
Work Order # E 20943	Acct #

OFFICIAL RECEIPT		
CANARY	MOUNT HOPE CEM (619) 527-3400	ETERY
	Date	
Fram: Abel Castruita	10-10-10	chos or ev 91910
YUT UNULLIAND ONE ILL	charact engrang conta	Dollars (\$ 0// 00.0/)
in Payment of Sec	Interment of Unitory	15 0
Invoice No. E-20943	DAID	1_65_ Grave9
Acct. No.	STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184
W.O	SEP 0 4 2008	80% Sales 100 COO CO COO COO COO COO COO COO COO CO
BALANCE DUE	MOUNT HOPE CEMETERY	Closing 77181 708 00
Money Order	-1	Containers 77182 77100 100 Handling Fee 77185 604 00
Scharge AP05073	Nove	Recording & 100 136
LJ Check AC-212A (11-05)	ISSUED BY Malia	TOTAL PAID \$ 5, 265 87
This information is available in atternative formats upon reque	st.	, <u></u>



MOUNT HOPE CEMETERY

GRAV	E BLIND CH	HECK FOR	M	
IN GRAVE WITH Write in the name of the decomarked with "X". Place the name appropriate space (s) that	ame's, lot # a it are adjacen	nd grave # of	all exis	ting marker's in
Burial Container DD	Crypt		W.	
				5
	Anderson	Pell		
aught	in x	DoyTivie		
	Polido	Ogilivie		
Flagged Yes/		No		
Blind check Initiated by: Interment space for:	The second secon		0	9/4/08
Interment Date: 9908				0
Div: 12 Sect: 2	Blk/Row:	Lot:	65	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 gra	ve	

OFFICIAL RECEIPT

		W.
	100	P
_		
	3379	

WHITE TO CUSTOMER CANARY CEMETERY PINK FILE

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61518

From: MUMBETTO CIMAdo,	Y Address: 1529 7	eri Si	14/18	,2007
in Payment of	Intones on trusta	Mastro	Dollars (\$ _	198.00,
Div Sec Sec	2 Blk/ Row I	Lot 65	Grave	9
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182 100	
Money Order Charge Check 35/00/19/12 AC-212A (11-08) This information is available in alternative formets upon reques	ISSUED BY MILE	Handing Fee Recording & Misc. Fees Sales Tax	77185 100 77183 60101 78390 \$	178 00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS Q

ANTONIO		- WHILL HO CHARGETTO,	WHITEOUTS.	PHOTOCOPIES	OR OTHER A	PIETE STEIONO	
MALONA	DENT—FIRST	18. MIDDLE			CASTRUIT	Α	
12/10/11	e of Birth (Month, DAY, YEAR) /10/1927	4. DATE OF DEATH 09/03/2008		DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)			TE OF EVENT (MONTH, DAY, YEAR)
SAN DIEGO				SAN DIEG	STREET, STREET	DE OF CALIFORN	NIA, ENTER STATE
7A. NAME OF INFO		78 RELATIONSHIP SON	TO DECEDENT				BB. CALIFORMALICENSE NUMBER—IF APPLICABLE FD1357
1377 LOS	ULL MAILING ADDRESS—STREET NUM COCHES CT STA, CA 91910	BER AND NAME, CITY, STATE, 21	P CODE	CALIFORN 5880 EL C SAN DIEG	AJON BLV	D	JRIAL CHAPEL
right to control dispos stated herein is one o	IENT OF APPLICANT—I hereby acknow ston pursuant to Health & Safety Code Se- of the dispositions authorized by Health & S THORIZATION OF LOCAL REG	ction 7100, and that the disposition afety Code Section 103055	DISPOSITION	Helel	ell NEW PERMIT	TO SHOW FIN	98. DATE SIGNED 68
	m accordance with provisions of the Califo		the authority for the		od in this permit. N	IOTE: This permit	
\$ 11.00	09/05/			WOOTEN,	STATE OF THE PARTY	PERMIT	EO
3851 ROSE	O, CA 92110	105	-	lene	CORONER'S US	E ONLY	N DE BE
BURIAL OR SCATTERING IN A	12A NAME AND ADDRESS OF CALIFO						
CEMETERY	MT HOPE CEMETERY		77.00	128. DATE BURIED		12C INTERM	MENT NUMBER—IF APPLICABLE
(INCLUDES ENTOMBMENT)	MT HOPE CEMETERY DIEGO CA 92102			9-9-1	80		MENT NUMBER—IF APPLICABLE
INCLUDES		3751 MARKET SAN		9-9-1	F PERSON IP	HARGE OF BURNA	AL OR SCATTERING TION NUMBER—IF APPLICABLE
(INCLUDES ENTOMBMENT) CREMATION	DIEGO CA 92102	3751 MARKET SAN	· A	120 SIGNATURE O	F PERSON IN CH	HARGE OF BURNA	AL OR SCATTERING TION NUMBER—IF APPLICABLE
(INCLUDES ENTOMEMENT) CREMATION	DIEGO CA 92102 10A. NAME AND ADDRESS OF CALIFO	3751 MARKET SAN	INS	120. SIGNATURE O	F PERSON IN CH	HARGE OF BURIA	TION NUMBER—IF APPLICABLE
(INCLUDES ENTOMEMENT) CREMATION	DIEGO CA 92102 10A. NAME AND ADDRESS OF CALIFO	3751 MARKET SAN RNIA CREMATORY RNIA FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE	INS	130 SIGNATURE C 130 DATE CREMA 130 SIGNATURE C 148 DATE RECEIV	F PERSON IN CH	HARGE OF GREMA	TION NUMBER—IF APPLICABLE
(INCLUDES ENTOMEMENT) CREMATION SCIENTIFIC USE	DIEGO CA 92102 10A. NAME AND ADDRESS OF CALIFO 14A. NAME AND ADDRESS OF CALIFOR 15A. NAME AND ADDRESS IN RECEIVI	3751 MARKET SAN RNIA CREMATORY RNIA FACILITY RECEIVING REMAINS STATE OR COUNTRY WHERE	INS REMAINS OR	130 SIGNATURE OF THE CASE OF T	P PERSON IN CH	HARGE OF CREM	TION NUMBER—IF APPLICABLE ATION
CREMATION SCIENTIFIC USE	DIEGO CA 92102 10A. NAME AND ADDRESS OF CALIFO 14A. NAME AND ADDRESS OF CALIFOR 15A. NAME AND ADDRESS IN RECEIVI	3751 MARKET SAN RNIA CREMATORY RNIA FACILITY RECEIVING REMAINS RSTATE OR COUNTRY WHERE PEO HORELINE, OR OTHER DESCRIPT E AND CAUFORNIA DISTRICT OF	REMAINS OR	130 SIGNATURE OF THE DATE RECEIVED THE DATE RECEIVED THE DATE RECEIVED THE DATE RECEIVED THE DATE AND ADDRESS OF THE DATE AND ADDRESS OF THE DATE AND ADDRESS OF THE DATE OF T	P PERSON IN CHECK	HARGE OF BURIA	TION NUMBER—IF APPLICABLE ATION OF PLACING WITH THE CARRIER

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 CHEMATED 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

A+ Need City of San Diego

Date 09/05/2008

You are becely authorized and instructed, sut	ject to your rules and regulations, to inter the remains
7 11	arroll &
ina Ash Vault	Funeral, date, time NOV- 20+1/7
Church, Chape 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 Section 3 Bill	UROW
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	_8.00
	Total Due
Paid:	eceipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from no interment.
I hereby authorize the interment in lot I hold under deed.	Print Name
	Address
Sgraue	City Zip Code
	Telephone
	Invoice #
Work Order # E 20944	Acct.#

CITY OF SAN DIEGO, CALIFORNIA ADDRESS 6322 El Cagon Blod. William B. carroll 415 57, 5.0. MORTUARY LOT 280 OPENING TIME 2:30 P BOX REMOVAL OR FOUNDATION PAID RECEIPT NUMBER BALANCE eserve lot 279 1 Flust marker on Will call on time THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY. AUTHOR I ZED FORM PR-974 REV.

ORDER



MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

INVOICE

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

DATE 3/31/1966

DEPT.

DEPT. REF. NO. YOUR ORDER NO

C-3069

AMOUNT

85.00

50,00

2,00

282,00

Featheringill Mortuary 6322 El Cajon Blvd. San Diego, Calif. 92115

Comatery

MAKE REMITTANCE PAYABLE TO CITY TREASURER, CITY ADMINISTRATION BUILDING, COMMUNITY CONCOURSE SAN DIEGO, CALIFORNIA 92101

DETACH AND FORWARD WITH REMITTANCE

DESCRIPTION OF CHARGE Ruth Bell Joslin Carroll Service Lot 280 Sec 3 Div 8 145.00 Opening #3 Cement burial liner Sales tax

Contract of the	COLUMN TO SERVICE STATE OF THE		A SHOW THE REAL PROPERTY OF THE PARTY OF THE	
	FOR ACCO	UNTING USE O	NLY	INX PREPARED BY
FUND	REVENUE	ACCOUNT	AMOUNT	APR
306	2 2 3 3 3 3	7784	\$ 72.50	1066
100	2 400 600 6	7781	85.00	1300
100		7782	52.00	- COLO
100	KEN MADERAL	7784	72.50	don

KEND O

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-8-08

	ted, subject to your rules and regulations, to inter	the remains
	- WHITE # 251	00
Type of Bunni Container	T_ Funeral, date, time	-8
	GREENWOOD)	-
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersigned	ed.	
Division Section Grave space & Care Fund Grave Space Spac	Blk/Row 12 Lot 8-9 Grave	1
		149,0
Burial Container		79.0
Handling Fees.	W	85,0
Flower vases - Marker setting fee		715 8
Recording/Filing/Transfer Fees.	8 2008 CENETERY	65,0
Sales taxes Paid 10 monumout 12 × 54 monumout R-61177 Paydamiount P	SENETEI	611
Daid for momant - u	OPE Total Due	
11 x 54 mondarion UNT	Paid receipt number P61156	384.1
P-CUTTE BOYOUT PILE	Balance due _	-0_
I hereby certify I am the BR	THER of the above name	ned decedent
and this is your authority to make dist	position of remains as above indicated. I certify a prization and I agree to hold Mt. Hope Cemetery has zation and interment.	3/845
I hereby authorize the interment in lot	· LARRY COHERCHT	an_
hold under deed	-3212 VISTA DIE	00_
Signmen	Addiss Amyl 91	935
	CRY 619 392 2890	Zip Code
Work Order # E 20945	Invoice #	1

N 40

REA-104 (7-96)

E20945

MT. HOPE CEMETERY INTERMENT ORDER

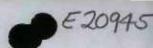
City of San Diego

Date 1-24-00

of MARGAR	LET CHURCHMAN	11:00
in a Type of Buriet Comager	Funeral, date, time Wed	
Church, Chapet, Graveside	Chapel GREENW	60D Mortuary.
All Funeral cars must arrive befo	re 3:30 p.m. of regular work day or an extra c	harge of \$
will be applied and billed to unde	rsigned.	
Lot 8 x 9 Grave	Row 12 Section 1 Divi	sion/ Block 5
Grave space & Care Fund	Pre-Need	A- 4775
Opening/Closing & Setup		375.00
Burial Container	PAID	
Handling Fees		50.00
	. JAN 2 4 2000	
Recording and filing fee		IIF OD
Sales taxes	CITY OF SAN DIEGO, C.	3.88
	Total Due	473.88
	Paid receipt number 52063	473.88
	Balan	ce due 🔑
I hereby certify I am the and this is your authority to make that I have the right to make this any liability on account of said at ARCY CHRCHI I hereby authorize the interment hold under deed.	e disposition of remains as above indicated. authorization and I agree to hold Mt. Hope Coulhorization and interment.	Permetery harmless from
noid under deed.	32/2 VISTA 0	1600 RD
Signature of recorded holder of deed	7 JAMUL CA (614) 669-048	91935 20 20 Code
	Invoice #	Oct 1
Work Order # E 1551	O Acct. #	
REA-104 (7-96)	This information is available in alternative	formats upon request

@ Printed on recycled paper





						P = 20945
	M	DUNT	HOPE	CEMET	ERY	AYD
		Control of the little of the l	The same of the same of the same	HECK FOR	CONTRACTOR OF THE PARTY OF THE	
IN GRAVE W	лтн	Marg	avet C	hurchin	nan	- No Marker
marked with the appropria	"X". Place	ce the nam	ne's, lot # a	nt to the buria	of all exist al space.	the block ting marker's in
Burial Conta	iner	ROWIS	ROWIZ	- ROW 10	0	
				Mongson	~	
			man april for	boyd, in		
		PR090	OND X	Tourn		
		GM14h orval	Smith	Eckard John		
		Bind				
Flagged	Yes			No		
Blind check i	Initiated (by:	1 18		Date:	
Interment sp	ace for:	Jur	ne L	. Wh	Ite &)
Interment Da	ate: A	DY	Time:			
Div:	Sect:	1	Blk/Row:	12 Lot:	8#9	Grave:
Grave Laid o	ut by:	*				
Agrees with	Legal Ca	ard:	Yes		No	
Agrees with	Мар:		Yes		No	
Blind Check	& Verifie	d By:		Date		
	au reconstruction and a second			10/10/40/1000		

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 18. MIDDLE 10 LAST JUNE WHITE 2 SEY 3 DATE OF BIRTH (MONTH, DAY, YEAR) 4 DATE OF DEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 04/04/1949 F 09/05/2008 64 CITY OF DEATH 58 COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA ENTER STATE SAN DIEGO SAN DIEGO 7A NAME OF INFORMANT 8A TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, 88. CALIFORNIA LICENSE NUMBER--IF APPLICABLE 78. RELATIONSHIP TO DECEDENT SON DONALD WHITE FD843 CITY, STATE, ZIP CODE -7C INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME. CITY, STATE, ZIP CODE GREENWOOD MORTUARY 3572 BENNETT AVENUE 4300 IMPERIAL AVENUE SANTA CLARA, CA 95051 SAN DIEGO, CA 92113 ACKNOWLEDGEMENT OF APPLICANT-1 hereby acknowledge as applicant that I have the BA APPLICANT SIGNATUR 9B DATE SIGNED right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 09/09/2008 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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 ar e authority for the disposition specified in this permit, NOTE: This permit gives no right of disposal outside of California. 108 DATE PERMIT ISSUED TOA. AMOUNT OF FEE PAID TOC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 09/09/2008 \$ 11.00 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 10E SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 11. AUTHORIZED DISPOSITION(S) FOR CORONER'S LISE ONLY CR/BU 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 12C INTERMENT NUMBER-IF APPLICABLE 128 DATE BURIED BURIAL OR SCATTERING IN A MOUNT HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ASC. CREMATION NUMBER—IF APPLICABLE 138 DATE CREMATED 09-11-2008 9 GREENWOOD CREMATORY, 4300 CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION IMPERIAL AVENUE, SAN DIEGO, CA 92113 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B, DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

158 NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D DATE SHIPPED THE CARRIER

18A, 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

16C. LICENSE NUMBER OF CREMATED 188. DATE OF DISPOSITION REMAINS DISPOSER—IF APPLICABLE

16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

TRANSIT

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A

CEMETERY

COPY SACCOMPANIES 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.*

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

E20945

on grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/08

of	Maru	SIMA VVIII	as and regulations, to inter	3/850
ina ASh	VAUIT	Funeral, date, ti	J III Caren	2012
	of Burlal Container Graveside	Tanora, and	Family	Mortuary.
All Funeral cars m	ust arrive before 3:	00 p.m. of regular work	day or an extra charge of t	·
will be applied and	billed to undersign	ed.		
10			21115	1
Division 10	Section	Blk/Row	_ Lot 3245 Grave	1
Grave space & Ca	ere Fund(CHAC		-6_
Overtime/Late Arri		L Miss	-	1000
Opening/Closing 8	& Setup	SEP 0 8 2008		199.00
Burial Container		NT HOPE CEME	TERY	104.00
landling Fees	MOU	NT HOPE OF		114.
lower vases - Ma	A STATE OF THE PARTY OF THE PAR			07.00
Recording/Filing/T	ransfer Fees			000
Sales taxes				51/106
			Total Due	5111 16
		Paid receipt number	K-61160	7
	Dane	UTER JAL I	Balance due	
and this is your at	uthority to make dis	HTER -IN - L sposition of remains as	above indicated. I certify	and represent
hat I have the rigit any liability on acc	ht to make this auth count of said authori	orization and I agree to ization and interment.	hold Mt. Hope Cemetery I	3/849
harahy authoriza	the integment in lot	1 1.00	INIS JUNE	RINAL
nold under deed	-	Print Name	2	GCENWA
Lonne	Sevar	esque assess	1.10.58. 0	4. 951
/		(40	8) 293 + 21	28 Zp Code
		Tetephone		
	20016	Invoice #		
Nork Order # _	20946	Acct. #_		

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

	3-00A-6-6-0		Miles Belleville (Miles All	HACK!	
IN GRAVE WITH	DAYI	5, 14,	ATTIED	1,	
Write in the name of the marked with "X". Place the appropriate space (s	the name	's, lot # a	and grave # o	f all exis	ting marker's in
Burial Container _	A 5 H	VAU	LT		
		X	VICTOR		
Flagged Yes_			No		
Blind check initiated by:				Date:	
Interment space for:	MAA	ly 5	WARRIN	911	M
Interment Date:		Time			
Div: 16 Sect:		Blk/Row:	Lot:	3245	Grave:
Grave Laid out by:	DAVI	00	KAN		
Agrees with Legal Card:		Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verified B	Ву:		Date		
Cremains were placed a	nt:	BOTTON	of gra	ive	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

93

IARY	AME OF DECEDENT - FIRST (QIVEN) IB. MIDDLE L.		SWA	ARRINGI	М	2 DATE OF BIRTH MONTH, DAY, YEAR 01/10/1914	S DATE OF DEATH MONTH, DAY, YEAR 04/09/2007	4. SEX
AN JOSE			SAN			AME RELATIONSHIP FULL FINFORMANT BRUCE SWARRI		PCODE
AK HILL FU OSE, CA 95	NERAL HOM	E, 300 CURTNER A	VE SAN	78 CALIF LI - IF APPL FD991	JICABLE S	P12 WILLOW GLI SAN JOSE, CA 9 SIGNATURE OF APPLICANT	5125	TE SIGNED
KNOWLEDGEMENT OF A	PPLICANT of the rigalith as	wiedge as applicant that the proposed a nd Safety Code, and was authorized pu	stated herein is an of the di recent to Section 7100 of	lepositions authorize the results and Sef	ced by Seatton 103055	zharna		16/2007
PERMIT	THE CALIFORNIA HEALTH	IN ACCORDANCE WITH PROVISIONS IN AND SAFETY CODE AND IS THE AL IN SPECIFIED IN THIS PERMIT. O RIGHT OF DISPOSAL OUTSIDE OF CA	UTHOR-	O PEEPAIL	04/16/2007	MARTIN D F	CAL REGISTRAR ISSUING	
AUTHORIZATION OF LOCAL REGISTRAR	90. ADDRESS OF REGI	STRAR OF DISTRICT OF DEATH	- # DEATH OCCUPRED IN CALL	SE ADO	RESS OF REGISTRAR OF	DISTRICT OF DISPOSITION -	- P DEPOSITION IS TO DECLAR AN ANGITY	OR DESTRUCT WORLD
T CHANCE IN DISPOS- ON REQUIRES A NEW RMST TO SHOW FINAL DISPOSITION		ARA HEALTH DEPA I BASCOM AVE CA 95128	RTMENT	38	AN DIEGO COU 51 ROSECRAN AN DIEGO, CA S	CORDS	•	
				34				
AUTHORIZED DISI	OSCION(S)			FOR	CORONER'S USE	ONLY		
AUTHORIZED DISI	MT HOPE O	ALTO AND ADDRESS OF THE PARTY O	MARKET ST S		118 DATE BURIED	11C SIGNATURE OF PE	ERSON IN CHARGE OF B	ia
R/BU	11A NAME AND A MT HOPE (DIEGO, CA 12A NAME AND A OAK HILL I	CEMETERY 3751 M	MARKET ST S	SAN	118 DATE BURIED	11C SIGNATURE OF PE	PRIOR IN CHARGE OF B	ia
BURIAL	11A NAME AND A MT HOPE (DIEGO, CA 12A NAME AND A OAK HILL I AVE SAN J	CEMETERY 3751 M 92102 ADDRESS OF CALIFORNIA CRE MEMORIAL PARK 3	MARKET ST S EMATORY 300 CURTNE	SAN R	118 DATE BURIED 128-DATE CREMATED	11C SIGNATURE OF PE	Norie	REMATION NO
BURIAL CREMATION SCIENTIFIC	11A NAME AND A MT HOPE (DIEGO, CA 12A NAME AND A OAK HILL I AVE SAN J 13A NAME AND A	CEMETERY 3751 M 92102 ADDRESS OF CALIFORNIA CRE MEMORIAL PARK 3 OSE CA 95125	MARKET ST S EMATORY BOO GURTNE CILITY RECEIVING RE	SAN R EMAINS	118 DATE BURIED 12-22-08 128 DATE CREMATED 4-17-07	11C. SIGNATURE OF PE	SON IN CHARGE OF FA	REMATION NO ACILITY

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

COPY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

V59e (REV.12/04)

44264

SPECIAL INSTRUCTIONS REGARDING CREMATION

THE FOLLOWING STATUTORY PROVISIONS ARE APPLICABLE TO THE DISPOSITION 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.)

OFFICIAL RECEIPT WHITETO CANARYTO		SE	1160
From: Lonnie Suamingun	(619) 527-3400 M Address: San Jos		, 20 08
- Five hundred	Address: 200/07	Dollars (\$	Salar Sa
Div Payment of Sec	Blu Boy Lot	3245 Grave	cum
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. SEP 0 8 2008	OREDIT 67007 20% Sales Care 77184 —	1 ,
W.OBALANCE DUE	MOUNT HOPE CEMETERY	80% Sales 100 cf Lots 77184 — Opening/ 100 _ Clocking 77181 Burisl 100 — Cantainers 77182	199 00
☐ Money Order Charge ☐ Check	ISSUED BY Malia	Handling Fee 77165 — Recording & 100 — Misc. Fees 77163 — Sales Tax 60101 — 78390 —	114 00 85 00 8 06
AC-212A (11-05) This information is available in alternative formats upon request		TOTAL PAID \$ _	510100

CITY OF SD MT HOPE CEMETERY 64
3751 MARKET ST
SAN DISTANCE OF ST
MATCH M
TIPE Code: MATCH M
TIP COMMENT TO THE CODE

MATCH MATC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/08

231840

You are hereby authorized and instructed, subject	to your rules and regulations, to inter the remains
or	BU MONSEPISTIO
In a LINEV Fun	eral, date, time that the 2010 @ 2.00
Church, Chapel Graveside	Preferred Clemation Monuary
All Funeral cars must arrive before 3:00 p.m. of re	egular work day or an extra charge of \$
will be applied and billed to undersigned	
Division Section Bik/Ro	w Lot <u>139</u> Grave <u>6</u>
Grave space & Care Fund E-17	331
Overtime/Late Arrival Fees	<u> </u>
Opening/Closing & Setup	53300
Opening/Closing & Setup. Burial Container SEP 0.8 Handling Fees.	2000 27000
Handling Fees. Flower vases – Marker setting Jounit HOP! Recording/Filling/Transfer Fees	CEMETERY 206.0
Flower vases - Marker setting (SELENT HOP)	
Recording/Filing/Transfer Fees	65,00
	7 20.9
Paid rece	Total Due 1,094.9 1,094.9 1,094.9
	Balance due
I hereby certify I am the daughter and this is your authority to make disposition of that I have the right to make this authorization and	of the above named decedent remains as above indicated. I certify and represent d I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and in	Guan wise 229710
I hereby authorize the interment in lot I hald under deed.	From physics
(W. V. W. W.) 112 12 12	2473 Barxel St
Signature Of the State of the S	San Diego, ch 92123
	Teleghane
F 20947	Invoice#
Work Order # E 20747	Acct.#

TANK HOW YOU HAVE

MOUNT HOPE CEMETERY (CHINESE AREA)

5 APPR 2005 The undersigned hereby requests and authorizes the interment of the remains of XI in Lot 139, Gr *6, Row _ , Sec. CHINESE, (NAME) in accordance with and subject to the rules and regulations governing Block/Division said interment in Mount Hope Cemetery, and certifies and represents that legal right to make such authorization and agrees to hold Mount Hope Cen from any and all Hability and account of said authorization and interment. 市哥牙地學 Chinese Signature of relative of Address & relationship to deceased or authority to sign authorization for CHINESE CONSOLIDATE BENEVOLENT ASSOCIATIO (Signature) Owners. (Print naire & title)

IZMANG " MOUNT DOE &



MOUNT HOPE CEMETERY

WIS

GRAVE	BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place the na	eased for which the grave is for in the block ame's, lot # and grave # of all existing marker's in are adjacent to the burial space.
cxol.	+ Jewis, Edwards
Baymona	X .
Lange	Branche
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	Thena Bu
Interment Date: 91100	
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

ZHENG	EDENT—FIRST		IB. MIDDLE			BU BU			
	TE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, 09/06/2008		YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, D		T (MONTH, DAY, YEAR)				
SAN DIEG					SAN DIE		OUTSIDE OF CALIFOR	NIA, ENTER	STATE
WISE GUA			78. RELATIONSHIP		LICENSED FUN	NERAL DIRECT	RESS OF CALIFORNIA- TOR OR PERSON NUMBER AND NAME,		FORMA LICENSE IIIF APPLICABLE
2473 BART	FULL MAILING ADDRESS— TEL STREET O, CA 92123	STREET NUMBER AND I	NAME, CITY, STATE, ZI	PCODE	PREFER 6163 UN SAN DIE	IVERSIT	EMATION AND Y AVENUE 92115	BURI	AL
ight to control dispo	MENT OF APPLICANT—I nation our suser to Health & Su of the dispositions authorized	elety Code Section 7100,	and that the disposition.	BA APPLICANT		N	B	~	98. DATE SIGNED 09/09/2008
PERMIT AND A This permit is issued of California.	UTHORIZATION OF LO	OCAL REGISTRAR- is of the California Health	ANY CHANGE IN and Safety Code and is	DISPOSITION the authority for the	N REQUIRES	A NEW PE	RMIT TO SHOW FIN erroll. NOTE: This permit	VAL DISP	OSITION light of disposal outs
\$ 11.00	FEE PAID	108. DATE PERMIT ISS 09/15/2008	SUED		WOOTEN		SUING PERMIT		<i>E</i>
CHARLE SE	O, CA 92110			-					
BU	DISPOSITION(S)				FO	OR CORONE	R'S USE ONLY		
BURIAL OR SCATTERING IN A CEMETERY	12A. NAME AND ADDRES	METERY, 3751	MARKET		126, DATE BUR	IED 78		NOTIFIC CONTRACT	BER-IF APPLICABLE
BURIAL OR SCATTERING IN A	MT. HOPE CEI STREET, SAN	METERY, 3751 DIEGO, CA 92	MARKET 102		128. DATE BUR 9 - 15- 120. SIGNATUR	ied - 08 ie of perso	12C. INTERN N IN CHARGE OF BURNA Lengur	L OR SCAT	TTERING
BURIAL OR SCATTERING INCLUDES	12A. NAME AND ADDRES	METERY, 3751 DIEGO, CA 92	MARKET 102		126, DATE BUR 9 - 15- 120, SIGNATUR 136, DATE CREE	IED - 08 IE OF PERSO MATED	12C. INTERN N IN CHARGE OF BURNA Lengur	L OR SCAT	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT. HOPE CEI STREET, SAN	METERY, 3751 DIEGO, CA 92	MARKET 102 MATORY	UNS	126, DATE BUR 9 - 15- 120, SIGNATUR 136, DATE CREE	IED OF PERSON MATED E OF PERSON	N IN CHARGE OF BURBA	L OR SCAT	TTERING
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS MT. HOPE CENTEET, SAN 13A. NAME AND ADDRESS 14A. NAME AND ADDRESS	METERY, 3751 DIEGO, CA 92	MARKET 102 MATORY	UNS	126, DATE BUR 9 - 1 5 120, SIGNATUR 130, SIGNATUR 148, DATE REC	IED OF PERSO MATED E OF PERSO EIVED	N IN CHARGE OF BURBA	TION NUMB	TTERING
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	12A. NAME AND ADDRESS MT. HOPE CENTEET, SAN 13A. NAME AND ADDRESS 14A. NAME AND ADDRESS	METERY, 3751 DIEGO, CA 92 S OF CALIFORNIA CREM	MARKET 102 MATORY	E REMAINS OR	12B. DATE BUR 9 - / 5 - 12D. SIGNATUR 13B. DATE CREI 13D. SIGNATUR 14B. DATE REC	E OF PERSON E OF PERSON ADDRESS O	N IN CHARGE OF BURBA H3C, CREMA N IN CHARGE OF CREM N IN CHARGE OF FACIL	TION NUMBER	TTERING WER-HEAPPLICABLE G WITH THE CARRIE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION SCIENTIFIC USE	12A. NAME AND ADDRESS MT. HOPE CENTEET, SAN 13A. NAME AND ADDRESS 15A. NAME AND ADDRESS	METERY, 3751 DIEGO, CA 92 S OF CALIFORNIA CREM	MARKET 102 MATORY	E REMAINS OR	12B. DATE BUR 9 - / 5 - 12D. SIGNATUR 13B. DATE CREI 13D. SIGNATUR 14B. DATE REC	E OF PERSON E OF PERSON ADDRESS O	N IN CHARGE OF BURBA FISC, CREMA N IN CHARGE OF CREM	TION NUMBER	ITERING VERIF APPLICABLE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION SCIENTIFIC USE	12A. NAME AND ADDRESS MT. HOPE CENTEET, SAN 13A. NAME AND ADDRESS 14A. NAME AND ADDRESS CREMATED REMAINS ARE 15A. ADDRESS, NEARESS SUFFICIENT TO IDENTIFICENT	METERY, 3751 DIEGO, CA 92 IS OF CALIFORNIA CRES S OF CALIFORNIA FACILITY S IN RECEIVING STATE TO BE SHIPPED T POINT ON SHORELINE Y FINAL PLACE AND CAL	MARKET 102 MATORY LITY RECEIVING REMA	E REMAINS OR	12B, DATE BUR 9 - / 5 - 12D, SIGNATUR 13B, DATE CRE 13D, SIGNATUR 14B, DATE REC 14C, SIGNATUR 15B, NAME AND	EVED ADDRESS OF PERSON E OF PERSON	N IN CHARGE OF BURBA HISC. CREMA HISC. CREMA N IN CHARGE OF FACEL F PERSON IN CHARGE N IN CHARGE OF FLACE	TON NUMBER TON NUMBER SPOSER	G WITH THE CARRIED OF CREMATED FAPPLICABLE

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 OCCUPRED OR THE DISTRICT IN EARLIEST 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

REA-104 (3-04)

City of San Diego

Date September 3,08

Decta Ma Ch	bject to your rules and regulations, to inter the remains
in a Liner Type of Butal Contamer	Funeral, date, time Mon Sept. 15, 1:00
Church Chapel Graveside	Ragsdale Mortusry.
All Funeral cars must arrive 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 B	k/RowLot 208_ Grave
Grave space & Care Fund	12264
Overtime/Late Arrival Fees	0 0 000
Opening/Closing & Setup	583.
Burial Container	VOV. 270
Handling Fees	1 AON 206 -
Flower vases - Marker setting fee	100 allolow -
Recording/Filing/Transfer Fees	11:90 68 -
Sales taxes	20.90
	Total Due
Paid	receipt number
M	A Co. 4 Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold upder deed.	* George CAPTER * 1669 & 36 st
Several Carter	Authors 4 5, D, CH. 92116 City 6197 45-9-9984 Teleginorie
Work Order # E 20948	Invoice #

@ Printed -- we mind paper

This information is available in alternative formats upon request.

MT HOPE CEMETERY

INTERMENT ORDER

at need City of San Diego Date_ 9-10-08 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time (1) FDS SEPT 17 Church) Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Lot 82 Grave Division 12 Section Grave space & Care Fund . Overtime/Late Arrival Fees 5,33.00 Opening/Closing & Setup. 270.00 Burial Container..... 206.00 Handling Fees..... Flower vases - Marker setting fee Recording/Filing/Transfer Fees...... Sales taxes Total Due fax 229-2750 Paid receipt number 126111 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 Print Name hold under deed. Signature MT. HOPE FAX 527-3403 Zip Code Invoice # Work Order # E 20949 Acct. #

	WHITE TO GUSTOMER CANARY CEMETERY	AT-NEED PURCH MOUNT HOPE CEM (619) 527-3400	METERY	61367 C 29 .20	08
From: Jonni Two Hun	e Summons Addrewded forty-th	wree and 71/00	C Doll	lars (\$ 243 T	71)
in full	Payment of Setting fe	e/grd trion va	2- /	Grave 3	<u>is Sc</u>
Acct. No		PAID AND	20% Sales Care 77 80% Sales	007 184 100 184	-
BALANCE DUE		C 2 9 2008	Opening/ Closing 77 Burial	100 161 100 182	5
Money O Charge Check AG-212A(11-05) 6		OPE CEMETERY Daylette C.	Handling Fee 77 Recording & 77 Misc. Fees 77 Sales Tax 60	100 185 213 101 101 2 1390 2 2 2 390 2	00 hlf 00 misc, 100 misc, 171 seeth fee

CITY OF CAN DIECO CALIFORNIA

OFFICIAL DECEMPT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject of Haywood Si	mmons	~	tile romains
ina liner pu	neral, date, time (L)E	05 5591	7 100
Church Chapel, Graveside	CA B	URIAL	Monuary.
All Funerel cars must arrive before 3:00 p.m. of r	egular work day or an e	untra charge of t	747
will be applied and billed to undersigned.			
		_	_
Division 12 Section 3 BINR	OWW	2 Grave	3
Grave space & Care Fund = 107	779		2
Overtime/Late Arrival Fees			
Opening/Closing & Selup			533.00
Burgi Container			270.00
Handing Fees			206-00
Flower vases - Marker setting foe			
Recording/Filing/Transfer Fees	** ***********************************	+1000000000000000000000000000000000000	65.00
Sales taxes			20.93
	Total Out		10999
Fax 229-2150 Pald rec	eipt number		
ax 229		Balance due	
hereby cartify I am tho		of the above nor	med decedent
and this is your authority to make disposition of that I have the right to make this authorization as	nd I agree to hold Mt. H	cated. I certify in ope Cemetery?	and represent harmless from
any liability on account of said authorization and	110000000000000000000000000000000000000	1 5	210.00
I hereby authorize the interment in lot I	-	1. Sim	
Ch m A	automatic .	Kwood	DR_
January 1 Thomas	San Die	90	42.154
601-3403	619 690	4899	99.000
- INDE FAX DE	Telephore		
THOPE FAX 527-3403	Involce #		
F 20749	Acci. #		



	GRAVE	BLIND CI	HECK FOR	RM		
IN GRAVE WITH				<u> </u>		
Write in the name o marked with "X". Pla the appropriate space Burial Container	ace the nan	ne's, lot # a	nd grave # o	of all exi	isting mar	
		Simmons Haywood	Jre			
	Esquellac	Tergue	Davis	2		
	Contere	X	Sayton			
	Gentald	Fulteric				
						-
Flagged Ye			No			
Blind check Initiated Interment space for:	1.4	auma	od SI	Date:	ims	5
Interment Date:	aliala	2)	1:00		0.10	0
Div: 12 Sec	t: 3	Blk/Row:	Lot:	82	Grave:	3
Grave Laid out by:						
Agrees with Legal C	ard:	Yes		No		
Agrees with Map:		Yes		No		
Blind Check & Verifi	ed By:		Date			

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

HAYWOOL	DENT—FIRST 18 MIDDLE LOYD			IC. LAST SIMMONS			
(41) (4) (10) // Dispersion	DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY 09/10/2008			Y, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YE			TE OF EVENT (MONTH, DAY, YEAR)
SAN DIEG				SAN DIE		ISIDE OF CALIFORN	NA, ENTER STATE
JANNIE SIN	OF INFORMANT IE SIMMONS WIFE		TO DECEDENT	LICENSED FUNE	RAL DIRECTOR H-STREET NUI	S OF CALIFORNIA- OR PERSON MBER AND NAME.	88. CALIFORNIA LICENSE. NUMBER—IF APPLICABLE FD1689
802 BLACE	FORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 2 BLACKWOOD DR N DIEGO, CA 92154		CODE	CALIFORM 2200 HIGH NATIONAL	HLAND AV	/ENUE	JRIAL CHAPEL
right to control dispo- stated herein is one PERMIT AND A	MENT OF APPLICANT—I hereby acknown sition pursuard to Health & Safety Code Se of the dispositions authorized by Health & S UTHORIZATION OF LOCAL REG	tion 7100, and that the disposition afety Code Section 103055. STRAR—ANY CHANGE IN		udette REQUIRES A			
of California.	in accordance with provisions of the Califo	ERMIT ISSUED	and the days	e disposition specific	RESIDENCE OF THE PARTY OF THE P	CONTRACTOR OF THE SECOND	gives no right of disposal outsi
\$ 11.00	09/11/			WOOTEN,		a Perunii	EO
	O, CA 92110				-		
BURIAL	ISPOSITION(S)			FOR	CORONER'S	USE ONLY	
	*						
	12A NAME AND ADDRESS OF CALIFO MT. HOPE CEMETERY ST., SAN DIEGO, CA 9	, 3751 MARKET		128. DATE BURIES	08	12G INTERM	IENT NUMBER—IF APPUCABLE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES	12A NAME AND ADDRESS OF CALIFO	, 3751 MARKET 2102		128. DATE BURIES	08 0F PERSON IN 2 J. C	12C INTERM	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES	MT. HOPE CEMETERY ST., SAN DIEGO, CA 9	, 3751 MARKET 2102		128 DATE BURIEL 9 - 17 - 120 SIGNATURE WILL 138 DATE CREMA	OB OF PERSON IN QJ. C	12C INTERM	L OR SCATTERING
BURIAL BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFO MT. HOPE CEMETERY ST., SAN DIEGO, CA 9:	, 3751 MARKET 2102 RNIA CREMATORY		128 DATE BURIEL 9 - 17- 120. SIGNATURE 138 DATE CREM	OB OF PERSON IN QJ. C ATRID OF PERSON IN	12C, INTERM CHARGE OF BURIA	L OR SCATTERING
BURIAL BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT. HOPE CEMETERY ST., SAN DIEGO, CA 9	, 3751 MARKET 2102 RNIA CREMATORY		128 DATE BURIEL 9 - 17 - 120 SIGNATURE WILL 138 DATE CREMA	OB OF PERSON IN QJ. C ATRID OF PERSON IN	12C, INTERM CHARGE OF BURIA	L OR SCATTERING
BURIAL BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFO MT. HOPE CEMETERY ST., SAN DIEGO, CA 9:	, 3751 MARKET 2102 RNIA CREMATORY		128. DATE BURIEL 9 - 17 120. SIGNATURE 138. DATE CREMA 130. SIGNATURE 148. DATE RECEIV	O 8 OF PERSON IN ATED OF PERSON IN	12C, INTERM CHARGE OF BURIA	LOR SCATTERING TION NUMBER—IF APPLICABLE
BURIAL BURIAL OR SCATTERING IN A CEMETRY (INCLUDES ENTOMBMENT) CREMATION	12A. NAME AND ADDRESS OF CALIFO MT. HOPE CEMETERY ST., SAN DIEGO, CA 9: 13A. NAME AND ADDRESS OF CALIFO 14A. NAME AND ADDRESS OF CALIFO	RNIA CREMATORY RNIA FACILITY RECEIVING REMAI	NS .	128. DATE BURIEL 9 - 17- 120. SIGNATURE 138. DATE CREMA 1302. SIGNATURE 148. DATE RECEIV	OF PERSON IN	12C. INTERM CHARGE OF BURIA 13C. CREMA CHARGE OF CREM	L OR SCATTERING TION NUMBER—IF APPLICABLE ATION
BURIAL BURIAL OR SCATTERING IN A CEMETRRY (INCLUDES ENTOMBMENT) CREMATION SCIENTIFIC USE	12A. NAME AND ADDRESS OF CALIFO MT. HOPE CEMETERY ST., SAN DIEGO, CA 9:	2102 RNIA CREMATORY RNIA FACILITY RECEIVING REMAI	NS .	128. DATE BURIEL 9 - 17- 120. SIGNATURE 138. DATE CREMA 1302. SIGNATURE 148. DATE RECEIV	OF PERSON IN	12C. INTERM CHARGE OF BURIA 13C. CREMA CHARGE OF CREM	LOR SCATTERING TION NUMBER—IF APPLICABLE
BURIAL BURIAL OR SCATTERING IN A CEMETRY (INCLUDES ENTOMBMENT) CREMATION	12A. NAME AND ADDRESS OF CALIFO MT. HOPE CEMETERY ST., SAN DIEGO, CA 98 13A. NAME AND ADDRESS OF CALIFO 15A. NAME AND ADDRESS IN RECEIVE	2102 RNIA CREMATORY RNIA FACILITY RECEIVING REMAI	NS FEMAINS OR	128. DATE BURIES 9 - 17 120. SIGNATURE 138. DATE CREMI 1392. SIGNATURE 148. DATE RECEIV	OF PERSON IN OF PERSON IN OF PERSON IN DORESS OF PE	12C. INTERM CHARGE OF BURIA 13C. CREMA CHARGE OF CREM	TION NUMBER—IF APPLICABLE ATION OF PLAGING WITH THE CARRIER
BURIAL BURIAL OR SCATTERING IN A CEMETRRY (INCLUDES ENTOMBMENT) CREMATION SCIENTIFIC USE	12A. NAME AND ADDRESS OF CALIFO MT. HOPE CEMETERY ST., SAN DIEGO, CA 9: 13A. NAME AND ADDRESS OF CALIFO 14A. NAME AND ADDRESS OF CALIFO 15A. NAME AND ADDRESS IN RECEIVE GREMATED REMAINS ARE TO BE SHIP 15B. ADDRESS, NEAREST POINT ON S SUFFICIENT OI DENTITY FINAL PLANT IF BURKE AT SEA, ONLY ENTER LATTI	RNIA CREMATORY RNIA FACILITY RECEIVING REMAING STATE OR COUNTRY WHERE PED HORELINE, OR OTHER DESCRIPTE AND CAUPORNIA DISTRICT OF	NS FEMAINS OR	128. DATE BURIES 9 - 17 120. SIGNATURE 138. DATE CREMI 130. SIGNATURE 146. DATE RECEN 146. SIGNATURE 158. NAME AND A	OF PERSON IN OF PERSON IN OF PERSON IN DORESS OF PE	12C. INTERM CHARGE OF BURIA 13C. CREMA CHARGE OF CREM CHARGE OF FACILI CHARGE OF PLACE 118C. LICENSI	TION NUMBER—IF APPLICABLE ATION OF PLAGING WITH THE CARRIER

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 REMAIN 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 2 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

*THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

42 Ario

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Lee Muck Monday, Sep ZZ in a Funeral, date, time Funeral, date, time Funeral, date, time Funeral cars 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 Bik/Row Lot 5 Grave Grave space & Care Fund Lot 25 Grave Overtime/Late Arrival Fees Opening/Closing & Setup. PAID Table 50 Burial Container SEP 2 3 2008 LOS 00 Flower vases – Marker settin MOUNT HOPE CEMETERY Recording/Filing/Transfer Fees Sales taxes Total Due Lot 79.47 Paid receipt number 8 GL LOS 1, 1679.47 I hereby certify I am the Daughtw of the above named decedent another is your authority to make disposition of remains as above indicated. I certify and represent
of Roy Lee Muck Monday, Sep 22 in a Type of Busic Document Church, Chapel, Graveside Funeral, date, time Preferred Montuary, All Funeral cars 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 Bik/Row Lot 25 Grave 2 Grave space & Care Fund 1132.00 Overtime/Late Arrival Fees Opening/Closing & Setup PAID 25.00 Burial Container SEP 2 3 2008 103 00 Flower vases – Marker setting/OUNT HOPE CEMETERY 22.50 Sales taxes 7 Paid receipt number 8-G1408 1,679.47 Paid receipt number 8-G1408 1,679.47 CK 1900 Balance due 0 I hereby certify I am the Daughtw of the above named decedent
Funeral, date, time Preferred Mortuary, Church, Chapel, Graveside Mortuary, All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
Church, Shapel, Graveside Church, Shapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
Division Section Blik/Row Lot 25 Grave 2 Grave space & Care Fund 1132.000 Overtime/Late Arrival Fees Opening/Closing & Setup PAID 26650 Burlat Container SEP 2 3 2008 103 00 Flower vases – Marker settin MOUNT HOPE CEMETERY Recording/Filing/Transfer Fees Sales taxes Total Due 1679.47 Paid receipt number 8 6 16168 11679.47 CK 1900 Balance due 0 Thereby certify I am the Daughter of the above named decedent
Division Section Bilk/Row Lot 2 Grave space & Care Fund 1132.000 Overtime/Late Arrival Fees
Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup. Burial Container Handling Fees Flower vases – Marker settin MOUNT HOPE CEMETERY Recording/Filling/Transfer Fees Sales taxes Paid receipt number 8-6168 I hereby certify I am the Daugher Of the above named decedent
Overtime/Late Arrival Fees Opening/Closing & Setup. Burlal Container Handling Fees Flower vases – Marker setting MOUNT HOPE CEMETERY Recording/Filing/Transfer Fees Sales taxes Paid receipt number 8-61 L68 I, 679 47 CK 1900 Balance due Of the above named decedent
Opening/Closing & Setup. Burlal Container SEP 2 3 2008 LOS 00 Flower vases – Marker settin MOUNT HOPE CEMETERY Recording/Filling/Transfer Fees Sales taxes Total Due. Paid receipt number R-GLOS LAT9 47 CIC 1900 Balance due Of the above named decedent
Burial Container SEP 2 3 2008 LOS 00 Flower vases – Marker settin MOUNT HOPE CEMETERY Recording/Filling/Transfer Fees Sales taxes Total Due Paid receipt number R-G1 LOS LAT9 47 CIC 1900 Balance due Of the above named decedent
Flower vases – Marker settin MOUNT HOPE CEMETERY Recording/Filling/Transfer Fees Sales taxes Total Due Paid receipt number R=G1 LGX LG79.47 CK 1900 Balance due Of the above named decedent
Flower vases – Marker settin MOUNT HOPE CEMETERY Recording/Filing/Transfer Fees Sales taxes Total Due
Sales taxes Total Due Paid receipt number 8-61168 LAT9.47 CK 1900 Balance due I hereby certify I am the Daughter of the above named decedent
Sales taxes Total Due Paid receipt number 8-61168 LAT9.47 CK 1900 Balance due I hereby certify I am the Daughter of the above named decedent
Paid receipt number R-GLGS 1,679.47 CK 1900 Balance due Of the above named decedent
Paid receipt number R-61 L68 1,679 47 CK 1900 Balance due Of the above named decedent
I hereby certify I am the Daughter of the above named decedent
I hereby certify I am the Daughter of the above named decedent
I hereby certify I am the Daugn Lev of the above named decedent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.
I hereby authorize the Interment in lot I Angelia Merritt
hold under deed - 40 Print Name:
about Ment Address Diego Ca
Saprandia To Code Zip Code
7 do 19-510-12 19
Invoice#
Work Order # E 20950 Acct. #
REA-104 (3-04) LOW INCOME Of fraction is available in alternative formats upon request.



Revised July 2008

THE CITY OF SAN DIEGO

E20950

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:	Roy be Muck		
Address:	4138 46th St	#3	
City:	SanDiego	_State_CQ_Zip	Code 92/05
City of San Diego re	esident? (Circle)	YES	NO
Size of Family (che	ck one)		
Annu	al Income	Annu	al Income
(1) \$14,933	(4)	\$41,459	
(2) \$24,463	(5)	\$48,926	
(3) \$33,588	16)	\$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.

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 Daughter 79-10-08

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 55/ documents verified

Approved by

Date



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
- 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)
- 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 F	amily	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

- 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. <u>Valid</u> 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
- Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
- 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 <u>first burial</u>. 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.
- 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.



THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT
"WE ENRICH LIVES THROUGH QUALITY PARKS AND PROGRAMS"

FEE WAIVER FORM

Participant fees are charged so that we are able to keep the programs available 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 APPLICANT:

ADDRESS:				PHONE: (4/4) 5	16-1274
FAMILY INFORM	ATION			W 1	
	First Name	Last Name	Annual Income		
N.	Roylee	Muck	16,440		
2	Elma	Muck		2,460	
. 3	Nanch	Mucic	12.526	,,,,	
4	Montra	Parks	N		
5	Wayne	Parks	10		
6		1 William	8		
	-	42.7			-
Program, and that I i		y of San Diego,	I that my family's economic situ DATE: 09/11		ow Income
of the following: rent receipt, prop	current utility b	ill, Current month	e/Identification Card displaying lly checking statement, □ rental ilitary identification card, □ reti DATE:	/lease agreement and clired military identificat	current month tion card. IRS Tax Return
		sonal identifying in	formation, copies of the verifyin	DATE:	_/_/_
			osed of properly to prevent loss		Approved by

SOCIAL SECURITY 1333 FRONT STREET SAN DIEGO CA 92101

Social Security Administration Supplemental Security Income

Notice of Change in Payment Date: November 25, 2007 Claim Number:

000003663 01 MB 0.360 954 07S1063K97359 B058, M4E, 014

噩

ROY LEE MUCK 5027 UNIVERSITY AVE APT 12 SAN DIEGO CA 92105-2178

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.

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."

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.

See Next Page

11/25/2007

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 619-557-5257. 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 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. 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

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

E20950

Service Address: 4138 46TH ST 3 SD

0

Account Number | Cycle | Date Mailed | Due Date | Please Pay This Amount | 4578 795 154 1 | 05 | Sep 8 2008 | Sep 27 2008 | \$149.80

Bill Becomes Past Due After Above Date Save Paper & Postage PAY ONLINE

Make Payment To

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

1 2 90000457879515400000149800000014980

Please Pay \$149.80 by Sep. 27, 2008



The VONS Companies, Inc. 20427 N 27th Avenue Phoenix, AZ 85027-3241

ADVICE NO. 291-9020098 DEPOSIT NOTICE NOT NEGOTIABLE

DATE: 08/15/2008

THE ACCOUNTIST OF

Nancy Muck 5027 University Ave #12 San Diego, CA 92105

029-2735A-2735A347

SAFEWAYING.

ACCOUNT TYPE ACCOUNT NO. DEPOSIT AMOUNT
Checking x3536 \$189.10

TOTAL DEPOSIT AMT: \$189.10

STATEMENT OF EARNINGS - PLEASE RETAIN FOR YOUR RECORDS

Nancy Muck XXX-XX-D624 PAY BEGIN DATE: 08/04/2008 PAY GROUP: CHECK DATE: 08/15/2008 CHECK NO.: 291-9020098 PAY END DATE: 08/10/2008 2735A LOCATION: 2735A347 PAY RATE: \$8.300 Hourly DEPARTMENT: 9491045 HOURS AND EARNINGS: -CURRENT---YTD----TAXES-DESCRIPTION HOURS CURRENT RATE HOURS EARNINGS EARNINGS DESCRIPTION YTD 6.220.68 Fed Withholding 1.102.06 Fed FICA Med Hospital I 67.27 Fed OASDI/Disability · 134.90 CA Withholding CA OASDI/Disability · E 8.300 19.50 4.45 757.75 Regular 161.85 169.18 Sunday Regular Hours Sunday Premium 7.75 7.75 64.33 8.301 134.50 109.47 468.07 0.501 134.50 14.26 -Holiday Worked 1.12 16.50 Trust Reporting Hours Ad 16.50 1.84 60.40 1.50 Overtime 1.5 18.47 0.50 Sunday Overtime 6.16 0.02 FLSA

Total:	35.0	0	230.06 1,061.75 7.	549.56 Total:		23.89	808.24
DESCRIPTION BEFORE-TAX	DEDUCTIONS	YTD	DESCRIPTION AFTER-TA	AX-DEDUCTIONS CURRENT	YTD		
			Ballot Club - Vons Union Dues - Vons Garnishments-Von's Union Dues Initiation-V Union Dues Arrears - Vo	0.50 6.90 9.67	16.50 227.70 487.47 17.90	TAX DATA FOR FEDERAL MARITAL STATUS: Single ALLOWANCES: 2 ADDL, PERCENT: ADDL, AMOUNT:	
						TAX DATA FOR STATE MARITAL STATUS: S/M-2 ALLOWANCES: 2 ADDL. ALLOW: ADDL. PCT: ADDL. AMOUNT:	CA Inc
Total:			Total:	17.07	771.97	NET PAY:	\$189.10

SAFEWAY INC., 5918 STONERIDGE MALL ROAD, PLEASANTON, CA 94588-3229

SOCIAL SECURITY ADMINISTRATION

Date: September 11, 2008 Claim Number:

ELMA T MUCK 4251 MARLBOROUGH AVE APT 3 SAN DIEGO CA 92105-1129

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

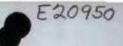
Beginning June 2008, the full monthly Social Security benefit before any deductions is.....\$ 197.80

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 197.00 (We must round down to the whole dollar.)

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

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



MOUNT HOPE CEMETERY

GRAVE	BLIND C	HECK FO	RM		
IN GRAVE WITH	7				
Write in the name of the dece marked with "X". Place the na the appropriate space (s) that	me's, lot # a	and grave #	of all exi	sting mark	
Burial Container	ner				
a authorist	-		Y ACT		
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Kaesty	-	Amoston	A 1711	Contraction	
Flagged Yes		No			
Blind check Initiated by:			Date:		
Interment space for: Riou		uck			
Div: 6 Sect: 3	- 140,000		25	Grave:	2
Grave Laid out by:	-	HVE	Ĩ	Oldvo.	
Agrees with Legal Card:	Yes		No		
Agrees with Map:	Yes		No		
Blind Check & Verified By:		Date			
Cremains were placed at:		of gr	rave		

66 E20950 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 18. MIDDLE ROY LEE MUCK 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) 08/16/1942 09/03/2008 6A. CITY OF DEATH IB. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE LA MESA SAN DIEGO 7A. NAME OF INFORMANT BA. TYPED NAME AND ADDRESS OF CALIFORNIA-8B. CALIFORNIA LICENSE MANUER-IF APPLICABLE 7B. RELATIONSHIP TO DECEDENT LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE ANGELIA MERRITT DAUGHTER FD1746 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE PREFERRED CREMATION AND BURIAL 3615 MINNESOTA AVENUE SE #101 6163 UNIVERSITY AVENUE WASHINGTON, DC 20019 SAN DIEGO, CA 92115 A APPLICANT SIGNATURE 98. DATE SIGNED 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. 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 10A. AMOUNT OF FEE PAID 108. DATE PERMIT ISSUED 100: SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 09/09/2008 WILMA WOOTEN, MD 100. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 100 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 12C. INTERMENT NUMBER-IF APPLICABLE 128. DATE BURIED BURIAL OR 9-23-08 SCATTERING IN A MT. HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C. CREMATION NUMBER-IF APPLICABLE 133. DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15D. DATE SHIPPED 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 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE 168 DATE OF DISPOSITION SCATTERING! BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 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 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 9/15/08

You are hereby authorized and instr	ructed, subject to your r	112 021	the remains
ofLINEV		time MON, Sep22	@ 2:45
Type of Burial Container Church, Chapel, Graveside	Funeral, date	(All Faiths	Mortuary
All Funeral cars must arrive before	3:00 p.m. of regular wo	rk day or an extra charge of	
will be applied and billed to undersig		in any or all out a delarge of	
Division 12 Section 2	3 BIK/Row	Pre-neod Grave	. 8_
Grave space & Care Fund	E-20929	Pre-neod	905,07
Overtime/Late Arrival Fees			=27.00
Opening/Closing & Setup	DAID		555
Burial Container	PAID		270
Handling Fees	SEP 1 5 2008		206
Flower vases - Marker setting fee			7.5.00
Recording/Filing/Transfer Fe	JNT HOPE CEN	ETERY	65.00
Coine tower			1 00000
		Total Due	21000
	Paid receipt number	er K-61170	2,000
	wico	Balance due	
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said authority.	thorization and I agree	to hold Mt. Hope Cemetery	and represent
I hereby authorize the interment in I hold under deed.	lot I BOS	SEMARIE A	4 PRING
XRDEMALL Has	Dies SAM	N DIEGO CA	92131
	Telephony	26- 244-0	7757
	Invoice	a #	
Work Order # E 20951	Acct. 4		

're-Need 10t/trust

Work Order # E 20929

MT. HOPE CEMETERY

E20951

010012008

INTERMENT ORDER

City of San Diego

23170	77	Date Of H	123181H
fou are hereby authorized and instructed, sub of For Roseman	CONTRACTOR OF THE PROPERTY OF	THE RESIDENCE OF THE PARTY OF T	er the remains Harring
1	Funeral, date, time	000000	
Church, Chapel, Graveside	:	aremoni	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or	an extra charge of	15
will be applied and billed to undersigned			
Division 12 Section 2 Blk	URow Lo	t 138 Grave	8
Grave space & Care Fund			2264.0
Overtime/Late Arrival Fees			
Opening/Closing & Setup			5-7-
Burial Container			M
landling Fees			201- 10
lower vases – Marker setting fee			
Recording/Filing/Transfer Fees			6500
Sales taxes			20093
	Jota	Due S	3 358.40
Paid r	ecelpt number 1991) Uslex t	000.00
· - 1.	1.7.1.	Balance du	358.40
hereby certify I am the	and I agree to hold I	Indicated, I certify	armed decedent and represent harmless from 23/8/4
hereby authorize the interment in lot I old under deed.	Print Name	arie Ha	
Rosellasie Harring	Andress	aminito	Caryou
grahra 2	Cally OCO	neso a	92131 201 20 Code
	Telephone 550	- 206 - 0	-141

Invoice#

Acct. #

OFFICIAL RECEIPT



CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE MOUNT HOPE CEMETERY (610) 527-2400

P01511

Div Sec Sec Shik/Row Lot 138 Grave Sinvoice No. Invoice No. Acct. No. 6-7095 NOT VALID FOR PURPOSES STATED UNLESS STAMPED *PAID** W.O. BALANCE DUE OCT 15 2008 Pre-Need Lot	电影物度	(010) 321 0100		1 M 15 00	10
Dollars (\$ 1,000 1000			8/		
Dollars (\$ 1,000 1000	From: TOSEMARIE HAR	ZING Address: 10447 CAMIN	SITO BLUYDA	5.D, 9	2131
DE - Payment of NSF CHX	The state of the s	10/00	Dollars (\$	1,0000)
Div 17 Sec Z BIK/ Row Lot 13	DE Payment of N	1SF CHX * 162 (12-61170)			
Acct. No. E-7005 STAMPED PAID PAID STAMPED PA	The second second	Blk/			
BALANCE DUE OCT 15 2008 Pre-Need Lot Pre-Need Lot Charge SSUED BY OCT 15 2008 Pre-Need 53033 Trust OCT 15 2008 Pre-Need 53033 Trust OCT 15 2008 Pre-Need 53033 Trust OCT 15 2008 Pre-Need Trust OCT 15 2008 Pre-Need 53033 Trust OCT 15 2008 Pre-Need Trust OCT 15 2008 Pre-Need 53033 Trust OCT 15 2008 Pre-Need 53033 Trust OCT 15 2008 Pre-Need 53033 Trust OCT 15 2008 OCT 15 2008 Pre-Need 53033 Trust OCT 15 2008 OCT 15 2008 OCT 15 2008 Pre-Need 53033 Trust OCT 15 2008 OCT 15					
□ Pre-Need Lot □ Money Order □ MOUNT HOPE CEMETERY 109/17100 □ 1000 □ 1	W.O	IAID			
□ Pre-Need Trust □ Charge ISSUED BY	BALANCE DUE	OCT 15 2008			
Check ISSUED BY 1000 -	Pre-Need Lot	MOUNT HOPE CEMETERY	109/17100 -	1000	-
MODEL OF THE PROPERTY OF THE P	☐ Pre-Need Trust ☐ Charge	6			
AG-212 (2-06) This information is available in atternative formats upon request.		SISSUED BY	TOTAL PAID S _	1000	_

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61296

	D	ate:	11/12,20	08 _
From: ALL FAITHS MORT & C	Rom Address: 9840 Comin	MTO CHED	12U SA 42	129
ONGHUNDRED-SETE	way EIGHT & Mas -	D	ollars (\$ 17800)
	Markon Scotting FEE			
Div 12 Sec_	Z BIK/ Row	Lot 138	_ Grave &	
Invoice No. 731814 Acct. No. 6020951 W.O. 6602 BALANCE DUE 6	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Bunal	67007 77184 100 77184 100 77181 100 77182	
Money Order Charge Check 7 237 AC-212A (11-05)	ISSUED BY BY	Recording & Misc. Fees Sales Tax	100 77185 100 77183 1783 1783 178390 \$ 178	

This information is available in alternative formats upon request.

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALL AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400	SE 61170 ETERY
From: Rosemarie Har	YING Address: 10447 (a)	minito Banyan pollers (\$ 21000 00)
in Payment of Sec	Interment of Keni Row Lot	138 Grave 8
Acct. No	PAID SEP 1 5 2008	CREDIT 67007 20% Sales Care 77184 80% Sales 100 01 Lots 77184 Opening 100 Closing 77181 Burial 100 Containers 77182 206 00
☐ Money Order ☐ Charge ☐ Check 1015 AC-212A (11-05) This information is evaluable in alternative formats upon re	MOUNT HOPE CEMETERY ISSUED BY MOUGA	Handling Fee 77185 Recording 8 100 Misc. Fees 77183 Sales Tax 60101 78390 TOTAL PAID \$ \$2,000 00

TO A TO A CONTRACT OF THE PARTY OF THE PARTY

0	OFFICIAL RECEIPT	WHITE TO C	CUSTOMER	PRE-NEED PURC MOUNT HOPE CEI (619) 527-340	HASE METERY	Po	1366	
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	OFFICIAL RECEIPT			CITY OF SAN DIEGO, C	ALIFORNIA	Da	271.5	
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0				(619) 527-340	00 0 01	whor	5	08
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TOTAL PAID

Xcheck 157

This information is available in allemative formets upon request





MOUNT HOPE CEMETERY E 2095/

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Blind check Initiated	17			Date:	
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Div: 12 Sect	All Control of the Co	111		138	Grave: 8
Grave Laid out by:	KE	No	DAYE		
Agrees with Legal C	ard:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verifi	ed By:		Date		
Cremains were place	ed at:		of g	rave	

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 IC LAST IB. MIDDLE KENNETH ROSS HARRING 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 04/16/1931 09/13/2008 6A DITY OF DEATH 6B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE POWAY SAN DIEGO 7A. NAME OF INFORMANT BA TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, OTY, STATE, ZIP CODE 68. CALIFORNIA LICENSE MUMBER-IF APPLICABLE 76 RELATIONSHIP TO DECEDENT ROSEMARIE HARRING WIFE FD 1733 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE. ZIP CODE ALL FAITHS MORT. & CREM. SVS. 10447 CAMINITO BANYON 9840 CAMINITO CUADRO SAN DIEGO, CA 92131 SAN DIEGO, CA 92129 ACKNOWLEDGEMENT OF APPLICANT-I hereby acknowledge as applicant that I have the 9A APRICANT SIGNATURE 98 DATE SIGNED right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 0 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055 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. 10C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A, AMOUNT OF FEE PAID 108 DATE PERMIT ISSUED \$ 11.00 09/19/2008 WILMA WOOTEN, MD 100: ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH DCCURRED 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 2A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128 DATE BURIED 12C INTERMENT NUMBER-IF APPLICABLE BURIAL OR SCATTERING IN A F-7095 08 MOUNT HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST., SAN DIEGO, CA 92102 ENTOMEMENT 13A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 138 DATE CREMATED 13C. CREMATION NUMBER-IF APPLICABLE CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 16B NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C SIGNATURE OF PERSON IN CHARGE OF PLACING WITH \$15D, DATE SHIPPED THE CARRIER

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS.

SCATTERING!

BURIAL AT SEA OR DISPOSITION OTHER THAN IN A

CEMETERY

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.*

-

18B. DATE OF DISPOSITION

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

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.*

18A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION:

F BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER-IF APPLICABLE

^{*}THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

AT 1660 •

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	aguillain .				Date	1-12	00
رسا	/SON	119					
You are h	ereby auti	horized and instruct	ed, subject to y	your rules an	d regulation	ns, to inter	the remains
of	ELIS	A ALIC	EMAY	5 8	2	3185	1
in a		ett		date lime	300t	24th	12:00
Church, (Chapet Gr	aveside		_ : Ec	ATH	REGIL	_ Mortuary
All Funer	al cars mu	st arrive before 3:0	0 p.m. of regula	ar work day o	or an extra	charge of	s
will be ap	plied and	billed to undersigne	ed				
Division_	10	_ Section	Blk/Row_		ot 45	9 Grave	
Grave sp	ace & Can	e Fund 043	74		************		0
Overtime	/Late Arriv	al Fees		terford	1		
Opening/	Closing &	Setup	- N	148/19/	JIES AT	C	-
Burial Co	ntainer		(NO	ex 100	9 1		2
Handling	Fees	EZP9.07	- T(010)	ntertonic or model le reste evaluación	MY		0
Flower va	ses – Mar	ker setting fee	Were	evalad	NOU		
Recording	g/Filing/Tra	ansfer Fees	Ano che	evalad			0-
Sales tax	es						-0-
93410				Total	al Due		-0-
45			Paid receipt r	number			
					Bala	ance due _	-0-
	ertify I am						med decedent
that I hav	e the right	thority to make disp to make this author	rization and I a	gree to hold			
any liabili	ty on acco	unt of said authoriz	ation and interi	ment		2	31856
I hereby a		he interment in lot I	×	ord Name		- 1	-
riola unae	s uddu.		×	COLPAN D	d	TOCH	20
Signature			- 1	N	o ar	,ccc	
			×	ny J			Zip Code
indre	0 6	56-6681	Te	rephone			
		20050	Ir	nvoice #			
Work Ord	ler# <u></u>	20952	A	voct. #			
REA-104 (3	-D4)	This	information is	available in	alternative	formats u	ipon request.

@ Primot as mercled pages

With Mary

E20952

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-6-09

of		
in a Type of Burlet Container	Funeral, date, time	- CALLEDON
Church, Chapel, Graveside	1	Mortuary
All Funeral cars must arrive before	3:00 p.m. of regular work day or an extra charge	ge of \$
will be applied and billed to unders	igned.	
Division 10 Section	BIK/Row_ Lot 45780G	irave \
Grave space & Care Fund . D. 4		-
Overtime/Late Arrival Fees	7-5	
Opening/Closing & Setup	110	199.00
Burial Container		1040
Handling Fees		1140
Flower vases - Marker setting fee	W. C	
Recording/Filing/Transfer Fees	(0)	
Sales taxes		8.06
	Total Due	
	Paid receipt number R61104	510.00
	Balance	due _O_
hereby certify I am the and this is your authority to make that I have the right to make this a any liability on account of said authority.	4 4 4	ertify and represent etery harmless from
I hereby authorize the interment in hold under deed.	ioti Andrealy	ays-will
Andrew MAN	ELY JAHOA OWEND	nive
Marie XIVIII	1619 656-60	A 91911 81
	200001091	
Work Order # E 20908	Invoice #	

OFFICIAL RECEIPT



TO CUSTOMER WHITE CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA AT-NEED PURCHASE MOUNT HOPE CEMETERY

From: ANDIREA MAYS WHI FIVE HUNDRED - TOU	\$ 00/00		Date:_	12. CH	ca VI	510 00	1919
n Full Payment of A	SH BURLA	Blk/ Row		47.80	_ Grave _	1	
Noice No	NOT VALID FOR PURP STAMPED "PAID" IN TH	OSES STATED UNL	ESS	CREDIT 20% Sales Care 80% Sales of Lots Cpening/ Closing	67007 77184 ————————————————————————————————————	-114	_
BALANCE DUE				Burial Containers Handling Fee Recording &	100 — 77182 100 — 77185 100 —	179	-
Charge ODTUL 120 Check AC-212A (11-05) This information is available in alternative formats upon reque	ISSUED BY	4		Misc. Fees Sales Tax TOTAL PAID	77183 — 60101 — 78390 —	510	06

E20952

MOUNT HOPE CEMETERY

GRAVE	E BLIND CH	HECK FO	RM	
IN GRAVE WITH Ed	na P. 1	Mays		
Write in the name of the dece marked with "X". Place the na the appropriate space (s) that Burial Container	me's, lot # ar	nd grave #	of all exis	ting marker's in
	1 05	1.00	J44	
	- Broker	- Paper		
CONTRACTOR OF THE PROPERTY OF	M X	HUSINH	th	
On the A				
Flagged Yes		No		
Blind check Initiated by:	Taylet	te,	Date:	9/2408
Interment space for:	ice Ma	USX	2	
Interment Date: Was 9/2	24/08 Time:	12:00	noc	in ,
Div:/OSect:	_Blk/Row:	Lot:	4579	Grave:
Grave Laid out by: DAN	110 P	FER)	
Agrees with Legal Card:	Yes	W)	No	
Agrees with Map:	Yes		No	
Blind Check & Verified By:		Date		
Cremains were placed at:	TOP	of gr	ave	

								JMAN REMAIN	s /2	66/01
1A. NAME OF ELISA	DECED	Charles of Control		18. MIDDLE			1C.LA MA	ST.		
2 SEX		OF BIRTH (MONTH, DA 3/1925	Y, YEAR)	4. DATE OF DEATH 09/07/2008	(MONTH, DA	(Y. YEAR)		5. (FETAL DEATH ONLY) DA	ITE OF EVENT	(MONTH, DAY, YEAR)
MORRIS		E				N SEE	OUNTY OF DEAT	H—IF OUTSIDE OF CALIFOR	ENIA, ENTER	STATE
7A. NAME OF WARRE				78 RELATIONSHIP	TO DECEDE	LICE	USED FUNERAL	ADDRESS OF CALIFORNIA DIRECTOR OR PERSON REET NUMBER AND NAME E	NUMBER-	ORNALICENSE -IF APPLICABLE
939 SHIN	VING I	EL MAILING ADDRESS- WIRE WAY , NC 27587	STREET NUMBER AND	NAME, CITY, STATE, Z	IP CODE	632	ATHERINGI 22 EL CAJO N DIEGO, O		Domin	quez .
right to control stated herein is	dispositi s one of	ion pursuant to Health & S the dispositions authorize	hereby acknowledge as safety Code Section 7100 d by Health & Safety Code	and that the disposition Section 103055.	•	Mal	he of)onwegs		DO CONTRACT
This permit is t	issued m	accordance with provision	ns of the California Health	and Safety Code and is	the authority	for the dispo	istion specified in	PERMIT TO SHOW FI the permit. NOTE: This perm	NAL DISPO	JSITION ght of disposal outside
\$ 11.00	e de la companie de La companie de la companie de l	E PAID	09/09/20		10C. SIGN. 280	1389	OCAL REGISTRA	AR ISSUING PERMIT		
10D ADDRES	SS OF RE	EGISTRAR OF DISTRICT	OF DEATH—IF DEATH	OCCURRED IN CALIFOR	P.	O. BOX		OF DISTRICT OF DISPOSITI	ON—IF DIFFI	ERENT FROM 100
A. BURIA (INCLL B. CREM C. DISPO	AL OR S UDES E MATION DSITION R THAN	OF CREMATED RE	METERY	D. SCIENTIFIC U E. TEMPORARY F. DISINTERMEN G. SHIP IN TO CO H. TRANSIT OUT	ENVAULTM NT ALIFORNIA	omirez	NAM	FOR CORONER POSITION PENDING—LO ME AND ADDRESS		35
BURIAL O SCATTERING CEMETER (INCLUDE ENTOMBME	OR G IN A RY ES		ETERY: 3751 MA 92102			4	ATE BURIED - 24 IGNATURE OF PR	-08 E-	20952	ER-IF APPLICABLE Z TERING
CREMATIC	ON	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SO. CA CREMATORY: 601 D CRANE ST. LAKE ELSINORE, CA 92102			13B. DATE CREMATED 13C CREMATION NUMBER—IF APPLICABLE 2 000 / 13D. SIGNATURE OF PERSON IN BANGE OF CREMATION					
SCIENTIFIC	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS			14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY						
15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OF CREMATED REMAINS ARE TO BE SHIPPED		158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRI								
*					15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER					
SCATTERIN BURIAL AT SE DISPOSITIO OTHER THAN	NG/ IF EA OR ON	UFFICIENT TO IDENTIF	T POINT ON SHORELING Y FINAL PLACE AND CA ENTER LATITUDE AND	LIFORNIA DISTRICT OF		N;	16B. DATE OF DISPOSITION 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER IF APPLICABLE			
CEMETER	ey					16D, SI	GNATURE OF PE	RSON IN CHARGE OF SCAT	TERING OR	BURIAL
IDONE ALITE INC	DITATION	N OF DEDINE CUCTOIOL	ITE COPIES AS FOLLOW	ue.						

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 HEMAINS WERE SCATTERED AT SEA.*

COPY 2 - RETAINED BY PERSON IN CHARGE OF THE CREMATCRY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 - 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

of Hazel D	Beard &
ina Ash Vault	Funeral, date, time SQT, SepT 20@ 2pm
Church, Chapel, Graveside	Mortuary
	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
10 1	. 92 11
Division / Section E	BIK/Row Lot 92 Grave 1
Grave space & Care Fund	1990 6
Overtime/Late Arrival Fee	11/2 00
Opening/Closing & Setup	100.
Bullan Container	779-
Hanning Helphill	
Flower values - Marker setting fee	/ E00
Record ng/Filling/Transfer Ross	60
Sales taxes av	304 10
Piri or	Total Due
all I	d receipt numberBalance due
I hereby certify I am the	of the above named decedent
and this is your authority to make disposition	on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name
	Address
Signature	City Zip Gode
	Taleghane
	Invoice#
Work Order # E 20953	Acct.#

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date

of LETOY	M. Deara &	
ina ASh VaulT	Funeral, date, time SaT, Sep 20 d	22pm
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		TAN .
Division 12 Section 2 B Grave space & Care Fund E-8	SIM/RowLot_ <u>92</u> Grave_	4
Overtime/Late Arrival Fees	_	
Opening/Closing & Setup		14900
Burial Container		7900
VICTORIAN DE VICTORIA		8500
Flower vases - Marker setting fee	_	
I hereby de try I am the and the set your authority to make distriction that have the right to rease the authorization any liability on account of said adhorization is	Balance due of the above name on of remains as above indicated. I certify an on and I agree to hold Mt. Hope Cemetery has and interment.	ed decedem
I hereby authorize the interment in lot I hold under deed.	Print Name	
Name to the second seco	Address	
Signature	Cny	Zip Code
	Telephone	THE REAL PROPERTY.
Work Order # E 20954	Invoice #	45

& Paniel or availed paper

This information is available in alternative formats upon request.

REA-104 (3-04)

AT need
SD Resident

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/16/08

	ted, subject to your rules and regulations, to inter the remains
	s Lopez 231848
in a DD CYUPT Type of Busin Container	Funeral, date, time Fyiday, Sept 19 @ Ila
Church, Chapel, Graveside	AZTLAN Mortuary.
All Funeral cars must arrive before 3:00	0 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	id,
Division 12 Section 2	DB RAW Lot 234 Grave 8
Grave space & Care Fund	21269
Overtime/Late Arrival Fees	SEP 1 7 2008
Opening/Closing & Setup	_533~
Burial Container MOUN	THOPE CEMETERY 53900
Handling Fees.	1 I E LI OU
Charles Service Manager Control Service	
Recording/Filing/Transfer Fees	anopy \$6500 730.00
Sales taxes	41.79
	3 9/177
Nortvary	Total Due 5/101
TO Pay	Paid receipt number <u>R-6/172</u> 602.85
(100)	R-61174 Balance due 3,358.4
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizany	, 201871
I hereby authorize the interment in lot I	Dimon Lopez Cruz.
hold under deed.	Address T. St.
Singer	Address D 1 - C - 07/13
*	San Diego Ca. 92/13. by code 6/9. 269. 7367.
r 20055	Invoice#
Work Order # E 20955	Acct. #

OFFICIAL RECEIPT WHITE TO CANARY		ISE D	1174
True Mortin	(619) 527-3400 Date	9/17/	, 20 08
From: AZTLAN MOYTUG HIVEO HICUSTUCE THE in FOUTUAL Payment of	MOISES LOVEZ THE	+ 93/00 Dollars (\$	3358.93
Div 12 Sec Invoice No. E-20955	2 Blk/ Row Lot	_234_ Grave	8
Acct. No	SEP 1 7 2008	CREDIT 67007 20% Sales Care 77184 — 80% Sales 100 of Lots 77184 Opening/ 100	452 80 1811 20
BALANCE DUE R-61172 \$ 602.84 Money Order Charge	MOUNT HOPE CEMETE	Handling Fee 77185 Recording & 100 Misc. Fees 77183	270 80 206 80 65 00
AC-212A (11-05) This information is available in alternative formats upon reque	ISSUED BY MALIA	Sales Tax 60101 78390 TOTAL PAID \$	3,358 93

E20955

OFFICIAL RECEIPT
WHITE

AC-212A (11-05)

This information is available in alternative formats upon request.

WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE
MOUNT HOPE CEMETERY

TOTAL PAID

(619) 527-3400

61172

From: Jose VIllaesuza	A	Date:	ember	17,20 08
From: JOSE VIIIGETUZO	- 101	0	Dollars (\$	602.84,
inPayment of Div /Sec	2 Blk/ Row	Los 232)	UT Grave	8
Invoice No. F-20955 Acct. No. W.O. BALANCE DUE 6 R-61174 - \$3,358.93 Money Order Charge Check	NOT VALID FOR PURPOSES STATED UNLI STAMPED "PAID" IN THE ALD SEP 1 7 2008 MOUNT HOPE CEME	CREDIT 20% Sales Can 80% Sales of Lots Opening/	67007	269 00 248 00 65 00 20 84

E-20955 Moises Lopez

	Liner	DD Crypt	Diferencia
Lot	\$2,264.00	\$2,264.00	The same of
O/C	\$533.00	\$533.00	
B/C	\$270.00	\$539.00	\$269.00
H/F	\$206.00	\$454.00	\$248.00
Canopy	\$65.00	\$65.00	
R/F	\$65.00	\$65.00	65
Tax	\$20.93	\$41.77	\$20.84
	\$3,423.93	\$3,961.77	\$602.84
Amount Due	\$65.00	\$602.84	

E 20955

MOUNT HOPE CEMETERY

	GRAVE I	BLIND C	HECK FOR	RM	
IN GRAVE WITH		US.			
Write in the name of marked with "X". Place the appropriate space. Burial Container	e (s) that a	e's, lot # a	and grave # o	of all exis	sting marker's in
		Holmes			
	Dungen	MARTIN	Bulgarie		N THE
	Pullura	X	Bulgar	发 二	gri,
	Perezan		Tuillan	ST	
Flagged Yes	V		No		
Blind check Initiated I	y:	Man	ia	Date:	9/17/08
Interment space for:	Mo	ises	Lopez		A III
Interment Date: 9			<u>llar</u>	(Ve-2007S)71	
Div: Sect:	2	Blk/Row:	Lot:	234	Grave: 8
Grave Laid out by:	KEN	& DA	VE		
Agrees with Legal Ca	rd:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verifie	d By:		Date		
Cremains were placed at:			of gra	ive	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

15 E 20955

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST 1C. LAST LOPEZ MOISES 2 SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF CEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) M 10/29/1992 09/13/2008 SA CITY OF DEATH 88. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO TAL NAME OF INFORMANT 7B RELATIONSHIP TO DECEDENT 6A TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON 8B. CALIFORNIA LICENSE. NUMBER---IF APPLICABLE ACTING AS SUCH—STREET NUMBER AND NAME. CITY, STATE, ZIP CODE FATHER SIMON LOPEZ FD1658 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE FUNERARIA AZTLAN MORTUARY SVC 3885 T STREET 7856 LA MESA BL SAN DIEGO, CA 92113 LA MESA, CA 91941 98. DATE SIGNED 9A. APPLICANT SIGNATURE ACKNOWLEDGEMENT OF APPLICANT-1 hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 09/18/2008 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is assed in accordance with previsions 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 Callfornia. 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A. AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED \$ 11.00 09/18/2008 WILMA WOOTEN, MD 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 10D 10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 FOR CORONER'S USE ONLY 11. AUTHORIZED DISPOSITION(S) BU 128 DATE BURIED 12C INTERMENT NUMBER-JE APPLICABLE 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY BURIAL OR SCATTERING IN A 9-19-08 MOUNT HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST SAN DIEGO CA 92102 (INCLUDES ENTOMBMENT) 138 DATE CREMATED 13C CREMATION NUMBER-IF APPLICABLE 13A, NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED SCIENTIFIC USE 14C, SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D, DATE SHIPPED THE CARRIER 168, DATE OF DISPOSITION 16C, LICENSE NUMBER OF CREMATED 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. REMAINS DISPOSER -- IF APPLICABLE IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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, FACULTY 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 9 16 08

	sject to your rules and regulations, to inter the remains
orISAAC	
in a TS VAULT	Funeral, date, time Mon, Sept 22 @ 11:3
Church Chapel Graveside	: Wms Memoria Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
-	19594 Lot 92 Grave 10
Overtime/Late Arrival Fees Opening/Closing & Setup Burial Container	19594 2
Handling Fees	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes Paid	Total Due
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Address On attached
	City Tip Code Telephone
Work Order # E 20956	Acct. #

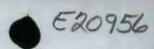
E20956

MT. HOPE CEMETERY

INTERMENT ORDER

re-need lot, trust. City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains FOR ISAAC PRINCE PIN PAGTS Top Seal Vaul + 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 BIK/Row Lot 92 Grave 10 Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container FFB - 7.2006 Handling Fees..... vases - Marker setting fee 65.00 Recording/Filing/Transfer Fees..... 27.51 Sales taxes Paid receipt number Balance due hereby certify I am the decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. 2 IMPERIAL AVE wette Invoice # Work Order # E-19594 Acct.#



MOUNT HOPE CEMETERY

	GRA'	VE BLIND CH	HECK FORM	
	VE WITH			
marked	the name of the de with "X". Place the ropriate space (s) the	name's, lot # a	nd grave # of al	l existing marker's in
Burial (Container T	5 VAULT		
	RIVERE	X	MYRTLE	
		MILLE		
Flagged	d Yes		No_	
Blind ch	eck Initiated by:		Da	ate:
Interme	nt space for:	Esaac	Prince	3
Interme	nt Date: 9 22	08 Time:	11:30	Chapel
Div:	12 Sect: 2	Blk/Row:	Lot: 9	2 Grave: 10
Grave L	aid out by: K	EN I JU	AN	
Agrees	with Legal Card:	Yes	No No	
Agrees	with Map:	Yes	No No	
Blind Ch	neck & Verified By:		Date	
Cremain	s were placed at:		of grave	

85 E 20956

USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS IC LAST 1A. NAME OF DECEDENT-FIRST 1B. MIDDLE PRINCE ISAAC 2 REX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 09/15/2008 M 02/06/1920 8A, CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE TA, NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT US. CALIFORNIA LICENSE NUMBER-IF APPLICABLE WILLIAM PRINCE SON FD1575 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE WILLIAMS SAN DIEGO MEMORIAL CHAPEL 6867 GOLFCREST DRIVE 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92119 SAN DIEGO, CA 92104 9A, APPLICANT 98. DATE SIGNED 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. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION ed in this permit. NOTE: This permit gives no right of disposal outside ermit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the of California 10B. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A. AMOUNT OF FEE PAID \$ 11.00 09/17/2008 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 12A, NAME AND ADDRESS OF CALIFORNIA CEMETERY 12C. INTERMENT NUMBER-IF APPLICABLE 12B, DATE BURIED BURIAL OR 2-08 MT. HOPE CEMETERY 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT) uga 13B. DATE CREMATED MATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C, CRE CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B, DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER. TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER 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 168. DATE OF DISPOSITION 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE SCATTERING/ BURIAL AT SEA OR DISPOSITION

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 !

OTHER THAN IN A

CEMETERY

160. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AND PRESIDENT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9.17-08

of JANE	BIELEFE	CDI	0	
ina DD "B"	Funeral, date, ti	me 9-30	Tue	560
Type of Buriel Container Church, Chapel, Graveside		Muca	1	Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extr	a charge of	5
will be applied and billed to undersigne	ed			
Division 1 Section 1	Blk/Row	_ Lot _ 2 "	Grave	9
Grave space & Care Fund 5 5	161 - 1986			0
Overtime/Late Arrival Fees				700.00
Opening/Closing & Setup				108.00
Burial Container		JO.	A. C.	
Handling Fees	OY,	St. Ct.	×	
Flower vases - Marker setting fee	100	. 6		ST OO
Recording/Filing/Transfer Fees	8	Car		_85,00
Sales taxes		*		202
	all all	Total Due		195.00
	Paid receipt whoer	_B613	100	79300
		В	alance due	1
I hereby certify I am the "X and this is your authority to make disp	position of remains as	above Indicat	he above n	amed decedent
that I have the right to make this authorized in the said authorized	rization and I agree to	hold Mt. Hope	Cemetery	harmless from 231865
hereby authorize the interment in lot i	X Print Name		- 1	-
iold dildel deed.	×	1-10	MACH	ll
ROMEN	- ×	Jeeu	MUCE	Zin Code
	M Tolephone	/		zip cose
Work Order # E 20957	Invoice #			
- 2073/	Acct.#			

REA-104 (3-04)

This information is available in alternative formats upon request.

MOUNT HOPE CEMETERY

	GRAVE	BLIND C	CHECK FO	RM	
IN GRAVE WITH Write in the name of marked with "X". Place	the decease the name	sed for whe's, lot #	and grave #	e is for in of all exi	the block sting marker's in
Burial Container	DD D	"B	nt to the bun	ai space	
	PANISL		GOITH		
	WILLIAM HOGAN		ERWIN		
	KEEFE		BOYLUS		
Flagged Yes	~		No		
Blind check Initiated I	·	Tom	Biele		9/25/08
Interment Date:	Tay	Time		TCIC	11
Div:Sect:		Blk/Row:	Lot:	25	Grave: 9
Grave Laid out by:	7.	Fe-v	Ken		
Âgrees with Legal Ca	rd:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verifie	d By:	norn	Date	9/	29/08
Cremains were place	d at:		of gr	ave	

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61200

	Date		9.	30 ,20 OK
GEVEN HUNDRESS.	NINETY TARGE & MY	<u>00</u> 1	Dollars (\$ _	193 20
in First Payment of Div Sec	INTERMENT OF JONET BIGL	25	_ Grave _	9
Acct, No. EZD957 W.O BALANCE DUE	PAID SEP 3 0 2008	CAEDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	77184 100 77181 100 77181 100 77182	708
☐ Money Order ☐ Charge ☐ Check Ø 906€ AC-212A (11-05)	MOUNT HOPE CEMETER:	Handing Fee Recording & Misc. Fees Sales Tax	100 77185 100 77183 60101 78390	95 - 793 -

1A. NAME OF DECE		(INK ONLY — MAKE	18. MIDDLE	WHITEOUTS,	THE OWNER OF THE OWNER,	1C. LAST	all the same of th	E 2093
JANET			CHISEKO			BIELEF		
CONTRACTOR OF CONTRACTOR	E OF BIRTH (MONTH, DA) /27/1927	y, YEAR)	4 DATE OF DEATH 09/25/2008		EAR)	5. (FE	TAL DEATH ONLY) DA	TE OF EVENT (MONTH, DAY, YEAR)
MORENO \					RIVERSI		UTSIDE OF CALIFOR	NIA, ENTER STATE
ANTHONY			7B. RELATIONSHIP TO SON-IN-LAW	SCHOOL SCHOOL STATE	LICENSED FUNI	ERAL DIRECTO	SS OF CALIFORNIA- OR OR PERSON IUMBER AND NAME.	88. CALIFORNA LICENSE NUMBER—IF APPLICABLE FD1540
25256 MEN	IOMINEE COUR ALLEY, CA 925	T	AME, CITY, STATE, ZIF	PCODE	23618 SU	INNYME	ORENO VALI AD BOULEVA , CA 92553	
right to control dispos stated herein is one of	MENT OF APPLICANT—I sition pursuant to Realth & S of the dispositions authorized	afety Code Section 7100, a by Health & Safety Code 5	and that the disposition Section 103055.	SA. APPLICANT	nl	n	UIT TO CHOW EIN	98. DATE SIGNED
This permit is issued of California.		s of the California Health a	and Safety Code and is t	the authority for the	e disposition spec	lified in this pen	nit NOTE: This permi	t gives no right of disposal out lide
\$ 11.00	EE PAID	09/26/2008	JED	The second second	E OF LOCAL REI		ING PERMIT	50
RIVERSIDE 4065 COUN	REGISTRAR OF DISTRICT E HEALTH DEPA NTY CIRCLE DR E, CA 92503		CCURRED IN CALIFOR	SAN 385		OUNTY V	TRICT OF DISPOSITION OF THE PROPERTY OF THE PR	ON-IF DIFFERENT FROM 10D
BURIAL BURIAL OR SCATTERING IN A	12A NAME AND ADDRESS	S OF CALIFORNIA CEME			128, DATE BURIE	8	12C, INTERN	MENT NUMBER—IF APPLICABLE
(INCLUDES ENTOMBMENT)	STREET SAN	DIEGO CA 9210	2		120. SIGNATURE	orperson	T College	AL OR SCATTERING
CREMATION	13A. NAME AND ADDRES	S OF CALIFORNIA CREM	ATORY		13B, DATE CREN 13D, SIGNATURE		13C, CREMA	TION NUMBER—F APPLICABLE
SCIENTIFIC USE	14A. NAME AND ADDRES	S OF CALIFORNIA FACIL	ITY RECEIVING REMA	***	148. DATE RECE	000000	IN CHARGE OF FACIL	ury
TRANSIT	15A. NAME AND ADDRES CREMATED REMAINS AR		OR COUNTRY WHERE					OF PLACING WITH THE CARRIER
					15C. SIGNATURE THE CARRIER	OF PERSON	IN CHARGE OF PLAC	ING WITH 150. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION	16A. ADDRESS, NEARES SUFFICIENT TO IDENTIF' IF BURIAL AT SEA, ONLY	Y FINAL PLACE AND CALL	FORNIA DISTRICT OF		168, DATE OF DI	SPOSITION		E NUMBER OF CREMATED SPOSER—IF APPLICABLE
OTHER THAN IN A CEMETERY	Marie Hall				16D, SIGNATURE	OF PERSON	IN CHARGE OF SCAT	TERING 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.

NON PESIDENT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

9.17-08

of Landson	IELEFELDT
	Funeral, date, time Tives 9/30/08 2:00pm
Plane of Bladel Continues	de Muler-Jones Mortuery
	of regular work day or an extra charge of \$
will be applied and biked to undersigned	
Division I Section Bi	MRNW Lot 25 Grave 9
	The state of the s
Grave space & Care Fund . 8 2761	- 1986 -
Overtime/Late Arrival Fees	700.00
Opening/Closing & Setup	<u>_708.∞</u> ,
Burial Container	
Handling Fees.	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	_ 85.00
Sales taxes	
	Total Due
Paid	receipt number
	Balance due
hereby certify I am the "X Son . In-	of the above named decedent
and this is your authority to make disposition	n of remains as above indicated. I certify and represent in and I agree to hold left, Hupe Cemetery harmless from
I haveby authorize the intermeption lot i	x Stephen A. CARter
hold under dead	V 76376 Menomines OF
SULANT	Moreno Valley CA, 925
SQUARE STATE OF THE STATE OF TH	900 562 919 400
	107 00 C 11 10
	Invoice #
Work Order # E. 20957	
ANOLK CLOSE & TIME	Acct.#

Miller-Jones will bring a check

CITY OF SAN DIEGO, CALIFORNIA AT-NEED PURCHASE MOUNT HOPE CEMETERY

(619) 527-3400

E20957

	Date:		17	2-16,20	80
From: MUCIA CARTER	Address: 75325 MENON	unge i	T. MA	MINA	lowy co
Two HUNDRED-THIRT	ty Govan & NOTON-		Dollars (\$ _	2370	U , 925
n Payment of _N	MARKER RESETTING FEET	FOR BIEL	EFELD	T, ANKT	THEEK
Div 1 Sec_	Blk/ Row Lot	25	Grave _	9	
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID DEC 1 6 2008	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67807 77184 100 77184 100 77181 100 77182 100		
☐ Money Order ☐ Charge ► 1414	MOUNT HOPE CEMETERY	Handling Fee Recording & Misc. Fees Sales Tax	77185 100 77183 60101 78390	237	
AC-212A (11-05) This information is available in alternative formats upon reque OD W Roy Academic From Control of the Contro		TOTAL PAID	s	237	

● E20957	
Pu-hed INTERMENT ORDER Typne + date of pur City of San Diego 6/6/86	8 8 8 1
Outopur City of San Diego	100 Sept 100
Typne + dans 6/6/86	1
Date 6/6/06	2 2 24 2 20 20 20 20
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains	記 報 報 報 報 報 報 報 報 報 。
in a Double Crypt Funeral, date, time Wed 4/18 at 1130	
Church, Chapel, Graveside Could Cult : Character Mortuary	Date: Oversite of Sales Container C
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied	20 SE
and billed to undersigned. War time veteran www t Kowe aumy Cwo.	× 3 4 5
Lot 2.5 Grave 9 Row Section Division/Block	STAND STANDS
Grave space & Care Fund	WESS WESS
Additional spaces and care fund	STATE OF STA
Opening/Closing & Setup Burial Container Double Cuppt 330 000	28 28 28 28 28 28 28 28 28 28 28 28 28 2
Handling Fees	
Flower vases - Marker setting fee	MOUNT THE SEASON NOUNT
Recording and filing fee	1 本村月 1 5
Sales taxes	2 3 4 7 52 8
Paid receipt number	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Balance due	On Aget
I hereby certify I am the	5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.	F 8 7 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
() sobelises	Search and Cast and C
hold under deed.	330 40 1 50
Signature of recorded helder of Good * San Duego CA 92/3/	Prome From No. 100 Perioral Most No. 100 Perioral Balan Steer this Pays
r 6/9 526-1879	Pre-Nee
044415	
Work Order # E 5961 Invoice # 0/7767	
(PY-993 (NEV-5-95)	

PIN TO AIN D. I. P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/18/08

You are hereby authorized and instructed, sui	E. RUCKEY 217374
in a Type of Burial Container	Funeral, date, time TURS, Sep 23 @ Ipm
Church, Chapel, Graveside	: Anderson-Hagsdale Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee Recording/Filing/Transfer Fees	N/RowLot 95 Grave 8 01814 - 1980
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	los tona
Burial Container	ela L
Handling Fees NONSTOS	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
cal coated	Total Due
Paid Paid	receipt number <u>R-28893</u> 10/29/1980 Balance due
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent an and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Print Name Hackord
×	Address Vac Allaco
Signature	CBy 20 Code
	Telaphone
000=	Invoice#
Work Order # E 20958	Acct #

Sep 18 2008 11:56AM HP LASERJET FAX

AIN

MT. HOPE CEMETERY

4 4	bly to the	TERMENT ORD		,
20000		City of San Diego	Date_ 9/18/	108
2000 10:15/5F. 10:14/No. 7800000213	You are hereby suthorized and insta	ructed, subject to your rules DN E. RUCK		ho remains
14/	. Liner	Management of the State of the	Tues, Sep 23 0	e Ipm
	Church, Chapel, Graveside		nderson-Ragsdale	
	All Funeral cars must arrive before			- 2
181	will be applied and billed to undersi	gried.		BE
101	Division // Section	BALROW	LOT 95 Grave	8
80	Grave space & Care Fund	E-01814 -	1980	0
	Overnmentate Aming 7 805			\Rightarrow
(THU) SEP				-+
Ę	Buriel Container		<u></u>	-
5	Handling Foot			1
	Flower vases - Marker setting fee :			(
	Recruring/Filing/Transfer Fees		**************************************	-
	Sales taxes			XX
		1	7otal Due	
		L. SUG LOCKEN LIVILINGS	129/1980 Bulance due	
	×			
	I hereby certify I am the and this is your authority to make that I have the right to make this at any liability on account of axid authority.	thorization and I agree to he	of the above name bove indicated. I certify a old lift. Hope Cametary hi	nd represent
	The second secon	× Ve	ra Evans	
	hereby authorize the interment in hold under deed.	Price Name	18 54th plac	e
	×7/era /Euc	Ker × 45	an Diego, Ca	State of the last
			9-266-9744	The Case
	- 20050	Invoice #		
1	F. 20958			

This information is available in alternative formats upon request.

REA-104 (3-04)

MOUNT HOPE CEMETERY

		GRAVE	BLIND C	HECK FO	RM		
IN GRA	VE WITH	Prez	zolias	Rucha	w		
marked the appr	the name of with "X". Place copriate space	ce the nan	ne's, lot # are adjace	and grave #	of all exi	sting marke	's in
		Marg	8 15				
	6	Shirten	Jaylouc	COPPETA	\$		
	Kassenn	Mary	X	MAHON			
		16 hos	e	Tougos			
Flagged	Yes			No			
ragget	165		• •				
	eck Initiated				Date:		
Blind ch		by:	epn .	E. Ruc	100000		
Blind ch	eck Initiated I	oy: Jos	33.00		her		
Blind ch	eck Initiated I	Jos 123/0	8 Time	100	her		8
Blind ch Intermer Intermer	eck Initiated Int space for:	Jos 123 10	8 Time	:Lot:	her		3
Blind ch Intermer Intermer Div: Grave Li	eck Initiated Int space for: ht Date:	Jos 123/10 1 DA	8 Time	:Lot:	her		3
Blind ch Intermer Intermer Div: Grave Li	nt space for: nt Date: 9 Sect:	Jos 123/10 1 DA	8 Time Blk/Row:	:Lot:	her 95		3
Blind che Intermer Intermer Div: Grave Li Agrees to	eck Initiated Int space for: Int Date:	Jos 123 10 1 DA	8 Time Blk/Row: VID Yes	:Lot:	her 95 No		3

ORDER MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIFORNIA DATE 19-29-19-80		20	200	0
CHARGE JOSEPH & PREZELIA RUCKER-232-8588	8 6 6 7		m in it	0
ADDRESS 2227 IRVING AUE S.D. 92113			100 to 10	
NAME OF DECEASED PRE NEED DODER & Close @ Cincus		백학		
OWNER Sterne		200		
	1010			
ADDRESS			2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MORTUARY			9 T.	
_ D.J.P.			A 20	
LOT 95 GR 8 ROW SEC 1 DIV 11 4/12 50	SARE NOON		E 8	
OPENING TIME DATE 370 00	SES TO SES	NO. B. T.		
VET BOX BELL SIZE 296 80	2 X X			
REMOVAL OR FOUNDATION VET.	* H C			8
	Tool Nous			G382
TOTAL 1079 30		On Pr		35
PAID RECEIPT NUMBER 288 93				
BALANCE	23			
A CONTRACTOR OF THE PARTY OF TH		6 1		
Chief. PETKy OFFICER USN.				4
PAID SN 262-36-55			1	
OCT 2.9 1980			0	SEN SEN
	SE SES			S BAY
MT. HOPE CEMETERY EITY of SAN DIEGO, CALIF.	THE PROPERTY OF THE PARTY OF TH	Z W	W	D BA
THE CITY CHARTER MAKES NO THOUSTONS FOR THE EXTENSION OF CREDIT. 1. AGREE TO ABOVE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.	OFF ICIAL OF FICTAL	937 VQR	d	UNPAID BALLA ARTER THIS ACIETZ (MEV.
4/0998 AUTHORIZED		# #	La Sala	
PHONE BY South E. Ruckez TAKEN BY 10/1/26				Por le
E001814		4		THE RESERVE
W.O. NO. EUUTOTA . INVOICE NO. (1)				E Sant

USE BLACK INK ONLY -- MAKE NO ERASURES. WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST IB MIDDLE 10: LAST JOSEPH E. RUCKER 2 SEX I DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH DAY, YEAR) 11/24/1919 09/17/2008 M 6A CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH - STREET NUMBER AND NAME CITY, STATE ZIP CODE 7A. NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT 8B CALIFORNIA LICENSE LUCILLE THEOBALD DAUGHTER FD1329 TO INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 5249 CAMINITO MINDY 5050 FEDERAL BLVD SAN DIEGO, CA 92105 SAN DIEGO, CA 92102 SA APPLICANT SIGNATURE ACKNOWLEDGEMENT OF APPLICANT-1 hereby acknowledge as applicant that I have the 98 DATE SIGNED right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 0 stated herein is one of the dispositions authorized by Health & Safety Code Section 103855 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR-ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is assued in accordance with provisions of the California. ed in this permit NOTE: This permit gives no right of disp TOA AMOUNT OF FEE PAID 108 DATE PERMIT ISSUED 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 09/23/2008 WILMA WOOTEN, MD 100. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH DCCURRED 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 23-08 SCATTERING IN A CEMETERY MT. HOPE CEMETERY: 3751 MARKET 120. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 ONCI LIDES ENTOMBMENT) 13A NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C. CREMATION NUMBER-IF APPLICABLE 138 DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 168. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE GARRIER TRANSIT 18G SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D DATE SHIPPED THE CARRIER 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 16B DATE OF DISPOSITION 16C LICENSE NUMBER OF CREMATED

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A

CEMETERY

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 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

SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION.
WE BURNAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE.

REMAINS DISPOSER-IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/17/08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mayco BalTazar 23/852
in a DD CYUPT Funeral, date, time TUES, SEPT 23 @ 10:2
Church, Chapel, Graveside
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.
Division_12 Section_2 Bik/Row Lot_220_Grave_3
Grave space & Care Fund E-17700
Overtime/Late Arrival Fees
Opening/Closing & Setup.
Burial Container PAIV 539 00
Handling Fees 17 2008 45400
Flower vases - Marker setting lee
Recording/Filing/Transfer Fees HOPE CENTLY
Flower vases – Marker setting Fig. 17 2000 Recording/Filing/Transfer Fees HOPE CEMETERY Sales taxes MOUNT HOPE CEMETERY 1, 632.7
Paid receipt number _ B- 61176 1/632-7
Balance due
I hereby certify I am the AUTIT of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery hamiless from any liability on account of said authorization and interment. 23/85 LeTIS (a Rultaza Lataza Letis) and thereby authorize the interment in let hold under deed. 1 hereby authorize the interment in let hold under deed. 23/85 LeTIS (a Rultaza Lataza Letis) and Baltaza Letis (a Rultaza Letis) and
Leticia & Me 5-84-4650 2000
Work Order # E 20959 Acct. #

Prest

REA-104 (7-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date april 9 03

You are hereby authorized and it	CONTRACTOR OF THE PROPERTY OF	ules and regulations, to inter the remain
Type of Burtul Container	Funeral, date,	time
Church, Chapel, Graveside		, Mortuary
All Funeral cars must arrive befo	re 3:30 p.m. of regular work	k day or an extra charge of \$
will be applied and billed to unde	rsigned	
		on 2 Division/Block 12
Grave space & Care Fund		
Additional spaces and care fund	PA	<u> </u>
Opening/Closing & Setup		
Burial Container	NOV 0-1	2004
Handling Fees		
		CEMETER
Recording and filing fee	MODINI HOPE	CLINE
Sales taxes	***************************************	Total Du25010 204
		DC1.121 001
	Paid receipt number	1 25(613) 604
	0 1.	Balance due 1011-L
I hereby certify I am the	Self	of the above named deceder
and this is your authority to mak that I have the right to make this any liability on account of said as	authorization and I agree to	above indicated. I certify and represer to hold Mt. Hope Cemetery harmless from
•	Wat.	Really and
I hereby authorize the interment hold under deed.	in lot I	204 Newton Aug.
*	Address	10 Diggs (#100
Signature of recorded holder of deed	1710	in Drego calar
m-	Topphone	646-12-54
	Invoice	
Work Order # E 1770	0 Acct.#	
Work Order #	Acct. #	

This information is available in alternative formats upon request.

MOUNT HOPE CEMETERY

GRAV	/E BLIND CHECK FORM
IN GRAVE WITH	PROPERTY OF THE PARTY OF THE PA
marked with "X". Place the r the appropriate space (s) that	ceased for which the grave is for in the block name's, lot # and grave # of all existing marker's in at are adjacent to the burial space.
MAZE	Zamora
	Jonesinon
	X
	Bento
Hams	Lostra
Flagged Yes	No
Blind check Initiated by:	Maria Date: 9/17/08
	Mayco Baltazar
Interment Date: 09 23	
Div: 12 Sect: 2	Blk/Row:Lot: 220 Grave: 3
Grave Laid out by:	PAVID & KEN
Agrees with Legal Card:	Yes No No
Agrees with Map:	Yes No
Blind Check & Verified By:	Date
Cremains were placed at:	of grave

24 E20959

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST IR MIDDLE 1C. LAST MARCO ANTONIO BALTAZAR 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 08/22/1984 09/15/2008 BA. CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE **ESCONDIDO** SAN DIEGO 7A. NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-88. CALIFORNIA LICENSE NUMBER—IF APPLICABLE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME. FATHER ROMAN BALTAZAR FD1658 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE FUNERARIA AZTLAN MORTUARY SVC 3851 46TH ST 7856 LA MESA BLVD SAN DIEGO, CA 92105 LA MESA, CA 91941 BA/APPLICANT SIGNATURE 98. DATE SIGNED 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. 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. 108 DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A. AMOUNT OF FEE PAID \$ 11.00 09/18/2008 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 128. DATE BURIED 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 12G INTERMENT NUMBER-IF APPLICABLE BURIAL OR 23-08 SCATTERING IN A MT HOPE CEMETERY, SAN DIEGO, CA CEMETERY 120. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING 92102 (INCLUDES ENTOMBMENT) 13C CREMATION NUMBER—IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 136. DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 148. DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER. CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION: 168 DATE OF DISPOSITION 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE SCATTERING/ BURIAL AT SEA OR IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE DISPOSITION OTHER THAN IN A 180. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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 ned

City of San Diego

Date_ 9/18/07

You are hereby authorized and instructed, s	subject to your rules and regulations, to inter the remains
of BETTY	Thomas & 266980
ina ASN VAULT	Funeral, date, time 10 2 2008 Thursday
Church, Chapel, Graveside	AYD Mortuary
All Funeral cars must arrive before 3:00 p.m	n. of regular work day/or an extra charge of \$
will be applied and billed to undersigned	
	Bik/Row Lot Lot
Grave space & Care Fund	E 15029 - 5/1999 \
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container INTENSION	atransler
Handling Fees. DC 3	821454
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	\sim
	Total Due
Pak	d receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Print Name Address Address
Signature	City Sel Mulicipe Const
	Telephone
= 20040	Invoice #
Work Order # <u>E</u> 20960	Acct.#

REA-104 (3-04)

This information is available in atternative formats upon request.

MOUNT HOPE CEMETERY

GRAV	VE BLIND CHECK FORM
IN GRAVE WITH	rank thomas
marked with "X". Place the the appropriate space (s) the	ceased for which the grave is for in the block name's, lot # and grave # of all existing marker's in at are adjacent to the burial space.
Julia Container 7-1	1 1 1 1
	X
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	Betty Thomas &
Interment Date: Thurs	
Div: 12 Sect: 2	Blk/Row:Lot:
Grave Laid out by:	AND & KEN
Agrees with Legal Card:	Yes No
Agrees with Map:	Yes No
Blind Check & Verified By:	Date
Cremains were placed at:	CENTER OF GRAVES OFF
	TOP PLACED CENTER

4A 2332

BETTY	DENT-FIRST		LOU LOU			THOMAS			
1000	E OF BIRTH (MONTH, DAY 01/1922	Y, YEAR)	4 DATE OF DEATH 09/18/2008	The state of the s	(EAR)	5 (FETAL I	DEATH ONLY) DAT	E OF EVENT (MC	WITH DAY YEAR)
HEMET			Day HA		RIVERS	DEATH—IF OUTS	DE OF CALIFORI	NIA, ENTER STA	(TE
7A. NAME OF INFO			TO DECEDENT	LICENSED FUN	ME AND ADDRESS (ERAL DIRECTOR O CH-STREET NUMB IP CODE	RPERSON	8B CALIFORN NUMBER—IF	APPLICABLE	
14301 WIN	DJAMMER DR. VALLEY, CA 925		NAME, CITY, STATE, ZI	IP CODE	69855 RA	LAWN MEM MON RD. RAL CITY, 6		MTYS.	
right to control disport stated herein is one of PERMIT AND AL	MENT OF APPLICANT— idion pursuant to Health & S of the dispositions authorized UTHORIZATION OF L in accordance with provision	Safety Code Section 7100, d by Health & Safety Code OCAL REGISTRAR	and that the disposition a Section 103055 —ANY CHANGE IN	PA APPLICANT	N REQUIRES	MENYPERMIT	OSHOW FIN	(AL DISPOSI	DATE SIGNED 09/20/2008
of California. 10A. AMOUNT OF F	ALCOHOL STATE OF THE STATE OF T	108. DATE PERMIT IS: 09/23/2008	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	10C SIGNATUR		GISTRAR ISSUING	WALL PRODUCED BY THE PARTY OF	gree in ngii	E
RIVERSIDE 4065 COUN	REGISTRAR OF DISTRICT E HEALTH DEPA NTY CIRCLE DR E, CA 92503	ARTMENT	OCCURRED IN CALIFOR	SAN 385					NT FROM 10D
11 AUTHORIZED D	ISPOSITION(S)				FO	R CORONER'S US	SE ONLY		
CR/BU	12A NAME AND ADDRE	SS OF CALIFORNIA CEN			128. DATE BURI	ED 8	12C. INTERN	1000 11 1 1 1 2 2 3 3 3 4 1 2 5 4 1 2 5 4 1 2 5 4 1 2 5 4 1 2 5 4 1 2 5 4 1 2 5 4 1 2 5 4 1 2 5 4 1 2 5 4 1 2 5	IF APPLICABLE
CR/BU	MOUNT HOPE	E CEMETERY,	3751 MARKET		128. DATE BURI	ED 8 E OF PERSONN C	12C. INTERN HARGE OF BURIA COLLECTION OF THE PROPERTY OF THE P	AL OR SCATTER	RING -IF APPLICABLE
CR/BU SURIAL OR SCATTERING IN A CEMETERY (INCLUDES	MOUNT HOPE ST., SAN DIEC	CEMETERY, 3 GO, CA 92102	3751 MARKET MATORY Y, 4707 E.		128. DATE BURI 0 - 2 120. SIGNATUR 158 DATE CRES	ED 8 E OF PERSONN C	HARGE OF BURIA	AL OR SCATTER	RING -IF APPLICABLE
CR/BU SURIAL OR SCATTERING IN A CEMETERY (INCRUDES ENTOMBMENT)	MOUNT HOPE ST., SAN DIEC	GO, CA 92102 SS OF CALIFORNIA CRE	3751 MARKET MATORY Y, 4707 E. NGS, CA		12B. DATE BURI 10 - 2 12D. SIGNATURI 15B. DATE CRES 13D. SIGNATURI	ED 8 E OF PERSONIN CO	HARGE OF BURIA	TION NUMBER- A 23	RING -IF APPLICABLE
CR/BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	12A NAME AND ADDRES MOUNT HOPE ST., SAN DIECTOR 13A NAME AND ADDRES FOREST LAW SUNNY DUNE 92264 14A NAME AND ADDRES -	SS OF CALIFORNIA CRE IN CREMATOR' ES, PALM SPRII SS OF CALIFORNIA FAC	3751 MARKET MATORY Y, 4707 E. NGS, CA LITTY RECEIVING REM	AINS	12B. DATE BURI 10 - 2 12D. SIGNATUR 13B. DATE CREN 14B. DATE RECE 14C. SIGNATUR 15B, NAME AND	ED 8 E OF PERSONAN	HARGE OF BURN 13C. CREMA GROUP STEM HARGE OF FACIL	TION NUMBER- A A 3 LATION OF PLACING W	RING IF APPLICABLE 32
CR/BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION SCIENTIFIC USE	13A NAME AND ADDRES MOUNT HOPE ST., SAN DIEC 13A NAME AND ADDRES FOREST LAW SUNNY DUNE 92264 14A NAME AND ADDRES CREMATED REMAINS A 15A NAME AND ADDRES SUFFICIENT TO IDENTE IF BURIAL AT SEA, ONLY	SS OF CALIFORNIA CRE IN CREMATOR' ES, PALM SPRII SS OF CALIFORNIA FAC	MATORY Y, 4707 E. NGS, CA CILITY RECEIVING REMATORY E OR COUNTRY WHERE	AINS E REMAINS OR	12B. DATE BURI 10 - 2 12D. SIGNATUR 13B. DATE CREM 14B. DATE RECE 14C. SIGNATUR 15B, NAME AND 15C. SIGNATUR 16B. DATE OF D	E OF PERSON IN CO	HARGE OF BURIA	OF PLACING W	TH THE CARRIER D. DATE SHIPPED CREMATED PPLICABLE

COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMINING TO AVECUAL TO A PROJECT 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

	MT. HOPE C	EMETERY	7-17-17-12	
0 - 1	NTERMEN	T ORDER		
PRE-NEED	City of Sa	an Diego		
0		Dr	ate 5-4-9	9
18				
W You are hereby authorized and		23	The second second	r the remains
or Betty &	Frank	Thomas		
in a GSh Vaul	+ Fune	ral, date, time		
Church, Chapel, Graveside	3:00			Mortuary.
All Funeral cars must arrive bef	ore 9:30 p .m. of re	gular work day or a	n extra charge of	s
will be applied and billed to und	ersigned.			
Lot 186 Grave 1	Row	_ Section _ 2	Division/Bloc	k_/2_
Grave space & Care Fund	Pren	e d		0
Additional spaces and care fund				
Opening/Closing & Setup				210,00
Burial Container				
Handling Fees				The second second second
Flower vases – Marker setting f Recording and filing fee	Pre	n-ee.d		90.00
Sales taxes	Pre	næd		8-52
Out of taxout the taxo)ue	-
	Doid rocal	pt number 510	COLUMN TO SERVICE STATE OF THE	538.52
	r aid recei	ochumbel		7
			Balance due	-0
I hereby certify I am the and this is your authority to ma that I have the right to make thi any llability on account of said	s authorization and	Lagree to hold Mt.	of the above nar dicated. I certify Hope Cemetery	and represent
I hereby authorize the interment hold under deed.	t in lot I	Sugranule 6 4-85 3	Daxmour	
Signature of recented holder of deed		Desert City 760-329- Telephone	Hot spring	92240
. Work Order # E 1502	29	Invoice #		

6 L	2.5			
3	Por J	a	13/1/13/13	538 52
	Unded Thirty Fift and Formount Blud. Desert Het form. Payment of Prenada burial of askes for Detty and Frenk	Block 12		538 52
1	Blud.	2 STOOT SEE		2000 2000 2000 2000 2000 2000 2000 200
	Sr. O	Section PED CREDIT 20% Sales C	Of Lots of Lots Opening Closing Burial Containers Handing Fee	Misc. Fees Pre-Need Trust Sales Tek TOTAL PAID
FORMA	Oak gakes	SSTAMPED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY \$27-3400	64.853	ROW ROTVALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.		Lynde
OUNT HE	Address:	DFOR FURPOS THIS SPACE.		
	Thirty Censon	UNAVION NI VALVA	ÎII	St. C. St. St. St. St. St. St. St. St. St. St
TO CUSTOMER CENTRAL AUDITOR	rank Thom onded	Grave		On Acet Check
	SFrand Hond	St	E 15029	At Need
OFFICIAL RECEIPT	一大学	of 186	6 (5	Pre-Need Lot
5		to line	W.O. BALANC	Per
				ALE TO B

MT. HOPE CEMETERY

INTERMENT ORDER

at need

REA-104 (3-04)

City of San Diego

9-22-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ _ will be applied and billed to undersigned. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container Handling Fees. Recording/Filing/Transfer Fees... Sales taxes Paid receipt number of the above named decedent I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. hereby authorize the interment in lot I Print Nam hold under deed. Address City Zip Code Telephone Invoice # Work Order # E 20961 Acct. #

O Present on received paper

This information is available in alternative formats upon request.

FROM

atneed

) E20961

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diago	Date	9-22-200
	Date	

in a TS Vault	Funeral, date, time Friday 9/26
Church, Chapel, Graveside	CA BURIAL Mortus
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	W 1
10	
Division 1/2 Section B	Ik/RowLoi_20 _ Grave7
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Buriel Container	
Handling Fees	263
Flower veses - Marker setting fee	
Recording/Filing/Transfer Fees	650
Sales taxes	275
	Total Due
Paid	receipt number
	Balance due
hereby certify I am the MOTHE	
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n of remains as above indicated. I certify and represe n and I agree to hold Mt. Hope Cemetery harmless from
any repully on second to see during each	GLENIA ROberto
hereby authorize the Interment in lot I	Property Change In Make
Alenda leberto	grad Camino Logo Vista
Signato	Sorry Valley on 9197
	619-470-873
	Invoice#
Nork Order # E 20961	Acct #

	CITY OF SAN DIEGO, CAL AT-NEED PURCH MOUNT HOPE CEM	ASE 61242
From: Glerda F Ro	(619) 527-3400 Den't Address: 0 N Ale	10111
in Full Payment of	wree and 09100	SILVA . Dollars (\$ 33.09)
Div Sec	Blk/ Row Lo	70 7
Acct. No	PAID OCT 1 6 2008	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burel 100 Containers 77182 100 Handling Fee 77185
Charge About 2655 AC 212A (11-05) This information is available in sitemative formals upon re	MOUNT HOPE CEMETERY ISSUED BY FAMILETTE	Recording & 100 18 00 MI 100 18 100 10

OFFICIA	LRECEIP	I

WHITE	TO	CUSTOMER
	Y	
PINK		FILE

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61608

BULLOW

	Date		77174	, 20	Mr.
From: Glenda Koberts	Address: 5880 EA CYUO	N BLKD	SD	9211	5
Due hunged so	verty-eight ou	-	Dollars (\$	75,-)
in 111 Payment of Se	Henalfee Har ison	a1 115	1/1701	men	obrup
Div 12 Sec_	Blk/ Row Lot	20	Grave	7	SILVE
Acct. No. E 193910 W.O. BALANCE DUE	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182		
Money Order Charge Check 473 AC-212A (11-06) This information is available in alternative formats upon request	Paultu C.	Handing Fee Recording & Misc Fees Sales Tax	77185 100 77183 60101 78390	178	

CALIFORNIA CREMATION & BURIAL CHAPEL FD-1357



(619) 234-3272 Fax (619) 286-2674

5880 El Cajon Blvd. San Diego, California 92115

September 22, 2008

To::Mt Hope Cemetery

From: California Cremation & Burial

Re: Interment of Jabrun Silva with Melverine Harrison

Whom it May Concern,

We the children of Melverine Harrison who passed away in 1999 and is buried at Mt Hope Cemetery respectfully request that the body of our loved one Jabrun L. Silva be buried with his grandmother. All the children of Melverine Harrison have agreed to this by signing below.

Varice Harrison

MOUNT HOPE CEMETERY

	GRAVE	BLIND CH	HECK FO	KIM	
IN GRAVE WITH					
Write in the name of t marked with "X". Place the appropriate space	e the nam	ne's, lot # ar	nd grave # o	of all exis	iting marker's in
Burial Container	_75	VAUL			
		X			
Flagged Yes		-	No		_
Blind check Initiated b		Lacina	Cui	Date:	-
Interment space for:	100	brun	011	va	
Interment Date: <u>09</u>	_	07/000000			
Div: 12 Sect:	_1	Blk/Row:	Lot:	20	Grave: 7
Grave Laid out by:	Ken	× Daws	0		
Agrees with Legal Car	d:	Yes		No	
Agrees with Map:		Yes	V	No	
Blind Check & Verified	By:		Date		
Cremains were placed	i at:		of gr	ave	

						MAN REMAINS	777
IA. NAME OF DEC		INK ONLY - MAKE	HI MIDDLE	WHITEOUTS:	IIC LAST		
2. SEX 3. DA	TE OF BIRTH (MONTH, DAY, 3/23/1969	YEAR)	4 DATE OF DEATH 09/19/2008		(EAR) 6	(FETAL DEATH ONLY) DATE	E OF EVENT (MONTH, DAY, YEAR)
SAN DIEG					SAN DIEGO	NA ENTER STATE	
	NDA FAYE ROBERTS MOTHER MOTHER		TO DECEDENT	LICENSED FUNERAL DIRECTOR OR PERSON NUMBER AND NAME		88. CAUFORNIA LICENSE NEMBER-IFAPPLICABLE FD1357	
9142 CAM	CRIMANI'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 2 CAMINO LOGO VISTA RING VALLEY, CA 91977		POODE	CALIFORNIA C 5880 EL CAJON SAN DIEGO, CA		IRIAL	
ight to control dispondent to the control of the co	MENT OF APPLICANT—I h selion pursuant to Health & Sel of the dispositors authorized to	ety Code Section 7100, ar by Health & Safaty Code 5	nd that the disposition ection 100055.	BA. APPLICANY	1 Ceta	Rell	DATE SIGNED OF ALDISPOSITION
	d in accordance with provisions		nd Safety Code and is	the authority for the		pernit NOTE: This permit	gives no right of disposal outside
SAN DIEG 3851 ROS	REGISTRAR OF DISTRICT OF O COUNTY VITAL ECRANS ST O, CA 92110		CURRED IN CALIFOR			DISTRICT OF DISPOSITION	N-IF DIFFERENT FROM 100
BU 1	disposition(s)				FOR CORON	IER'S USE ONLY	
DUFFAR OR CONSTRUCTOR (IZCLUTES ENTOMBMENT)	MT HOPE CEM STREET SAN D	ETERY 9751 M	ARKET		128, DATE BURIED 09/26/08 120. SIGNATURE OF PERS	12C INTERMI E- EON IN CHARGE OF BURIAL	20961 OR SCATTERING
GREMATION	13A, NAME AND ADDRESS	OF CALIFORNIA CREMA	ATORY		128 DATE CREMATED 120. SIGNATURE OF PERS	13C OREMAT	ION NUMBER—IF APPLICABLE
SCIENTIFIC USE	MA NAME AND ADDRESS	OF CALIFORNIA FACILI	TY RECEIVING REMA	MB.	14B. DATE RECEIVED	ON IN CHARGE OF FACILI	TY
	15A. NAME AND ADDRESS OREMATED REMAINS AME		A COUNTRY WHERE		156 NAME AND ADDRESS	OF PERSON IN CHARGE C	OF PLACING WITHTHE CARRIER
TRANSIT					15C. SIGNATURE OF PERS THE CARRIER	ON IN CHARGE OF PLACE	K3 WITH 150, DATE SHIPPED
SCATTERING/ CIRIAL AT SEA OF CISPOSITION	16A ADDRESS, NEAREST SUFFICIENT TO IDENTIFY IF DURIAL AT SEA, ONLY E	FINAL PLACE AND CALIF	ORNIA DISTRICT OF		68. DATE OF DISPOSITION		NUMBER OF CREMATED ** POSER-IF APPLICABLE
CEMETERY					16D SIGNATURE OF PERS	ON IN CHARGE OF SCATTI	ERING OR BURGAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS.

COPY 1 - ACCOMPANIES REMAYS TO THE STATED PLACE OF DISPOSITION FERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAN OF THE DISTRICT IN WHICH DISPOSITION DOCUMED ON THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 - RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE COPY 3 MAY BE DISCARDED.*

COPY 4 - RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE COPY 3 MAY BE DISCARDED.*

*THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

Disinter re-inter

REA-104 (3-04)

Jeannette

City of San Diego

Date 9-22-2008

You are hereby authorized and instructed, si	ubject to your rules and regulations, to inter the remains
or Mel venne	Harrison
ine Liner	Funeral, date, time Thy reday 9/25
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	
	lik/Row Lot 20 _ Grave 7
Grave space & Care Fund E - 15	006 -
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees.	
Flower vases – Marker setting AID Recording/Filing/Transfer Flees	iterment 1,419.
Sales taxes SEP 2 4 2008	
	Total Due 1,419.
MOUNT HOPE CEN	See 2648CK Balance due
I hereby certify I am the	of the above named decedent on of remains as above indicated. I certify and represent on and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot I hold under deed.	Print Name Address \ a a ATTACHO
Signature	City Zip Code Telephone
Work Order # E 20962	Invoice #

the friend on received pages

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

Disinter re-inter

REA-104 (3-D4)

City of San Diego

Date 9-22-2008

	Harrison Thursday	1 9/95
Type of Build Container	Funeral, date, time CA BURIO	1 6-4
Church, Chapel, Graveside		A STATE OF THE PARTY OF THE PAR
All Funeral cars must arrive before 3:00 p.m. will be applied and billed to undersigned.	of regular work day or an extra charge	of \$
	lk/Row Lot <u>20</u> . Gr	
Grave space & Care Fund E-150	∞6	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container		
Handling Fees	***************************************	
Flower vases - Marker setting fee	·	
Flower vases - Marker setting fee Recording/Filing/Transfer Fees D13.1M	terment	1,419.
Sales taxes		
	Total Due	1,419-
Paid	receipt number	
and the second second	Balance di	Je
I hereby certify I am the DAUQA; and this is your authority to make dispetition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope Cemet	e named decedent tify and represent ery harmless from
hereby authorize the interment in lot I	Glenon Robe	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
hold under deed.	9142 CAMIN	o Logo Vis
Dendo Relecto	619-4140-8273	CH 2163
Non Order # E 20962	Invoice #	

This information is available in elemative formats upon request.



THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF MEI VEYING HOLY SON

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Melverne 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 srise from or are connected with and are caused or and all expenses of investigating and claimed to be caused by the disinterment of 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 Melvenne	is identified as	3 (1)	
Lot 20	THE RESERVE OF THE PARTY OF THE	Division	12

We acknowledge that we have been advised that the remains of may dot be present and/or intact. RELATION TO DECEASED SIGNATURE(S) grand day the



Mt. Hope Cemetery

Community Porks I - Park and Recreation - 3751 Market Street - San Diago, A 92102-4527 Tel (619) 527-3400 = Fax (619) 527-3403

23/2008

AL NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-23-08

ina LINER	Funeral, date, time 9-7	5-08 1:00 Thur
Church, Chapel, Graveside	Carrier St. B. C.	
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an e	xtra charge of \$
will be applied and billed to undersigne	d	
Division 8 Section	Blk/Row Lot _S	56 - Grave
Grave space & Care Fund		3011.
Overtime/Late Arrival Fees		
Opening/Closing & Setup		708.
Burial Container	Ay By	359.
Handling Fees	2 110	275.
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	57	85,
Sales taxes		_ 27.8
	Total Due	4465.87
	Paid receipt number R611	83 4465,8
	2010	Balance due
I hereby certify I am the and this is your authority in make dispending that I have the right to make this authorizany liability on account of said authorizany	position of remains as above indication and interment.	Fthe above named decedent cated. I certify and represent ope Cemetery harmless from 207033
I hereby authorize the interment in lot I	Charlest Millerton	namee
And Stable	Antress	Hrus Ave
Springs of the second	* Escondido	Ziti Code
	x (760) 743	3-3823
Work Order# E 20963	Invoice #	
E / II V A A		

MOUNT HOPE CEMETERY

	SRAVE BLIND CH	HECK FORM	
IN GRAVE WITH		AND MALE	
Write in the name of the marked with "X". Place the appropriate space Burial Container	e the name's, lot # a	nd grave # of all ex	kisting marker's in
	Friena.	Jan derstuk John	
	Michael X	Kunpamin	
	McKenzy hristone	Kowpan	
Flagged Yes		No	
Blind check Initiated b	Mari	C Date	9/13/08
Interment space for:	Theodor	re Chaf	fee
Interment Date: 9/2	25/08 Time:	Ipm	
Div: 8 Sect:		Lot: 856	Grave:
Grave Laid out by:	KEND	DAVID	
Agrees with Legal Car	d: Yes	No No	
Agrees with Map:	Yes	No No	
Blind Check & Verified	Ву:	Date	
Cremains were placed	at:	of grave	

E20963

THEODORE SEX IS DATE OF BIRTH (MONTH DAY YEARS)		STEVENSON			CH CH	AFFEE		
2. SEX	3 DATE OF BIRTH (MONTH DAY 11/15/1927	YEAR)	4 DATE OF DEATH (MOR 09/19/2008	NTH DAY YEAR)		5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY YEA		
LA ME	ST-PASSED.			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	N DIEGO	H—IF OUTSIDE OF	CALIFORN	NA ENTER STATE
A NAME OF INFORMANT ROWAND CHAFFEE BROTHER O INFORMANT'S EVIL MAILING ADDRESS. STREET NUMBER AND NAME CITY STATE 7IP CODE			LICENS	LICENSED FUNERAL DIRECTOR OR PERSON NUMBER ACTING AS SUCH STREET NUMBER AND NAME			8B. CALIFORNIA LICENSIE NUMBER—IF APPLICABLE FD1661	
INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME CITY STATE ZIP CODE 1552 S. CITRUS AVE. ESCONDIDO, CA 92027			751	VIEW CR 0 CLAIRN 1 DIEGO,		AL SERVICES STE 109		
ight to contr	The Property of the Property o			APPLICANT SIGNAT	ZIII	160		98 DATE SIGN 09/23/20
	AND AUTHORIZATION OF LO				JIRBS A NEV	V PERMIT TO SH		
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	NT OF FEE PAID	10B DATE PERMIT IS:	(122)			AR ISSUING PERMIT		The state of the s
, 11.00		03/24/2008	>	WILMA WO	OTEN, MI)		50
= 10 V2	DIEGO, CA 92110	_		-	FOR COR	ONER'S USE ONL	Y	
1 AUTHOR				-	FOR COR	ONER'S USE ONL	.Y	
BU	TZA. NAME AND ADDRESS	OF CALIFORNIA CEM	RIERY	128 DA	FOR COF		G INTERM	ENT NUMBER OF APPLIC
BU BURIAL	OR OR OR OF STATE OF	CEMETERY, 3		9	TE BURIED		E-20	963
BURIAL SCATTERIN CEMELLI (INCLUI	OR OR OR OF STATE OF	CEMETERY, 3 D, CA 92102	3751 MARKET	120 Sto	TE BURIED	8 120 ERSON IN CHAMGE	E-20 OF BURIA	963
BU BURIAL SCATTERS CEMETI (INCLUI	OR NG IN A BOUNT HOPE ST., SAN DIEGO	CEMETERY, 3 D, CA 92102	3751 MARKET	120 SIC N 136 DA	TE GURIED 25-0 PATURE OF PR 11 0 1	8 120 ERSON IN CHAMGE	E-20 OF BURIAL	963 LOR SCATTERING TION NUMBER—IF APPLICA
BU BURIAL SCATTERS CEMENT (INCLUMENTOMB)	OR OR HOUNT HOPE ST., SAN DIEGO ST.,	CEMETERY, 3 O, CA 92102 OF CALIFORNIA CRE	3751 MARKET	130 SK	TE GURIED 25-0 PATURE OF PR 11 0 1	8 120 ERSON IN CHARGE	E-20 OF BURIAL	963 LOR SCATTERING TION NUMBER—IF APPLICA
BURIAL BURIAL SCATTERII CEMETI INCLUI ENTOMBI	OR OR OR MOUNT HOPE ST., SAN DIEGO S	CEMETERY, 3 O, CA 92102 OF CALIFORNIA CRE	3751 MARKET	120 St 138 DA 130 St 148 DA	TE BURIED 25-0 INATURE OF PI TE CREMATED INATURE OF PI	8 120 ERSON IN CHARGE	C INTERMAT	P963 LOR SCATTERING FION NUMBER—IF APPLICA
BU BURIAL CEMENT (INCLUMENTO MBR	OR OR NAME AND ADDRESS MOUNT HOPE ST., SAN DIEGO 13A. NAME AND ADDRESS COME 15A. NAME AND ADDRESS CREMATED REMAINS ARE	CEMETERY, 3 D, CA 92102 OF CALIFORNIA CRE	3751 MARKET	120 SIC 138 DA 130 SIC 140 DA	TE BURIED 25-0 INATURE OF PI	RSON IN CHARGE	C INTERM E-20 OF BURIAL OF CREMAT	P963 LOR SCATTERING FION NUMBER—IF APPLICA
BURIAL SCATTERS CEMETI (INCLUI ENTOMBI	OR OR NAME AND ADDRESS MOUNT HOPE ST., SAN DIEGO 13A. NAME AND ADDRESS COME 15A. NAME AND ADDRESS CREMATED REMAINS ARE	CEMETERY, 3 D, CA 92102 OF CALIFORNIA CRE	3751 MARKET MATORY LITY RECEIVING REMAINS	130 SK 138 DA 130 SK 148 DA 14C SK	TE OURIED 2	RSON IN CHARGE	C INTERMI E-20 OF BURIAL CHEMAT OF CREMAT	P163 LOR SCATTERING FION NUMBER—IF APPLICA ATION TY DE PLACING WITH THE CA
BU SURIAL SCATTERS CEMENTINCLUMBER CREMATI	OR NG IN A BOUNT HOPE ST., SAN DIEGO 13A NAME AND ADDRESS 13A NAME AND ADDRESS 14A NAME AND ADDRESS CUSE 15A NAME AND ADDRESS CREMATED REMAINS ARE 15A ADDRESS NEAREST SUFFICIENT TO IDENTIFY IF BURIAL AT SEA, ONLY E	OF CALIFORNIA FACE OF CALIFORNIA FACE IN RECEIVING STATE TO BE SHIPPED POINT ON SHORELINE FINAL PLACE AND CA	MATORY LITY RECEIVING REMAINS OR COUNTRY WHERE REM LIFORNIA DISTRICT OF DISP	130 SK 130 SK 130 SK 140 SK 140 SK 140 SK 140 SK 140 SK	TE OURIED 2	ERSON IN CHARGE ERSON IN CHARGE ERSON IN CHARGE ERSON IN CHARGE ERSON IN CHARGE	C INTERMI E-20 OF BURIAL CHARGE C	P163 LOR SCATTERING FION NUMBER—IF APPLICA ATION TY DE PLACING WITH THE CA

WITHIN 10 DAYS OF DISPOSITION 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

PREED.

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 9-24-08

of	YALORI	E YAT	GS 2	3187	0	/
in a	LINER Type of Bursal Container	Funera	il, date, time _			
Church, Chi	apel, Graveside					_ Mortuary.
All Funeral	cars must arrive before	3:00 p.m. of regu	lar work day or	an extra ci	narge of \$	
will be appli	ed and billed to undersi	igned.		-		
Division	[] Section_	Z Blk/Row	Lo	66	_ Grave _	10
Grave space	e & Care Fund	77263	0-87			-0-
Overtime/La	ate Arrival Fees					
Opening/Clo	osing & Setup					533,00
Burial Conta	ainer	160	U			270,00
Handling Fe	es	- Kr	2008			206.0
Flower vase	es - Marker setting fee.		P 5000			
Recording/F	s - Marker setting fee . Filing/Transfer Fees	SET!	1995	ELELL		65.00
Sales taxes						20,93
		-OUNT!	Total	Due	<u> </u>	094,93
		Paid receipt	number Pu	1185	-+	094,93
					ce due _	0
and this is y that I have t	tify I am the SC L your authority to make the right to make this au on account of said auth	disposition of renuthorization and I	agree to hold !	indicated.	I certify a	ned decedent nd represent permiss from
I hereby aut hold under c	horize the interment in deed.	les ?	Print Derres Address City Telephone	H7th Dieg 263.	n/a 0 8 1 0 8 1 -53	101 92102 75
Work Order	<u>Ε</u> 20964		Invoice #	-		400

& Prince on mischalpaper

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

Bre-nech trust

City of San Diego

Date 7-26-02

ina	Funeral, date, time	
Type of Burel Comminer Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:30 p.m.	of regular work day or an ext	ra charge of \$
will be applied and billed to undersigned.		
Lot 6 Grave 9 Row_	Section	Division/Black
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & SetupPAID	,,,,,,	
Burial Container	,	190.00
Handling Fees JUL 2 6 2002		145.00
Flower vases - Marker setting the CEMET		
Recording and filing GTY OF SAN DIEG	O, C+	45,00
Sales taxes		14-73
	Total Due	394.73
Paid	receipt number NC	394.7
	Ba	lance due
I hereby certify I am the	of th	e above named decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and I agree to hold Mt. Hope	
I hereby authorize the interment in lot I hold under deed.	Signature	
	Address	
		Zip Code
Signature of recorded holder of deed	City	ap code
Signature of received holder of direct	City	ap code
Signature of recorded holder of diest		apcone

OFFICIAL RECEIPT

This information is available in alternative formats upon request.

WHITE TO CUSTOMER CANARY CEMETERY

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

P 01425

From: VALORA	- VA 5	Address	960 47	Date:	6.D.	100	102,20	58
ONG THOUSE	WD - NINET	4 FOUR	\$ 93/WO-			Dollars (\$_	10949	3
in Fuce	Payment of Re		Blk/ Row	Lot	66	Grave	10	
Acct. No. E209 W.O BALANCE DUE	iley		PURPOSES STATED U	INLESS	CREDIT 20% Sales Care Pre-Need Trust	67007 77184 — 63083 77186 —	1094	93
Pre-Need Lot Pre-Need Trust AC-212 (11-05)	☐ Money Order ☐ Charge ☐ Check	UNA ISSUED BY _	De la companya della companya della companya de la companya della		TOTAL PAID	- -	109	9 93

INTERMENT ORDER

City of San Diego

Date 8-21-02

ina	LINE	R		European Maria Maria	TUES.AU	COUDTH
1	Type of Burial	Container		Funeral, date, time	RACCDA	E Montuar
-	4		rn 2:20 n n	n, of regular work day	WEDDA	
	ed and billed			t or regular work day	or an extra charge	01 \$
min no oppin	DG GING OMEO	to dride	raigireu.			
Lot 66	Grave	9	Row	Section	2 Division/B	1)
Grave Space	& Care Fur	wit .	E	- 677a	1987	85
THE RESERVE OF THE PARTY OF THE	SEASON CONTRACTOR				en e	_
		and the same of th				3/
Sales taxes						1000
Janes Idaes				т.	tal Due	FX
			Date		(a) Due	
			Len	i receipt number	Balance due	a
hereby cert	St. I may the					
and this is y that I have th	our authority ne right to ma	ake this i	authorizatio	on of remains as abo on and I agree to hole and interment.	ve indicated I certif	amed deceden y and represen y harmless from
hereby auti hold under d	norize the int leed.	erment i	n lot l	Signature		
	We have			Address		317
School Market Charles	ten uniont of specy			City		Zip Cos
Signature of recon						
Signature of recon				Telephone .		-
Signature of recon				Tempoone Invoice #		

A second or revolutions

MT. HOPE CEMETERY INTERMENT ORDER

PY-583 (REV. 8-55)

City of San Diego

	10		1
	/	10-	100
Date	61	30	61
Date _		-	

Cum -	Date 6/39/87
Horar/Valorie	bject to your roles and regulations, to inter the
in a	uneral, de time
	of regular work day or an extra charge will be
and billed to undersigned. War time veteran	2
Lot 66 Grave 7 P/U Row	Section Division/Black
Grave space & Care Fund	250-
Additional spaces and care fund	mpours -
Opening/Closing & Setup	Just -
Burial Container Pul Pul	89 Canage
Handling Fees	(al this
Recording and filing fee	dist.
Sales taxes	
TANGE	Total Due S
Paid	receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	of the above named on of remains as above indicated. I certify and in on and I agree to hold Mt. Hope Cemetery harm
any naturally on account or said administration	Stalin Vati
I hereby authorize the interment in lot I hold under deed,	750 474.29
Signature of recorded holder of deed	State 92/02
	Telophone
	Invoice #
Work Order # E 6772	Acct.#

PRE NEED

INTERMENT ORDER

City of San Diego

Date_09/23/2008

of for Louise Turn	X - 100			
in a Liner Type of Bartal Container	Funeral, date, ti	me		
Church, Chapel, Graveside	t			Mortuary.
All Funeral cars must arrive before 3:00	0 p.m. of regular work	day or an ext	ra charge o	f \$
will be applied and billed to undersigne	d			
Division 8 Section 1	Blk/Row	Lot 55	5 Grav	e_1
Grave space & Care Fund	B-009470			-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	Cb#421	\$1094.93
	Paid receipt number			Late of American Street Contract Contra
		В	alance due	\$875.93
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizany	rization and I agree to ation and interment.	above indica hold Mt. Hop	ted. I certify e Cemetery	amed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed	Print Name 532	Louise 2 San Or	-	err
Signature	San Gny 619- Tetegborn	Diego -262-697	CA 921	14 гін Соле
Work Order # E 20965	. Invoice #			

This information is available in alternative formats upon request.

A SANTON CONTRACTOR OF THE SANTON OF THE SAN

WHITE

TO CUSTOMER CEMETERY

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

E 20965 61182

				Date:		9.	- 23,20	08
From: LOUISE TU	RNER	Address	s: 5322	FAN U	UNFRE	5,	D, CA 2199	92110
Two Humbero	- WNGTE	毛以羊	2400 -			Dollars (\$ _	2190	=_)
in DOWN P	ayment of Tiz	UST F		ETU	enter			
Div_ &	Sec	1	Blk/ Row	Lot	555	_ Grave	1	
Acct. No. BOOG 471 W.O. BALANCE DUE 87	5 5 93		PURPOSES STATED PAID SEP 2 3 2008		CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 — 100 77184 100 77181 100 77182	719	00.
☐ Money Order ☐ Charge ☐ Check	7	MOUN	IT HOPE CEN	METERY	Handling Fee Recording & Misc. Fees Sales Tax	100 —— 77185 —— 100 —— 77183 —— 60101 ——		
AC-212A (11-05)	ls is	SSUED BY	3		TOTAL PAID	*	219	w

LOUISE TURNER 5322 SAN ONOFRE TER. SAN DIEGO, CA 92114-6227	Sign	-73-08	421
Party be Int. Hope	Cementry Wineteen de	Seller BOLLARS	9.00
UNION BANK OF CALIFORNIA LEMON GROVE #09 3285 LEMON GROVE/AVE., LEMON GROVE, C	1220		ned .
1:15:0001481: 009141	80343" 042	4	3 1/2

INTERMENT ORDER

	MT. HOPE CEMETER	Y	
IN	TERMENT ORD	DER	
pre-need "	City of San Diego		
Trust	only or other broad	Data 9/24	1/2008
	228249	Date_I	12-00
You are hereby authorized and instru		and regulations, to in	ter the remains
	& Jenne Hil		
ins Double-Depth	AVB-		
	Funeral, date, tim	ne	
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive before 3	:00 p.m. of regular work da	ay or an extra charge	of \$
will be applied and billed to undersig	ned.		
Division 5 Section 8	3_ BIK/ROW_~	Las 18 Gra	va 9
	-018760	The second secon	
Grave space & Care Fund	9.0160		
Overtime/Late Arrival Fees	AT 1532 00		
Opening/Closing & Setup20	\$ 535.00		1,066,00
Burial Container			534.00
Handling Fees			454.00
Flower vases – Marker setting fee Recording/Filing/Transfer Fees	22065.00		130.00
			41.77
Sales taxes			0 02077
		Total Due	111/2 00
	Paid receipt number	TOITUI	1 70.00
		Balance du	e 1184.11
I hereby certify I am the			named decedent
and this is your authority to make di that I have the right to make this auti	norization and I agree to h	old Mt. Hope Cemete	ry and represent ry harmiess from
any liability on account of said author	rization and interment.	1	
I hereby authorize the interment in lo	" Char	les M. h	511
hold under deed	July 1	ne 2. 411	154
Janne L Del	L ANDRES TO	4 33	MA anine
Vehenston The	W can	1190,0	MA 92104
Doul Men. Me	Telephone	-281-09	12
fa-	New York		
West Order F 20966	Invoice #		
What Order # F ZUZDD	Anni di		

	OFFICIAL RECEIPT WHITE CANARY		ASE P 01407	08
	Four hundred fourt	4 SIV and W/00 -	31, San Diego CA 90	2104
	in <u>Pay + Payment of</u> Div <u>5 Sec</u> Invoice No. <u>E -20 106</u> Acct. No. W.O. BALANCE DUE \$ 1,734.77	O BIK	CREDIT 67007 20% Sales Care 77184 Pre-Need 63033 Trust 77186	00.
•	Pre-Need Lot Money Ord Pre-Need Trust Charge AC-212 (11-05) This information is available in alternative formats upon me	MOUNT HOPE CEMETERY **Woissued by Paulite C	TOTAL PAID \$ 446	00

M NOED

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	Date 9-23-08
100	
	to your rules and regulations, to inter the remains
or Maria Lopez Ag	uilay
in a Fundamer	eral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of re	gular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division Section Z Blk/Ro	wLot_Z10_Grave_3
Grave space & Care Fund	
Overtime/Late Arrival Fees)
Burial Container	
Handling Fees	
Quies taxes	
	Total Due
Paid rece	ipt number
= 011 .0	Balance due
I hereby certify I am the	of the above named decedent
	I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Heleodoro Lopez
- Delvoden Jogg	14379 Paseo de la Visto
Signature Signature	Bonita CA.
	Cay 619- 929-2657 210 Code
	Telephane
	Invoice #
Work Order # E 20967	Acct.#
Takin Salaka II	7 Indiana in the control of the cont

@ Printed on recorded paper

This information is available in alternative formats upon request.

PLEASE HOLD DAMP

OCT 2 3 2008 · E 20967

AT need Rosidelly

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/25/08

of	Henr	4 Foster	ules and regulations, to	3 1879
ina L	iner -	Funeral, date,	time Tues, OC	17 ellam
Church Chapel, G	raveside Ve	wCreation	Preferred	Mortuary.
All Funeral cars m	ust arrive before 3	:00 p.m. of regular work	k day or an extra charge	e of \$
will be applied and	billed to undersig	ned.		
Division 5	_ Section	Bik/Row	_ Lot 25 _ Gr	
Grave space & Ca	re Fund			1,13200
Overtime/Late Arriv Opening/Closing &		PAID		266.50
Burial Container		OCT 0 4 2008		13500
Handling Fees				10300
Flower vases - Ma	rker setting fee	UNT HOPE CE	WETERY	0050
Recording/Filing/Ti	ransfer FeesMO	DMI HO		10.06
Sales taxes				111016
		Paid receipt numbe	R-61206	1,679.46
			Balance d	ue O
that I have the righ	thority to make di	isposition of remains a horization and I agree t rization and interment.	of the above s above indicated. I ce to hold Mt. Hope Cernet	e named decedent tify and represent ery harmless from 23187
hereby authorize	the interment in lo	ot I	ran to	Street #
Mgrature W	0 199	Address Cly Telephone	1 634-171	1/6/2) QUE - 4/6
	20968	Invoice	#	



THE CITY OF SAN DIEGO

MT. HOPE CEMETERY LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cometery 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:	Henr	YH) Stell		
Address:	424	18th	STREE	t #0	
City:	SAN D	ilego_s	rate OF Zip Coo	de 9215	
City of San Diego res	ident? (Circle)		YES	NO	00:
Size of Family (chec	k one)	1			018
Annus	l Income		Annual I	ncome	1010
(1) \$14,933		(4)	\$41,459		31"
(2) \$24,463		(5)	\$48,926		
(3) \$33,588		(6)	\$57,222		
Residency is the resident hospital unless said stay en I hereby certify under above statements are t	penalty of perj				
Duida 2	to ste		9/2:	3/08	
Signed/Relationship			Date		
Proof of Residency: Valid one of the following: Current current month rent receipt procurrent	t Utility Bill Curr	ent Monthly Che Other	cking/Bank Statement Re		
Approved by			Date		



Mt. Hope Cemetery

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
- 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)
- 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 F	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 additiona	al member add \$ 8,296

- 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.
- Residency can be proven by the following methods
 - 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
- Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
- 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 <u>first burial</u>. 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.
- 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.

Social Security Administration

Date:

September 26, 2008

Claim Number:

558-98-4373DI

Name:

HENRY FOSTER

LINDA R FOSTER, FOR HENRY FOSTER 4221 48TH STREET APT 4 SAN DIEGO, CA 92115-7303

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

Other Important Information

For the period 01/01/08 to 09/01/08 you received a total of \$7830.00 in Supplemental Security Income benefits.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-464-8533. We can answer most questions over the phone. You can also write or visit any Social Security office. Your closest office is located at:

SOCIAL SECURITY ADMINISTRATION 7961 UNIVERSITY AVE LA MESA, CA 91941

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

Office Manager

SOCIAL SECURITY ADMINISTRATION 7961 UNIVERSITY AVE. LA MESA, CA 91941 889 SSN: 558-98-4373DI

142

NAME: HENRY FOSTER

Payment dates and amounts are as follows:

Month	Payment	Month	Payment	Month	Payment
01/01/08	\$870.00	04/01/08	\$870.00	07/01/08	\$870.00
02/01/08	\$870.00	05/01/08	\$870.00	08/01/08	\$870.00
03/01/08	\$870.00	06/01/08	\$870.00	09/01/08	\$870.00



REPORTING CHANGES FOR CASH AID NO FOOD STAMPS

CASE NAME:	
LINDA R FOSTER	
CASE NUMBER: B893937	
WORKER: L. Johnson	A PLAN
WORKER NUMBER: NB5J	

If you receive Cash Aid, what you MUST report even when it is not your report month.

Anytime your family's combined gross monthly income, both earned and unearned, is more than the Income Reporting Threshold (IRT) for your family size, you must report this information to the County within ten (10) days. You can report this information to the County by calling your worker or reporting it in writing.

our family size is	4	your IRT is
\$ 2238 00		- Common Mines

The County will let you know each time your IRT changes.

Gross income means the amount of your income <u>before</u> any deductions, such as taxes, Social Security and retirement contributions, overpayment collections, wage garnishments or attachments, etc.

Failure to report when your income is more that the IRT limit for your family's size may result in your benefits being overpaid. Any overpaid benefits caused by your failure to report <u>MUST</u> be repaid. You may also be subject to fraud charges/penalties if you do not report required information to the County.

ow to figure your family's gross income.

Each month, add all of your family's income both earned and unearned (wages or earnings, salary, disability income, unemployment, public benefits, etc.). If the total is more than the amount shown on this letter, you must report this income to the County. Families that only have unearned income or that only get Food Stamps will not be required to report income except on the Quarterly Report form.

If you receive Cash Aid, you MUST also report this information even when it is not your report month.

- Anyone in your household who has been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s), has become a fleeing felon or is in violation of a condition of probation or parole and you have not already reported it.
- Anytime you have an address change, you must report your new address to the County.

If you receive Food Stamps, you MUST report this information even when it is not your report month.

- If you are an Able Bodied Adult Without Dependents (ABAWD) Food Stamp recipient, you must report anytime the number of hours you work or are in training drop to less than 20 hours a week or 80 hours a month.
- Anytime you have an address change, you must report your new address to the County.

Voluntarily reporting information

You may report changes to the County anytime you think the change will result in your Cash Aid or Food Stamp benefits going up. For example.

- Your income stops or goes down;
- Someone who has income has moved out of your home:
- · Someone moves into your home and has no income;
- Your minor child becomes pregnant and is eligible for Cal-Learn services;
- CalWORKs special needs that you or someone in your AU may have such as, pregnancy special needs, a special diet prescribed by a doctor, etc;
- The birth of a child;
- For Food Stamps: Anyone in your household who is disabled or age 60 or older may report new medical costs that are not currently being used to figure your Food Stamp benefits.

At anytime, you can also ask the County to discontinue your entire case or any individual person who leaves the home or is not required to be in the assistance unit. You can also ask the County to stop other benefits, such as: Medi-Cal or Food Stamps. Receiving Medi-Cal and/or Food Stamps only will not count against your Cash Aid time limits.

E20968

MOUNT HOPE CEMETERY

GRAVE	BLIND C	HECK FOR	RM	
IN GRAVE WITH				
Write in the name of the decement with "X". Place the natthe appropriate space (s) that Burial Container	me's, lot # a	ind grave # 0	of all exi	sting marker's in
	weave	Poache	Y -	
	wew	3900	mr9	egala
0,00	X	J	1	Sadovivine
Server of some	on .		Rodi	Nago
Flagged Yes V		No		
Blind check Initiated by:	MFD		Date:	10/3/08
Interment space for:	lenry	tas	rev	
Interment Date:	_ Time		15	smula
Grave Laid out by: KE			20	Grave. 🕖
Agrees with Legal Card:	Yes		No	
Agrees with Map:	Yes		No	
Blind Check & Verified By:	KEN	Date	10/	16/08
Cremains were placed at:		of gr	ave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20968

1A. NAME O	NAME OF TAXABLE PARTY.			THE RESERVE OF THE PARTY OF THE	Belleville Street Street	STATE OF THE OWNER, WHEN	The same of the sa	THE RESERVE OF THE PARTY OF THE	
HENR		ENT-FIRST		18. MIDDLE			FOSTER		
z. SEX M	1111 A 1212 C C	OF BIRTH (MONTH, DAY, 23/1954	YEAR)	4. DATE OF DEATH (MONTH, DAY, Y 09/22/2008 FND		(EAR)	5. (FETAL	DEATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR)
	Y OF DEATH N DIEGO		- 33	68, COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO			NIA, ENTER STATE		
TA. NAME O				78. RELATIONSHIP DAUGHTER		BA. TYPED NAME AND ADDRESS OF CALIFOR LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND N CITY, STATE, ZIP CODE		OR PERSON	88. CALIFORNALICENSE MANBER—IF APPLICABLE FD1746
4221 4	48TH S	STREET APT 4 , CA 92115	STREET NUMBER AND	NAME, CITY, STATE, ZI	IP CODE	6163 UN	RRED CREMIVERSITY A	VENUE	BURIAL
right to contr stated herein	rol disposit n is one of	MENT OF APPLICANT—I hereby acknowledge as applicant that I have the sistion pursuant to Health & Safety Code Section 7100, and that the disposition of the dispositions authorized by Health & Safety Code Section 103056. AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN		BA APPLICANT	th-	A NEW PERMI	T TO SHOW FIN	9-30-0	
	is issued in		s of the California Health	h and Safety Code and is	the authority for the	ne disposition spe	ecified in this permit.	NOTE: This permit	t gives no right of disposal outsids
\$ 11.00	Maria Maria	E PAID	09/30/2008	SSUED	A CONTRACTOR OF THE PARTY OF TH	A WOOTE	egistrar issuind N, MD	PERMIT	E
SAN E 3851 I	DIEGO	COUNTY VITAL CRANS ST , CA 92110		OCCURRED IN CALIFOR	RNIA 10E. AD	DRESS OF REG	HISTRAR OF DISTR	CT OF DISPOSITIO	ON—IF DIFFERENT FROM 101
11. AUTHOR	RIZED DIS	POSITION(S)				F	OR CORONER'S	JSE ONLY	
DUDI									
BURN	AL	* . 1							
BURIA		12A, NAME AND ADDRES		TOTAL CONTRACTOR		12B. DATE BUE	RIED OS	12C, INTERN	MENT NUMBER—IF APPLICABLE
	L OR MG IN A TERY JOES	12A NAME AND ADDRES MT. HOPE CEN STREET, SAN	METERY, 375	1 MARKET		10-	7-08	I E	MENT NUMBER—IF APPLICABLE 20968 AL OR SCATTERING
SURIAI SCATTER: CEMET (INCLU	L OR MG IN A TERY JOES	MT. HOPE CEN	METERY, 375 DIEGO, CA 9	1 MARKET 2102		10-	7-08 RE OF PERSON IN	CHARGE OF BURI	20968
SURIAI SCATTER: CEMET (INCLU	L OR PHO IN A TERY JOES JOES JOHENT)	MT. HOPE CEN STREET, SAN	METERY, 375 DIEGO, CA 9	1 MARKET 2102		10- 120, SIGNATU VU 138, DATE CRE	7-08 RE OF PERSON IN	CHARGE OF BURIL	20968 al or scattering tion number—if applicable
SURIAL SCATTER CEMET (INCLU ENTOMB	L OR PHO IN A TERY JOES JOES JOHENT)	MT, HOPE CEN STREET, SAN	METERY, 375° DIEGO, CA 9	1 MARKET 2102 EMATORY		12D. SIGNATUR 13B. PATE CRI 13D. SIGNATUR	P - 08 RE OF PERSON IN RE OF PERSON IN	CHARGE OF BURIL	20968 al or scattering tion number—if applicable
SURIAL SCATTER CEMET (INCLU ENTOMB	L OR PHO IN A TERY JOES JOES JOHENT)	MT. HOPE CEN STREET, SAN	METERY, 375° DIEGO, CA 9	1 MARKET 2102 EMATORY	AINS	10- 120, SIGNATU VU 138, DATE CRE	P - 08 RE OF PERSON IN RE OF PERSON IN	CHARGE OF BURIL	20968 al or scattering tion number—if applicable
SURIAL SCATTER CEMET (INCLU ENTOMB	LOR RIG IN A TERY JOES IMENT)	MT, HOPE CEN STREET, SAN	METERY, 375° DIEGO, CA 9	1 MARKET 2102 EMATORY	AINS	120. SIGNATUR 130. SIGNATUR 148. DATE REC	P - 08 RE OF PERSON IN RE OF PERSON IN	CHARGE OF BURIA	20968 AL OR SCATTERING ATION NUMBER—IF APPLICABLE MATION
BURIAL SCATTER CEMET (INCLU ENTOMB	LOR RIG IN A TERY JOES IMENT)	MT, HOPE CEN STREET, SAN 13A. NAME AND ADDRES	METERY, 375 DIEGO, CA 9 S OF CALIFORNIA CRI	1 MARKET 2102 EMATORY CILITY RECEIVING REM		120. SIGNATU 130. SIGNATU 130. SIGNATU 146. DATE REC 146. SIGNATU	P - 08 RE OF PERSON IN CEIVED RE OF PERSON IN	CHARGE OF CREM	20968 AL OR SCATTERING ATION NUMBER—IF APPLICABLE MATION
BURIAL SCATTER CEMET (INCLU ENTOMB	LOR RIGINA TERY JOES IMENT)	MT, HOPE CEN STREET, SAN	METERY, 375 DIEGO, CA 9 S OF CALIFORNIA FAC	1 MARKET 2102 EMATORY CILITY RECEIVING REM		120. SIGNATU 130. SIGNATU 130. SIGNATU 146. DATE REC 146. SIGNATU	P - 08 RE OF PERSON IN CEIVED RE OF PERSON IN	CHARGE OF CREM	20968 AL OR SCATTERING ATION NUMBER—IF APPLICABLE MATION
SURIAL SCATTER CEMET (INCLU ENTOMB	LOR RIGINA TERY JOES IMENT)	MT, HOPE CEN STREET, SAN 13A, NAME AND ADDRES 14A, NAME AND ADDRES	METERY, 375 DIEGO, CA 9 S OF CALIFORNIA FAC	1 MARKET 2102 EMATORY CILITY RECEIVING REM		120. SIGNATUL 138. DATE CRI 130. SIGNATUL 146. SIGNATUL 146. SIGNATUL 158. NAME AN	P - 08 RE OF PERSON IN CEIVED RE OF PERSON IN D ADDRESS OF PE	CHARGE OF CREM	20968 AL OR SCATTERING ATION NUMBER—IF APPLICABLE MATION OF PLACING WITH THE CARRIER
SURIAL SCATTER CEMET (INCLU ENTOMB	LOR RIGINA TERY JOES IMENT) ATION FICUSE FISHER FI	MT, HOPE CEN STREET, SAN 13A, NAME AND ADDRES 14A, NAME AND ADDRES	METERY, 375 DIEGO, CA 9 S OF CALIFORNIA CRI S OF CALIFORNIA FAC S IN RECEIVING STATE TO BE SHIPPED	1 MARKET 2102 EMATORY CILITY RECEIVING REMATORY TE OR COUNTRY WHERE ALIFORNIA DISTRICT O	E REMAINS OR	120. SIGNATUR 138. DATE CRIS 130. SIGNATUR 148. DATE REC 140. SIGNATUR 158. NAME AN	RE OF PERSON IN CEIVED THE OF PERSON IN DISCRESS OF PERSON IN	CHARGE OF CREM CHARGE OF CREM CHARGE OF FACE CHARGE OF PLACE 18C. LICENS	20968 AL OR SCATTERING ATION NUMBER—IF APPLICABLE MATION OF PLACING WITH THE CARRIER

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.

INTERN	MENT ONDER	
(10 TIOCA	of San Diego	26/2008
10f & trust 228532	Date/	14/2000
You are hereby authorized and instructed, su	bject to your rules and regulations, t	to inter the remains
or for Tyrone Brocon	1 Betty J. Pullu	im 83186
in a 15 Value	Funeral, date, time	
Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra char	rge of \$
will be applied and billed to undersigned.		
Division 12 Section 2 B	IK/Row Lot, 221	Grave 12
Grave space & Care Fund	11 12 12 11	2,264.00
Overtime/Late Arrival Fees	A Wiles	
Opening/Closing & Setup	DAID	555.00
Burial Container	LAID	255.00
Handling Fees	JUL 2 2 2009	2.62.00
Flower vases - Marker setting fee		7578
	IT HOPE CEMETERY	(05.00
Sales taxes pd In Full		2/2/
	P 01867 Total Due	3,0010
Paid	receipt number F-01410	7 700 51
Ols	Balance	due <u>-, 102</u> -1
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n of remains as above indicated. I in and I agree to hold Mt. Hope Cen	ove named decedent certify and represent netery harmless from
ary manny or account or and approximation of	and interment. TYRONE	BRown
I hereby authorize the interment in lot I hold under deed.	12450 NILLI	TH THE
BETTY PULLUM	57/n DiACO	DAGNIU
Deed questo 122/09	219-640-40	1717 71p Code
west of the	Telephone	
Dard of July - 00000	Invoice#	
Work Order # E 20969	Acct. #	

10/1/08 Coupons mailed matter to be 11-10-08

OFFICIAL RECEIPT WHITE CANARY	MOUNT HOPE CE (619) 527-340	METERY	01410
Seven hun dred - in Durt Payment of J	Address 6450 Dulut	, , , , , , , , , , , , , , , , , , , ,	2114
in 17 Payment of] Div 17 Sec Invoice No. E - 20169 Acct. No.		CREDIT 67007 20% Seles Care 77184	452. 80
WO	PAID SEP 2 6 2008	Pre-Need 53033 77186 -	272 20
Pre-Need Lot Money Orde Pre-Need Trust Charge AC-212 (11 05) OU US Check	MOUNT HOPE CEMETERY (SSUED BY Pauletto C.	TOTAL PAID \$ _	725.00

INTERMENT ORDER

at need

REA-104 (3-04)

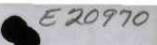
City of San Diego

Date 9-29-2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of POR VING SOV 23/874 MILES
in a TS VAULT#7 Funeral, date, time Tri day Oct 3 2008
Church, Chapel, Graveside ELCAJON Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.
Chines 11 2 Bik/Row Lot Grave
Division Bik/Row Lot Grave
Grave space & Care Fund E 19400
Overtime/Late Arrival Fees
Opening/Closing & Setup 708 -
Burial Container 992.—
Handling Fees 0CT 1 2008 5377 -
Flower vases – Marker setting fee
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 85
Sales taxes 76.88
Total Due 2574.88
P-11004 777500
Paid receipt number K 61207 2,570.10
Balance due
I hereby certify I am the A 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 Cernetery harmless from
any liability on account of said authorization and interment.
I hereby authorize the interment in lot I Y Bocky L Sov 231813
hold under deed. Print Name ### ### ### ########################
Elitaria Si Castar Ca 2009/
× (600 274-2787.
Work Order # E 20970 Invoice #
Work Order # L 2010 Acct. #

O Process manufage

This information is available in alternative formats upon request.



MOUNT HOPE CEMETERY

	GRAVE B	LIND C	HECK FO	RM	
IN GRAVE WITH	_2	1			
Write in the name of marked with "X". Place the appropriate space. Burial Container	e the name	s, lot # a adjacen	nd grave # t to the bur	of all exis	ting marker's in
		X			
			CHMA	STE MI	WINKET !
Flagged Yes			N	0	
Blind check Initiated to Interment space for:		Vina	Shv	Date;	
Interment Date: OCT	r. 3,200	% Time:	_12:0	00	
Div: Chin Sect:	<u>2</u> E	lk/Row:	Lot:	155	Grave: 7 8
Grave Laid out by:	DAVI	0 9	KEN		
Agrees with Legal Ca	rd:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verifie	d By:	DAVI	Date Date	10-	2-08
Cremains were placed	d at:		of g	rave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 20970

POR	EDENT-FIRST		18 MIDDLE VING			10 LAS				
2. SEX 3. D/	TE OF BIRTH (MONTH DAY,	YEAR)	4. DATE OF DEATH		YEAR)	110000	-	EATH ONLY) DAT	TE OF EVEN	T (MONTH, DAY, YEAR
	3/20/1940		09/27/2008			PARKIE PUTCH STATE				
LA MESA					SAN DIEGO					
7A NAME OF INF	SACTOR S		78 RELATIONSHIP T	TO DECEDENT	8A TYPED NA LICENSED FUI			F CALIFORNIA-		FORMA LICENSE
BECKY SC	OV.		DAUGHTER		ACTING AS SU CITY, STATE, 2	ICH-STR	REET NUMBE		FD10	796
	FULL MAILING ADDRESS-ST		NAME, CITY, STATE, ZIF	CODE	EL CAJO	N-LAI	KESIDE	-SANTEE	MORT	UARY & CR
	H MOLLISON AVE I, CA 92021	#239	TO BE		684 S. M EL CAJO			E		
	MENT OF APPLICANT—I he		CONTRACTOR OF THE PARTY OF THE	GA. APPLICANI	SIGNATURE					98 DATE SIGNED 10/02/2008
STATE OF THE PARTY	of the dispositions authorized by		Section of the second section is a second section of the section of the second section of the section of the second section of the sectio	DISPOSITION	AU DI	A NEW	PERMITT	O SHOWEIN	IAI DISP	
	d in accordance with provisions									
10A. AMOUNT OF	FEE PAID	10B. DATE PERMIT IS	210000		RE OF LOCAL RE		R ISSUING P	ERMIT		
\$ 11.00		10/02/2008		► WILMA	WOOTE	N, MD				500
SAN DIEG	REGISTRAR OF DISTRICT OF O COUNTY VITAL ECRANS ST		DGGURHED IN CALIFOR	NIA TOE AD	DRESS OF REG	ISTRAK U	H DISTRICT	OF DISPOSITIO	M-IF DIFF	ERENT FROM 100
SAN DIEG	O, CA 92110									
	Carried Anna Carried Control				FC	OR CORO	ONER'S USE	ONLY		
SAN DIEG	Carlotte of the Section of the Secti				FC	OR CORO	ONER'S USE	ONLY		
SAN DIEG	Carlotte of the Section of the Secti				FO	OR CORO	ONER'S USE	EONLY		
SAN DIEG	Carlotte of the Section of the Secti	DF GALIFORNIA CEM	ETERY	-	FC		ONER'S USE		NEWT NUMB	BER—IF APPLICABLI
BU BURIAL OR SCATTERING IN	DISPOSITION(S)	CONTRACTOR OF STREET			128. DATE BUR	iED - 08	ē.	12G. INTERN		
BU BURAL OR SCATTERING IN CHEMETERY (NOLUDES	DISPOSITION(S)	CEMETERY, 3	3751 MARKET		128. DATE BUR	iED - 08	ē.	12G. INTERN		
BU BURAL OR SCATTERING IN COMETERY	12A NAME AND ADDRESS A MOUNT HOPE OF STREET, SAN D	CEMETERY, 3 DIEGO, CA 92	3751 MARKET 102		128 DATE BUR	IED - 08 RE OF PER	ē.	12G. INTERN	AL OR SCA	TTERING
BU BURAL OR SCATTERING IN CHEMETERY (NOLUDES	12A NAME AND ADDRESS MOUNT HOPE OF STREET, SAN DE 13A. NAME AND ADDRESS	CEMETERY, 3 DIEGO, CA 92	3751 MARKET 102		128. DATE BUR	IED - 08 RE OF PER	ē.	12G. INTERN	AL OR SCA	
BU BURAL OR SCATTERING IN CHEMETERY (NOLUDES	12A NAME AND ADDRESS A MOUNT HOPE OF STREET, SAN D	CEMETERY, 3 DIEGO, CA 92	3751 MARKET 102		128 DATE BUR	ED - 08 RE OF PER	RSON IN CH	12G. INTERN ARGE OF BURIA 13G. CREMA	TION NUMB	TTERING
BU BURAL OR SCATTERING IN- CEMETERY (NCLUDES ENTOMBMENT)	12A NAME AND ADDRESS MOUNT HOPE OF STREET, SAN DE 13A. NAME AND ADDRESS	CEMETERY, 3 DIEGO, CA 92	3751 MARKET 102		12B. DATE BUR 10 - 3 12D. SIGNATUR 13B. DATE CRE	ED - 08 RE OF PER	RSON IN CH	12G. INTERN ARGE OF BURIA 13G. CREMA	TION NUMB	TTERING
BU BURAL OR SCATTERING IN- CEMETERY (NCLUDES ENTOMBMENT)	12A NAME AND ADDRESS MOUNT HOPE OF STREET, SAN DE 13A. NAME AND ADDRESS	CEMETERY, S DIEGO, CA 92 OF CALIFORNIA CRE	3751 MARKET 102 MATORY		12B. DATE BUR 10 - 3 12D. SIGNATUR 13B. DATE CRE	ED - 08 PEF	RSON IN CH	12G. INTERN ARGE OF BURIA 13G. CREMA	TION NUMB	TTERING
BU BURAL OR SCATTERING IN- CEMETERY (NCLUDES ENTOMBMENT)	12A NAME AND ADDRESS MOUNT HOPE OF STREET, SAN DESTREET, SAN DESTREAM AND ADDRESS N/A	CEMETERY, S DIEGO, CA 92 OF CALIFORNIA CRE	3751 MARKET 102 MATORY		12B. DATE BUR 12D. SIGNATUR 13B. DATE CRE 13D. SIGNATUR	MATED ENE OF PER ENED	RSON IN CHA	12G. INTERN ARGE OF BURIA 13G. CREMA	TION NUMB	TTERING
BU BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRESS MOUNT HOPE OF STREET, SAN DESTRICT OF STREET	CEMETERY, S DIEGO, CA 92 OF CALIFORNIA CRE	3751 MARKET 102 MATORY		12B. DATE BUR 12D. SIGNATUR 13B. DATE CRE	MATED ENE OF PER ENED	RSON IN CHA	12G. INTERN ARGE OF BURIA 13G. CREMA	TION NUMB	TTERING
BU BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRESS MOUNT HOPE OF STREET, SAN DESTRICT OF STREET	DEMETERY, S DIEGO, CA 92 OF CALIFORNIA CRE OF CALIFORNIA FACI	3751 MARKET 1102 MATORY	NS	12B. DATE BUR 12D. SIGNATUR 13B. DATE CRE 13D. SIGNATUR 14B. DATE RECI	MATED ME OF PER ENED	RSON IN CHARSON IN CHARSON IN CHA	12G. INTERN ARGE OF BURIA 13G. CREMA ARGE OF CREM	TION NUMB	TTERING
BU BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRESS A MOUNT HOPE OF STREET, SAN DE 13A NAME AND ADDRESS N/A 14A NAME AND ADDRESS N/A 15A NAME AND ADDRESS CREMATED REMAINS ARE	DEGO, CA 92 OF CALIFORNIA CRE OF CALIFORNIA FACI	3751 MARKET 1102 MATORY	NS	12B. DATE BUR 12D. SIGNATUR 13B. DATE CRE 13D. SIGNATUR 14B. DATE RECI	MATED ME OF PER ENED	RSON IN CHARSON IN CHARSON IN CHA	12G. INTERN ARGE OF BURIA 13G. CREMA ARGE OF CREM	TION NUMB	ITERING IER-IF APPLICABLE
BU BURJAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRESS MOUNT HOPE OF STREET, SAN DESTRICT OF STREET, SAN DESTREET, SAN D	DEGO, CA 92 OF CALIFORNIA CRE OF CALIFORNIA FACI	3751 MARKET 1102 MATORY	NS	12B. DATE BUR 12D. SIGNATUR 13B. DATE CRE 13D. SIGNATUR 14B. DATE RECI	MATED ME OF PER ENED	RSON IN CHARSON IN CHARSON IN CHA	12G. INTERN ARGE OF BURIA 13G. CREMA ARGE OF CREM	TION NUMB	ITERING IER-IF APPLICABLE
BU BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT) CREMATION CREMATION SCIENTIFIC USE	12A NAME AND ADDRESS A MOUNT HOPE OF STREET, SAN DE 13A NAME AND ADDRESS N/A 14A NAME AND ADDRESS N/A 15A NAME AND ADDRESS CREMATED REMAINS ARE	DEGO, CA 92 OF CALIFORNIA CRE OF CALIFORNIA FACI	3751 MARKET 1102 MATORY	NS	12B. DATE BUR 12D. SIGNATUR 13B. DATE CRE 13D. SIGNATUR 14B. DATE RECI	MATED ENE OF PER ADDRES	RSON IN CHU	12G. INTERN ARGE OF BURIA 13G. CREMA ARGE OF CREM	TION NUMB	ITERING IER-IF APPLICABLE
BU BURIAL OR SCATTERING IN CEMETERY CREMATION CREMATION CREMATICUSE	12A NAME AND ADDRESS A MOUNT HOPE OF STREET, SAN DE 13A NAME AND ADDRESS N/A 14A NAME AND ADDRESS N/A 15A NAME AND ADDRESS CREMATED REMAINS ARE	DEGO, CA 92 OF CALIFORNIA CRE OF CALIFORNIA FACI	3751 MARKET 1102 MATORY	NS	12B. DATE BUR 12D. SIGNATUR 13B. DATE CRE 13D. SIGNATUR 14B. DATE RECI	MATED ENE OF PER ADDRES	RSON IN CHU	12G. INTERN ARGE OF BURIA 13G. CREMA ARGE OF CREM	TION NUMB	TTERING BER-IF APPLICABLE G WITH THE CARRIE
BU BURIAL OR SCATTERING IN CEMETERY CREMATION CREMATION CREMATICUSE	12A NAME AND ADDRESS MOUNT HOPE OF STREET, SAN DESTREET, SAN DESTREET, SAN DESTREET, SAN DESTREET, SAN DESTREET, SAN DESTREET PROPERTY FOR SUFFICIENT TO IDENTIFY FOR SUFFICIENT TO IDE	DEGO, CA 92 OF CALIFORNIA CRE OF CALIFORNIA FACI IN RECEIVING STATE TO BE SHIPPED	3751 MARKET 1102 MATORY LITY RECEIVING REMAIN OR COUNTRY WHERE I	NS REMAINS OR	12B. DATE BUR 12D. SIGNATUR 13B. DATE CRE 13D. SIGNATUR 14B. DATE RECI	MATED ENE OF PER ADDRES ADDRES	RSON IN CHURSON IN CHU	12G. INTERN ARGE OF BURIA 13G. CREMA ARGE OF CREM ARGE OF FACIL ON IN CHARGE	TION NUMBER TO PLACIN	TTERING BER-IF APPLICABLE G WITH THE CARRIE

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.*

^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INTERMENT ORDER

at need

City of San Diego

Date 9 29 2008

You are hereby authorized and instructed, subject	t to your rules and regulations, to inter the remains
or_ Juan Vict	
ina LINEY Fur	neral, date, time TUPS, SEPT 300 10:30
Church Chapel, Graveside CUY ladg of 1	ingels: Guadalupan Mortuary
All Funeral cars must arrive before 3:00 p.m. of n	egular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 12 Section 2 BIK/R	ow Lot 214 Grave 2
Grave space & Care Fund	3,011 00
Overtime/Late Arrival Fees	PAIL
Opening/Closing & Setup.	10 708,00
Burial Container	SEP 600 2008 359 00
Handling Fees.	(7)01 275.∞
Flower vases - Marker setting fee	HOPE CEMETERY
Recording/Filing/Transfer Fees	85.00
Sales taxes	77182
:-(1	Total Due 4,465,82
aid nec	number 1 (0)199 9, 1610
Mother	Balance due
and this is your authority to make disposition of	of the above named decedent remains as above indicated. I certify and represent id I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and	interment.
I hereby authorize the interment in lot I	Rula (Hoso.
hold under deed	3604 Beyer Blod
Signaled HOTO	Address 2 205 April
	City Was CA Tip Code
	92173
r 20971	Invoice#
Work Order # E 20971	Acct. #



INTERMENT ORDER

at need

REA-104 (3-04)

City of San Diego

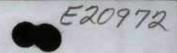
Date 9/29/08

You are hereby authorized and instructed, subject to your rules and regulations, to	75/0
in a Linet E. DE LOZIER &C	05+1 200
Tune of Build Committee	1 3,200
Church Chapel Graveside El Camina Tacific Be	ach Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra char	ge at \$
will be applied and billed to undersigned	
Division 8 Section 1 BIN/Row Lot 851.	Grave /
Grave space & Care Fund 8-7672	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708-
Burial Container PAID	359
Handling Fees Catch 2000 OCT 1 2008	275. —
Flower vases Marker setting fee	273.00
Recording/Filing/Transfer Fees MOUNT HOPE CEMETER	\$3 47
Sales taxes	27.82
Total Due	1735.29
Paid receipt number R-6/203	1,735 29
Balance	due S
I hereby certify I am the daughter of the abo	ve named decedent
and this is your authority to make disposition of remains as above indicated. I could that I have the right to make this authorization and I agree to hold Mt. Hope Cerni	ertify and represent
any liability on account of said authorization and interment.	-23 1900
I hereby authorize the interment in lot I	Gable
hold under deed.	reate PL
MI - DIA DELLA	Ch. 9714
fargar M / Janea Sin Direct	CA 14106
Susan M Jack San Diese	1 000°
858-483-4465 619 222	6888
X PIN TO THE	6888 6888

O received on received paper

This information is available in alternative formats upon request.





MOUNT HOPE CEMETERY

	GRAVE	BLIND C	HECK FO	RM		
IN GRAVE WITH		0				
Write in the name of marked with "X". Pl the appropriate spa	ace the nar	ne's, lot #	and grave #	of all exis	sting marke	r's in
Burial Container	LI	rer				
	ELHAL		JOAN H.			
	c, Quoi	2 X	DELOZI	ER		
Flagged Ye	s	300	No			
Blind check Initiated	700 00 00	_		Date:	100	
Interment space for	: Llou	Jd E.	Deloz	ier	-	
Interment Date: 1	0/3/08	Time	10:00	a	rrival	2:4
Div: 8 Sec	t:	Blk/Row:	Lot:	851	Grave:	1
Grave Laid out by:	No.	mx &	much			
Agrees with Legal C	Card:	Yes		No		
Agrees with Map:		Yes		No		
Blind Check & Verif	ied By:	Ken	Date	10	1108	
Cremains were place	ed at:		of gr	ave		

E20972

LLOYD	DENT-FIRST		E. MIDDLE			LAST ELOZIER			
100 mm - 100 mm - 1	E OF BIRTH (MONTH, DAY /25/1916	(YEAR)	4 DATE OF DEATH (MONTH, DAY, 09/27/2008		(EAR)	5. (FETAL D	EATH ONLY) DATE	E OF EVENT (MONTH, DAY, YEAR
6A CITY OF DEATH SAN DIEGO			To be	SAN DIEGO		DE OF CALIFORN	IIA, ENTER 5	TATE	
THE RESERVE OF THE PARTY OF THE	NAME OF INFORMANT USAN M. GABLE DAUGHTER						RNA LICENSE FAPPLICABLE		
C INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME CITY, STATE, ZIP CO 3577 SILVERGATE PL. SAN DIEGO, CA 92109		P CODE	EL CAMINO 4710 CASS SAN DIEGO	ST.					
ght to control dispo-	MENT OF APPLICANT—I sition pursuant to Health & Sa of the dispositions authorized	afety Code Section 7100	and that the disposition	BA. APPLICANT	VILL (Y)	rie			10/01/2008
	UTHORIZATION OF LO								
11.00	EE PAID	10/01/2008	SUED		NE OF LOCAL REGIST NOOTEN, N	Meson Permitted	ERMIT		E
3851 ROSE	COUNTY VITAL ECRANS ST D, CA 92110	L RECORDS		_					
BURIAL OR	12A NAME AND ADDRES				128 DATE BURIED	08	12C. INTERM	ENT NUMBE	EIF APPLICABL
SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT HOPE CEN SAN DIEGO CA		MARKET ST.		120. SIGNATURE OF	CONTRACTOR OF THE PARTY OF THE	ARGE OF BURGA		ERING
CREMATION	13A, NAME AND ADDRES	S OF CALIFORNIA CRE	MATORY		138 DATE CREMATI		13C. CREMA	ON NUMBER	R—F APPLICABLE
CREMATION				16.3	13D, SIGNATURE OF	PERSON IN CH	ARGE OF CREM	ATION	
14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS CREMATED REMAINS ARE TO BE SHIPPED TRANSIT		UNS	148 DATE RECEIVED. 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY.			PYY			
		orthun co					MATHE THE CARD		
		MEMAINS ON	100 NAME AND ADD	MESS OF PERS	CA IN CHANGE	OF PLACING	THE CARD		
TRANSIT			CON COUNTY WHEN		15C. SIGNATURE OF	PERSON IN CH	ARGE OF PLACE	NG WITH	5D DATE SHIPP
TRANSIT	16A ADDRESS MEADES	E TO 8E SHIPPED		TION	THE CARRIER				
TRANSIT SCATTERING/ URIAL AT SEA OR DISPOSITION	16A. ADDRESS, NEARES SUFFICIENT TO IDENTIFY IF BURIAL AT SEA, ONLY	IF TO BE SHIPPED T POINT ON SHORELIN Y FINAL PLACE AND C	E. OR OTHER DESCRIP				ARGE OF PLACIF 1BC, LICENSE REMAINS DIS	NUMBER O	FCREMATED

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.

CITY OF	SAN DIEGO, CALIFORN			
HARGE Lloy C. D.	DATE_	8-	8	1961
0	- ogser		15	
ADDRESS 3912 - Jugar	usia St		(4)	
NAME OF DECEASED	need			
OWNER				
ADDRESS			5 50	
MORTUARY				
LOT 851 GR	ROWSEC_/_	BEK 8	180	00
	DAY DATE			
VAULT BOX	SIZE			
REMOVAL OR FOUNDATION				
		TOTAL	180	00
PAID RECEIPT NUMBER	35	_ 1010=		
		BALANCE		
2 × 1 Files	ma ben	() mil	2	
2 X 1 Flush	1	1	-	
cello un	u ę	-		-
				-
-				
THE CITY CHARTER MAKES NO PRO I AGREE TO ABIDE BY THE RULES				
AUTHORIZED IN PERSON SOLUTION PHONE BY THE S	OST ORDER BY	Kg.	Hell	2
w.o. No. B 7572	INVOIC	E NO	668	6_

UKULK

MIL HUFE COMETENT

00 DIVISION E 20972 1784 SALES CARE WALF SALES OF LOTS DEENINGS CITY OF SAN DIEGO, CALITIPANYA PARK DEPARTMENT CEMETERY DIVISION AUGNESS 3912 SOLLARS (4 MOUNT HOPE CEMETERY MOT VALLED FOR PURPOSE UNLESS STAMPED RAID SAACE. GRAVE PAYMENT OF UNPAID BALANCE AFTER THIS PAYMENT RECE I PI NVOICE NO. OFFICIAL TO

FORM PR-974 REV.

INTERMENT ORDER

fre-Need Lot, Trust

City of San Diego

Date_ 9-29-08

I TOT CATEGO	Mae Morris 2150	1
Type of Burtal Container	Funeral, date, time	
Church, Chapel, Graveside	58	Mortuary
All Funeral cars must arrive before	900 p.m. of regular work day or an extra c	harge of \$
vill be applied and billed to unders	igned.	
1010	111000	,
livision Section	Bik/kol/ TLAT 150	Grave 6
Grave space & Care Fund	IN wret	2,264,
overtime/Late Artival/Fees	(10 contrat	
pening/Closing & Setup	5 NEW CO.	533
urial Container	s No 18	270
landling Fees 96	01090	206
lower vases - Marker setting fee	E-C CEUT C.	
ecording/Filing/Transfer Fees	E-210 CAYPY C. To DUD. PAULUE Paid receipt number P-61418	65.00
ales taxes	, 10 · · ·	20.93
Line	Total Due	3,358.9
	Lara roodipt training	1,000.0
	Balar	ace due 235819
hereby certify I am the	of the a	above named deceder
	uthorization and I agree to hold Mt. Hope C	
Ty hacinty on account or cold due	2000 000 000	M×00:0
hereby authorize the interment in old under deed.	Provi Name	
Edica Mre Mo	Sup 1532 MARY LOU	
Jahre 1110	SAN DIEGO, C	A 70/02.
	6/9-263-4794 Telephone	4
	Invoice #	
Work Order # E 20973	Acct.#	

OFFICIAL RECEIPT WHITE CAMARY	MOUNT HOPE CEM (619) 527-3400 Date	ETERY Septembe	01412	18
in part 194 Payment of Div 12	re-need lot, trust, down -	Dollare	(\$ <u>1,000.</u> —	
Invoice No = -2 0973 Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 Pro-Noed 63033 Trust 77186	752.8	0
BALANCE DUE \$\frac{1}{2}, 368 93	MOUNT HOPE CEMETERY		100/7784 540.2	28
Pre-Need Trust Charge AC-212 11-05 This information is available in information formats upon requ	Danillette C	TOTAL PAID 5	1,000,-	-

WATERWAY TO BE THE PERSON OF T

A+ Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/29/2008

You are hereby authorized and instruc		s and regulations, to i	nter the remains
of HOBART M	MAZE	63	1211
in a Type of Burial Comane	Funeral, date, tir	me Friday OCT	3,2008
Church Chapel Graveside		Conrad '	Mortuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work o	lay or an extra charge	of \$
will be applied and billed to undersigned	ed		
Division 12 Section 2	Blk/Row	Lot 232 Gr	ave Z
Grave space & Care Fund			2264.00
Overtime/Late Arrival Fees		The state of the s	
Opening/Closing & Setup.	Ola -		1066.00
Burial Container	PAIN	08 CEMETERY	539.00
Handling Fees	00 30	108	454.00
Flower vases – Marker setting fee	SEP	METERY	130,00
Recording/Filing/Transfer Fees		CEMIC	
Sales taxes	THUT HUT		41.27
	Woo.	Total Due	4494.77
1 .001	Paid receipt number ,		4494.7
TA sucal	The state of the s	Balance du	D
I hereby certify I am the	Wife		named decedent
and this is your authority to make dis that I have the right to make this authoria any liability on account of said authoria	orization and I agree to zation and interment.	above indicated. I cer hold Mt. Hope Cemet	tify and represent ery harmless from 231970
I hereby authorize the interment in lot	1 South Harms	REIM L.	MAZE
This h My	80 0	53 10TH	AUC ARCI
Signature N 1/19	Address Silv S	AN DIEGO	CA 92/01
	Fa CG	19 269-4	292 zip Code
	Invoice #		
Work Order # E 20974	Acct. #		

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 01421

				Date:			-30,20	08
From: FIZERO	MAZE	Address	253 10t	AVE	5.0.	CA 9	2101	
FOUR THOUS	AND FOUR	HUNDRE	D NINETY	Four	. \$ 7 Koo	Oollars (\$	44942	7_)
in Fun			EMENT OF					
Div 12	Sec_	2	Blk/ Row	Lot	232	Grave	2	
Acct. No. 6209	14	NOT VALID FOR F STAMPED "PAID"	PURPOSES STATED L	INLESS	CREDIT 20% Sales Care	67007 77184	452	80
W.O.	HILLERY.	La Proposition	PAID		Pre-Need Trust	63033 77186	2230	77
BALANCE DUE	0		SEP 3 0 2008	3				
Pre-Need Lot	Money Order	MOUN	IT HOPE CEN	METERY	100/1718	φ _	1811	20
Pre-Need Trust	Charge		1			-		
AC-212 (11-05) This information is available in	Check 6000		B		TOTAL PAID	s	4494	77

MOUNT HOPE CEMETERY

	GRAVE	BLIND CHE	CK FORM	,5
IN GRAVE WITH Write in the name of the marked with "X". Place the appropriate space. Burial Container	e the nam	re adjacent to	grave # of all	existing marker's in
	anders	Lawerie Craville WALECK Ratrick		
Flagged Yes Blind check Initiated b	V by:		No	e:
Interment space for: Interment Date: 10/3 Div: 12 Sect:	3/08	Time:	11:30	
Grave Laid out by: Agrees with Legal Ca	W	Yes [□ No	
Agrees with Map: Blind Check & Verified	d By:		No No Date	10/1/68

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS
USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES OF OTHER ALTERATIONS

M 04/13/1954 09/28/2008 6A CITY OF DEATH SAN DIEGO 7A. NAME OF INFORMANT FREIDA L. MAZE 7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 6B. COUNTY OF DEATH—IF OUTSIDE OF CAL. SAN DIEGO 8A. TYPED NAME AND ADDRESS OF CALIFOR LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE CONRAD LEMON GROVE N	BB CALIFORNIA LICENSE MUMBER—IF APPLICABLE FD 941
SAN DIEGO 7A. NAME OF INFORMANT FREIDA L. MAZE 7B. RELATIONSHIP TO DECEDENT WIFE 7B. RELATIONSHIP TO DECEDENT WIFE 8A. TYPED NAME AND ADDRESS OF CALIFOR LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE CONRAD LEMON GROVE N	BB CALIFORNIA LICENSE MUMBER—IF APPLICABLE FD 941
FREIDA L. MAZE WIFE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME. CITY, STATE, ZIP CODE TC. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE CONRAD LEMON GROVE N	ME. FD 941
CONRAD LEMON GROVE IV	ORTUARY
253 10TH AVENUE APT 828 SAN DIEGO, CA 92101 7387 BROADWAY 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 7150, and that the disposition stated herein is one of the disposition authorized by Health & Safety Code Section 103055 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW	98 DATE SIGNED 10/02/2008
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This of California.	
\$ 11.00 108. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT WILMA WOOTEN, MD	E
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	SITION—IF DIFFERENT FROM 10D
BURIAL FOR CORONER'S USE ONLY	
BURIAL OR SCATTERING IN A CEMETERY - 3751 MOUNT HOPE CEMETERY - 3751 MARKET ST, SAN DIEGO, CA 92102 MARKET ST, SAN DIEGO, CA 92102 MARKET ST, SAN DIEGO, CA 92102	BURIAL OR SCATTERING
13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B. DATE CREMATED 13C. CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF (REMATION NUMBER—IF APPLICABLE
14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF I	ACILITY
15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. TRANSIT	•
15C. SIGNATURE OF PERSON IN CHARGE OF I	PLACING WITH 15D DATE SHIPPED
	CENSE NUMBER OF CREMATED US DISPOSER—IF APPLICABLE
OTHER THAN IN A CEMETERY 16D SIGNATURE OF PERSON IN CHARGE OF I	SCATTERING OR BURIAL

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 ARE SCATTERED AT SEA.*

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

COPY 3 - RETAINED BY PEGISTRAR ISSUING THE PERMIT.*

COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

INTERMENT ORDER

City of San Diego

Date 9/30/08

You are hereby authorized and instruct	ed, subject to your rule	es and regulations, to inte	er the remains
	Victor Gabi	A STATE OF THE PARTY OF THE PAR	231867
ina Liner	Funeral, date, ti	TUES, SEPT.	30@10:30
Church, Chapel, Graveside OUY (idy of Angels	- Evadalupano	Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra charge of	\$
will be applied and billed to undersigne	nd		
Division 12 section 2	Blk/Row	_ Lot <u>914</u> Grave	2
Grave space & Care Fund			21264.
Overtime/Late Arrival Fees			
Opening/Closing & Setup	DAID	***************************************	533.∞
Burial Container	PAID	******************************	27000
Handling Fees.	CEP 3 0 2008	***************************************	206.
Flower vases - Marker setting fee	JLI O		1500
Recording/Filing/Transfer Fees	NT HOPE CEM	ETERY	20.93
	Paid receipt number	Total Due	3,3589
		Balance due	_0
I hereby certify I am the and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizany	rization and I agree to	above indicated. I certify	amed decedent and represent harmless from 23/866
I hereby authorize the interment in lot I hold under deed.	Print Name Address	On attach	od _
Signature	City V	See	Zip Code
	Telephone		
- 00075	Invoice #		
Work Order # E 20975	Acct. #_		

© Francisco received paper

This information is available in alternative formats upon request.

REA-104 (3-04)

E20975

MT. HOPE CEMETERY

INTERMENT ORDER

at need

REA-104 (3-04)

City of San Diego

Date 9/29/2008

You are hereby authorized and instructed, subject	to your rules and regulations, to inter the remains
of Juan Victo	or habriel Havo
in a LINEY Fune	eral, date, tippa TUPS, SEPT 30° 10:30
Church Chapel, Graveside Our ladg of A	ngels: Suadalupan Mortusry.
All Funeral cars must arrive before 3:00 p.m. of reg	gular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 12 Section 2 Blk/Rox	vLot <u>214</u> Grave 2
Grave space & Care Fund	3,0/1.00
Overtime/Late Arrival Fees	7000
Opening/Closing & Setup.	708,00
Burial Container S	F (A) 2008
Handling Fees	() - 275 Z/5
Flower vases - Marker setting fee A Olivin	Anti-transferi - oc o
Recording/Filing/Transfer Fees	77.00
Sales taxes	2 4/60
	R-61194 4.46582
Paid recei	Balance due
Mother	of the above named decedent
and this is your authority to make disposition of that I have the right to make this supportation and	emains as above indicated. I certify and represent II agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and in	terment.
I hereby authorize the interment in lot I	alla Hoso.
hold under deed	3604 Beyer Blog
Signature of Oro	2.205 son
	City Sud CA Zip Code
	92173.
F 20971	Invoice #
Work Order # E 20971	Acct. #

This information is available in alternative formats upon request.

E20975

MOUNT HOPE CEMETERY

GRAVE	BLIND CHECK FORM
marked with "X". Place the nan	ased for which the grave is for in the block me's, lot # and grave # of all existing marker's in are adjacent to the burial space.
DOMINGUEZ HUTCHING CASTRE	SPW X
Flagged Yes	21/1
Grave Laid out by:	
Agrees with Legal Card: Agrees with Map:	Yes No No
Blind Check & Verified By: Cremains were placed at:	Of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

21 520925

1A. NAME OF DECE	DENT-FIRST		18. MIDDLE			1C LAST			
JUAN	JUAN					HAR	ARO		
CONTRACTOR OF THE PROPERTY OF	E OF BIRTH (MONTH, DA 125/1977	Y, YEAR)	4 DATE OF DEATH (MONTH, DAY, 09/24/2008			YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)			
6A CITY OF DEATH				751	SAN DIE		IF OUTSIDE OF CALIFOR	NIA, ENTER STATE	
7A. NAME OF INFORMANT				TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA- 88. CALIFORNIA LICENSE				
ALVARO HARO BROTHER				LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME CITY, STATE ZIP CODE			NUMBER—IF APPLICABLE FD1425		
3604 BEYE	FULL MAILING ADDRESS R BLVD.APT#2 RO, CA 92173		NAME, CITY, STATE, ZI	P CODE	2601 IMP	ERIAL	AVENUE	HAPEL & MORTUAR	
ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the SA APPLI					SAN DIEGO, CA 92102 NT SIGNATURE			68. DATE SIGNED.	
PERMIT AND A This permit is issued of California.	THORIZATION OF I	OCAL REGISTRAR	-ANY CHANGE IN and Safety Code and is	DISPOSITION	N REQUIRES A	NEW P	FRMIT TO SHOW FIN		
\$ 11.00	108. DATE PERMIT ISSUED 109/29/2008			The service of the se	NATURE OF LOCAL REGISTRAR ISSUING PERMIT LMA WOOTEN, MD			E	
3851 ROSE	COUNTY VITA ECRANS ST D, CA 92110	IL RECORDS		-			ER'S USE ONLY		
BU . , .									
BURIAL OR	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY			-	128 DATE BURIE	300	THE SHALL AS A SHALL	IENT NUMBER—IF APPLICABLE	
CEMETERY (INGLUDES ENTOMBMENT)	MOUNT HOPE CEMETERY., 3751 MARKET ST.,SAN DIEGO, CA 92102			12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING					
1 5 5	13A. NAME AND ADDRE	NAME AND ADDRESS OF CALIFORNIA CREMATORY			138. DATE CREM	ATED	13C CREMA	TION NUMBER—IF APPLICABLE	
CREMATION				13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION					
SCIENTIFIC USE	14A. NAME AND ADDRE	SS OF CALIFORNIA FACI	LITY RECEIVING REMA	INS	14B, DATE RECE	IVED			
	STALES.				14C SIGNATURE	OF PERSO	ON IN CHARGE OF FACIL	ПУ	
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 THE CARRIER	OF PERSO	ON IN CHARGE OF PLACE	NG WITH 150, DATE SHIPPED	
SCATTERING/ BURIAL AT SEA OR DISPOSITION	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			168 DATE OF DISPOSITION 18C LIGENSE 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 3 - 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 *

OTHER THAN IN A

CEMETERY

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INTERMENT ORDER

At need Non-Res City of San Diego

Date 10/20/08

10-11 Neb		
	ted, subject to your rules and regulations, to int	
OF LAWRENCE KICH	IEK SIM	9 2:00
ina SCAB	Funeral, date, time TUES OCT	21,2008
Church, Chapel Graveside	BISHOP	Mortuary.
All Funeral cars must arrive before 3.0	00 p.m. of regular work day or an extra charge of	ts di
will be applied and billed to undersign	ed,	
Division MUSLIN Section	Blk/Row Lot Lot Grav	e
Grave space & Care Fund	E-16423	_6_
Overtime/Late Arrival Fees		
Opening/Closing & Setup	PAID	708.00
Burial Container		T2500
Handling Fees	OC1 2 0 2008	_ 4x.00
Flower vases - Marker setting fee	MOUNT HOPE CEMETERY	1-
Recording/Filing/Transfer Fees	MOONT HOLE GENETELL	_00.00
Sales taxes		11170
	Total Due	1047.70
	Paid receipt number	- 191.84
	Balance due	-25586
I hereby certify I am the	of the above of	amed decedent
and this is your authority to make dis	position of remains as above indicated. I certifi- orization and I agree to hold Mt. Hope Cemeters	
	021	1010
I hereby authorize the interment in lot hold under deed.	Print Name	1110
	Address	cheo
Signature	Cally a Call	Zip Code
	Print Name Austress City Telephane See Att	
	Invoice #	
Work Order # <u>E</u> 20976	Acct.#	

652 Vineyard Rd apt. 103 San Marcos Ca 92069

> Caminita 14129 Camador ED 92129

INTERMENT ORDER

At need

City of San Diego

Date 10/20/08

OF LAWRENCE RICHTER	Riblect to your rules and regulations, to inte	2:00
ina SCAB	Funeral, date, time TUES OCT	21,2008
Church, Chapel Graveside	BISHOP	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of	1401
will be applied and billed to undersigned		
Division MUSLin Section	Blk/Row Lot _436. Grave	<u> </u>
Grave space & Care Fund E	16453	_6_
Overtime/Late Arrival Fees		F02 50
Opening/Closing & Setup	PAID	500.00
Burlal Contsiner.	001 9 0 2009	114.00
Handling Fees,	UC1 & V 2000	<u>'16.0</u> 0
Flower vases - Marker setting fee	MOUNT HOPE CEMETERY	1660
		8 04
Sales taxes	receipt number R-61247 R-61247 Balance due	791.84
I hereby certify I am the	of the above na	med decedent
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization.	on and I agree to hold Mt. Hope Cemetery	and represent harmless from
hereby authorize the interment in lot i hold under dead.	Bryng cor f	rd.
Signature (m) to 8	ap+ # (33 Sanv	2785
E 20976	Invoice #	
Work Order# E. 20976	Acct. #	
REA-104 (3-04) This inform	nation is available in alternative formats	upon request.

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA 61249 AT-NEED PURCHASE WHITE _____ TO CUSTOMER CANARY MOUNT HOPE CEMETERY (619) 527-3400 Date: moo Hortuary Address: two hundred, Yifty-five and 8/00 ___ Dollars (\$255.36 Payment of Lawrence Richter Services in part Invoice No. E-20976 NOT VALID FOR PURPOSES STATED UNI FRS. STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 80% Sales W.O. of Lots. 77184 Opening/ BALANCE DUE DON'T OF R61247 OCT 2 0 2008 Closing 77181 100 Burial Containers 77182 Charge AP 013305 MOUNT HOPE CEMETERY 100 Handling Fee 77185 Recording & 100

AC-212A (11-05) PA TT 7

This information

ISSUED BY Daulit

Misc. Fees 77183 Sales Tax 50101 78390 TOTAL PAID

OFFICIAL NECEIPT	CITY OF SAN DIEGO, CAI	WANTED COLORS AND ADDRESS OF THE PARTY OF TH	51247		
	TO CUSTOMER AT-NEED PURCH	ASE	1241		
BAR .	MOUNT HOPE CEN (619) 527-3400	Marine Company (
	Det	10100	20	08	
From: BIShop Mort	yan Address: Cith				
From: \$13010	Many Address: 24	13, 10,19,10,-	-1010	11	
Seven hundred	Muety-one 84/00	Dollars (\$ 791.8	4)	
in Payment	of Interment of Law				
ICICI	Sec ~ Blk/ Row ~ Lo	ot 136 Grav	re l		
Invoice No. LE - 20976					
ALICE AND ADDRESS OF THE PARTY	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE	CREDIT 67007		Fi .	
Acct. No.	STATE CO TAID IN THIS STATE.	20% Sales Care 77184 -		-	
W.O		80% Sales 100 of Lots 77184	1100	N/S	2/4
BALANCE DUE Part of R	-47 PAID	Opening/ 100 _ Closing 77181	708.	00	90
BALANCE DUE PRETTO A	BIOTI I MID	Burial 100 -		84	6/
	OCT 2 0 2008	Containers 77182 100 -			-
Money Order		Handling Fee 77185 Recording & 100			
Charge Af 0826	MOUNT HOPE CEMETERY	Misc. Fees 77183 _			
Check P+ of AP	DI2300 WILLIAM	Sales Tax 60101 78390 -			
AC-212A (11-05) R-61249		TOTAL DAID	791	84	

This information is available in alternative formats upon request.

E20976

MOUNT HOPE CEMETERY

GRAVI	E BLIND CHECK FORM
marked with "X". Place the na	eased for which the grave is for in the block ame's, lot # and grave # of all existing marker's in t are adjacent to the burial space.
	(DESILA) MENTAL
Flagged YesBlind check Initiated by:	No
Interment space for: La	wrence Richter
Interment Date: 10/21/08	3 Time: 2.00 PM
Div: MUS sect: -	Blk/Row: Lot: 1360 Grave: 1
Grave Laid out by: DA	VID & KEN
Agrees with Legal Card:	Yes No
Agrees with Map:	Yes No
Blind Check & Verified By:	Daving Date 16-20-68
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 1C LAST 14 NAME OF DECEDENT-FIRST TH MIDDLE RICHTER LAWRENCE JOSEPH 2 SEX DI DATE OF BIRTH (MONTH, DAY, YEAR) 4 DATE OF DEATH (MONTH, DAY, YEAR) 5 (FETAL DEATH ONLY) DATE OF EVENT IMONTH DAY YEARS M 12/26/1937 10/20/2008 SB. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA ENTER STATE 5A CITY OF BEATH SAN MARCOS SAN DIEGO BA TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME CITY STATE, ZIP CODE 7A NAME OF INFORMANT 7B RELATIONSHIP TO DECEDENT **BB. CALIFORNIA LICENSE** MUMBER-JE APPLICABLE JANICE RICHTER WIFE FD1673 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE **BISHOP MORTUARY** 852 AVENIDA RICARDO APT 113 3444 CITRUS STREET SAN MARCOS, CA 92069-3567 LEMON GROVE, CA 91945 9B DATE SIGNED 9A APPLICANT SIGNATURE 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 carrier 10/20/20 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR -- ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION son specified in this permit NOTE: This permit gives no right of of Catifornia. 10A AMOUNT OF FEE PAID 10B DATE PERMIT ISSUED IOC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 10/20/2008 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 126 DATE BURIED 12G INTERMENT NUMBER-IF APPLICABLE BURIAL OR 211 0 OB SCATTERING IN A CEMETERY MT. HOPE CEMETERY 3751 MARKET 12D SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT) 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C. CREMATION NUMBER-IF APPLICABLE 13B DATE CREMATED CREMATION 13D SIGNATURE OF PERSON IN CHARGE OF CREMATION

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF PACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 158 NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15C SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER 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 SCATTERING/ DISPOSITION OTHER THAN IN A 16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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 TO DAYS OF DISPOSITION 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 3 - 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 WINEN 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

INTERMENT ORDER

nt/trust	Date 9-30-08
	ubject to your rules and regulations, to inter the rema
offor Lula Phil	lips 231869
ina T.S. VAULT	Funeral, date, time
Type of Buriel Contener Church, Chapel, Graveside	Morts
	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	of togoth from only of all only of high of a
will be applied and blied to discessigned	
Division 12 Section 2	Bik/Row \Lot 238 Grave 10
Division - Section - C	2 2/4/
Grave space & Care Fund	2,40
Overtime/Late Arrival Fees	522
Opening/Closing & Setup	350
Burial Container 0CT 1 200)8 <u>355</u>
	263
Flower vases - MOUNTHOPE CE	METERY
Recording/Filing/Transfer Fees	_ 65
Sales taxes	370
	Total Due 3, SU
Paid	d receipt number - 01910 5, 500
	CC #4231 00160 Balance due
I hereby certify I am the	of the above named dece on of remains as above indicated. I certify and repre
that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery harmless
any lability on account of said authorization	23/8
I hereby authorize the interment in lot I hold under deed.	PINT NAME JONES FRANCHION TO
Marthant	4396 ELMSY.
Signature	San Niego, GA. 9311
	1619- 264-8237 Presphone
- 00055	Invoice#
Work Order# E 20977	Acct. #

PRE NOUSO

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 10-1-0%

	McMorris	61.007
n a Type of Bunol Container	Funeral, date, time	MET CONTRACT
Church, Chapel, Graveside	j	Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra	charge of \$
vill be applied and billed to undersigned.		
Division 12 Section 1 B	k/Row Lot _67	Grave
Grave space & Care Fund 51735	2	
Wertime/Late Arrival Fees	DAID	
Overtime/Late Arrival Fees Opening/Closing & Setup	PAID	708.0
urial Container SUGN NRP	The state of the s	
andles Cons	(三)	
lower vases - Marker setting fee MOUN ecording/Filing/Transfer Fees	P. 1855	
ecording/Filing/Transfer Fees	I HOPE CEMETERY	85.00
ales taxes		
scown Mc Monres - So	N Total Due	793.00
Paid Paid	receipt number P-0143	0 793.00
Paid CAROLINA VAULT Paid Pa	OWAL CONTON Bala	ince due
hereby certify I am the	UI DIG	grove named deceden
	of remains as above indicated	 I certify and represent
nd this is your authority to make disposition nat I have the right to make this authorization	n and I agree to hold Mt. Hope I	Cemetery harmless from
nd this is your authority to make disposition	n and I agree to hold Mt. Hope and interment.	Cemetery harmless from
nd this is your authority to make disposition nat I have the right to make this authorization	n and I agree to hold Mt. Hope I and interment. Prot Name	Cemetery harmless from
nd this is your authority to make disposition nat I have the right to make this authorization ny liability on account of said authorization a hereby authorize the interment in lot I	and interment.	Cemetery harmless from
nd this is your authority to make disposition nat I have the right to make this authorization ny liability on account of said authorization a hereby authorize the interment in lot I old under deed.	and interment.	Zip Code
nd this is your authority to make disposition at I have the right to make this authorization ny liability on account of said authorization a hereby authorize the interment in lot I old under deed.	Print Name Address	
nd this is your authority to make disposition nat I have the right to make this authorization ny liability on account of said authorization a hereby authorize the interment in lot I	Print Name Address City	

Pre-nee

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-1-02

SEEEZP918 E20978

of	PATRI	CIA N	1C MO	s and regulations, to RRIS	
in a	LINER	The state of the s	neral, date, tim		
Church, Chap	Type of Burtat Container of Graveside				Mortuary.
and the second second		re 3:30 n m of	regular work d	ay or an extra charg	
	and billed to unde	A Later Control of the Control of th	Togular Work G	-,	
Lot 87	_ Grave _ //	_ Flow	Section _	2 Division	ABROOK_12
Grave space	& Care Fund				89500
Additional spa	aces and care fund				
		-			0
	ner	1977	MID		
Handling Fee	s	OCI	0.1.2002	1	
Flower vases	- Marker setting fe	···· • • • • • • • • • • • • • • • • •	- 1 2002		
Recording an	d filing fee	CITY OF	PE CEMET	ARY	
Sales taxes		0111 01			<u> </u>
1010	vad 1			Total Dije	895,00
TE IC	DNIC 191	M Paid rec	eipt number _	R-55463	895.00
MC M	01112/2		"	Balance d	lue O
I hereby certif	y I am the			of the above	e named decedent
that I have the	a right to make this	authorization a	nd I agree to h	ove indicated. I ce old Mt. Hope Ceme	mily and represent tery harmless from
MARCEL	INA R-V	uthorization and ELAS CO	d interment.	Dave Proint	Elacs 48
I hereby authorde hold under de	orize the interment led.	in lot I	Signature		
			Arkitreans	BADOWLAR	
Signature of records	d holder of dead	1/000	Cay	VISTA CA	Zin Code
: Move	2008 10	Meson	G19 4 Telephone	122 5774	
Mari	MICO		Invoice #	3 14 25 1 18	
1000	F 173				

P01430 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT PRE-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 10-10,20 08 9.0. RECUBINAL CENTER Date: From: The THE DEVICEOPMENTALLY Address: 4355 RUCFIN RD #205 S.D. 92123 SEVEN HUNDRED-WINETY THEES & NOTOO . Dollars (\$ 793 00 Payment of PRENIESD TRUST FOR PATRICIA WILMONERIS Full 17-Sec Row Invoice No. NOT VALID FOR PURPOSES STATED UNLESS CREDIT STAMPED "PAID" IN THIS SPACE. 67007 Acct. No. 610978 20% Sales Care 77184 MOUNT HOPE CEMETERY Pre-Need 63033 W.O. 77188 Trust BALANCE DUE OCL I 0 5008 UIA9 Pre-Need Lot Money Order Charge Pre-Need Trust ISSUED BY AC-212 (11-08) TOTAL PAID This information is available in alternative form

FAX TRANSMISSION

Date:	10/01/2008	From: Tom		
To:	Kim Kline	Telephone #: 619-527-3400		
Telepho	one #:	Fax #: (619) 527-3403		
Fax #:	619-477-6284 48	Pages (including this cover sheet): 2		
Subject: Patricia McMorris Leland McMorris		Interment Order E20978		

COMMENTS:	100		A SERVICE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AN		
Kim		NO S. C.			
The attached Interment order for	or a pre-need	trust is provided	as requested.	11	
THE STATE OF THE S			A Line	HAN	
			I DOTE OF THE	MELL	
	THE PARTY				71111
	A BASTANE	HI, SAL	REF		
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		13,314	APIG T		
	Waste Sil				
			10 76 7	2	
		The water			

INTERMENT ORDER

City of San Diego

Date_10-3-2008

You are hereby authorized and instructed	subject to your rules and regulations, to it	nter the remains
of _ JEFFERY TII	MOTHY CROSS 25	1871 11:0
ina LINER	_ Funeral, date, time OCTOBER	3,2008
Church, Chapel, Graveside	DUSHOP	Mortuary
All Funeral cars must arrive before 3:00 p	o.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 Gra	ve_5_
Grave space & Care Fund		2264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		533.00
Burial Container	PAID	270.00
Handling Fees.	IAIS	206.00
Flower vases - Marker setting fee	. OCT 2 2008	
	COVE	65.00
Sales taxes	MOUNT HOPE CEMETERY	20.93
Sales taxes SENT 2009	Total Due	3358 93
25.2	Paid receipt number R-6/205	3,358,93
11-0	Balance du	e
I hereby certify I am the and this is your authority to make dispos	sition of remains as above indicated. I cert ration and I agree to hold Mt. Hope Cemete ion and interment.	ry harmless from
		231872
I hereby authorize the interment in lot I hold under deed.	Print Name	0010
A 1¢	Address	1
of deceased heat	te cay alloche	Zip Code
esidence of deceased is esidence of deceased is learning that the state of the stat	Telephone All	
Haches	Invoice # 4 9 9 8 4 4	
f death. E 20979	Acct.# 192047	DATE OF

At Need

The Coroner Kept Jeffery's ID. His address per Gwen is 6126 Beardness wy, san Alego ca- 92117 apt. 40.

REA-104 (3-04)

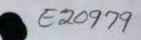
MT. HOPE CEMETERY

INTERMENT ORDER

TO THE REAL PROPERTY.	
H Need INT	ERMENT ORDER
H NEECI	City of San Diego
You are barely authorized and institution	Date 10-3-2008
The state of the s	cted, subject to your rules and regulations, to inter the remains
-	TIMOTHY CROSS 11:06
ina LINER	Funeral, date, time OCTOBER 3, 2608
Churph, Chape, Graveside	BCHOP Mortuary.
All Funeral cars must arrive before 3:	00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	
Division 12 Section 2	2 BIK/Row Lot 120 Grave 5_
	2.264.06
	583.00

Burisi Container	270.06
Handling Fees	206.00
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	2093
7 7	Total Due 3358 93
	Paid receipt number
	Balance due
I hereby certify I am the CDL	IS(n) of the above named decedent
and this is your authority to make di	sposition of remains as above indicated. I certify and represent portration and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said author	ization and interment.
I hereby authorize the interment in lot	Elvonne lanlor
hold under deed.	13×00 NF HA CI#112
Lemman	- WIN 986 9
- V	CONTROL TODO
	760) 1 2-860S
Work Order # E 20979	Invoice #
Work Order # C 20777	Acct. #

This information is available in alternative formats upon request.



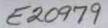
MOUNT HOPE CEMETERY

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the 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 No Blind check Initiated by: Paulette Date: 10 2 205 Interment space for: Jeffery Timothy Cross Interment Date: 10 3 108 Time: 100 Chapel Agrees with Legal Card: Yes No Agrees with Legal Card: Yes No		GRAVE	BLIND CI	HECK FO	RM	
marked with "X". Place the 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 No Blind check Initiated by: Interment space for: Jeffery Timothy Cross Interment Date: 10 3 08 Time: 100 Chapel Agrees with Legal Card: Agrees with Map: Yes No Date: 10 4 8 Date: No Date:	IN GRAVE WITH	_	8			
Flagged Yes V No Blind check Initiated by: Paulette Date: 10 4200 Interment space for: Jeffery Timothy Cross Interment Date: 10 3 108 Time: 11:00 Chapel Div: 12 Sect: 2 Blk/Row: Lot: 120 Grave: 5 Grave Laid out by: DAVID & Kapel Agrees with Legal Card: Yes No Blind Check & Verified By: Yes Date 10/8/108	marked with "X". Pla the appropriate space	ce the name ce (s) that a	e's, lot # a re adjacen	nd grave #	of all existing	
Flagged Yes No Blind check Initiated by: Paulette Date: 10 4200 Interment space for: Jeffery Timothy Cross Interment Date: 10 3 108 Time: 11:00 Chapel Div: 12 Sect: 2 Blk/Row: Lot: 120 Grave: 5 Grave Laid out by: Agrees with Legal Card: Yes No Agrees with Map: Yes Date 10 /8 /0 8	Burial Container	Line	er			
Blind check Initiated by: Blind check Initiated			wheeler	7,		
Blind check Initiated by: Blind check Initiated		Davisie	X	give	Jones	
Interment space for: Jeffery Timothy Cross Interment Date: 10 3 08 Time: 11:00 Chapel Div: 12 Sect: 2 Blk/Row: Lot: 120 Grave: 5 Grave Laid out by: Yes No Agrees with Legal Card: Yes No Date 10/2/08 Blind Check & Verified By: Xen Date 10/2/08		1			Vega	
Interment space for: Jeffery Timothy Cross Interment Date: 10 3 08 Time: 11:00 Chapel Div: 12 Sect: 2 Blk/Row: Lot: 120 Grave: 5 Grave Laid out by: Yes No Agrees with Legal Card: Yes No Date 10/2/08 Blind Check & Verified By: Xen Date 10/2/08						
Interment space for: Jeffery Timothy Cross Interment Date: 10 3 08 Time: 11:00 Chapel Div: 12 Sect: 2 Blk/Row: Lot: 120 Grave: 5 Grave Laid out by: DAVID & War Agrees with Legal Card: Yes No Agrees with Map: Yes No Blind Check & Verified By: Xea Date 10/2/08	Flagged Ye	s_V		N	0	
Interment Date: 10 3 08 Time: 11:00 Chapel Div: 12 Sect: 2 Blk/Row: Lot: 120 Grave: 5 Grave Laid out by: 120 Grave: 5 Agrees with Legal Card: Yes No Agrees with Map: Yes No Blind Check & Verified By: 20 Date 10 /2 /0 8	Blind check Initiated	by:	Pauler	re	Date:	10/2/200
Div: 12 Sect: 2 Blk/Row: Lot: 120 Grave: 5 Grave Laid out by: DAVID & Lot: 120 Grave: 5 Agrees with Legal Card: Yes No	Interment space for	Jeffe	ery Tin	nothy C	ross	
Div: 12 Sect: 2 Blk/Row: Lot: 120 Grave: 5 Grave Laid out by: DAVID & Lot: 120 Grave: 5 Agrees with Legal Card: Yes No	Interment Date: 10	13/08	. Time:	11:00	Chape	
Grave Laid out by: Agrees with Legal Card: Agrees with Map: Yes No No Blind Check & Verified By: Yes Date 10/2/08	1775			C.F	EVEROVE I	0.000
Agrees with Map: Yes No Date 10/2/08		-	11000	122		
Blind Check & Verified By: Xen Date 10/2/08	Agrees with Legal C	ard:	Yes		No [
	Agrees with Map:		Yes		No [
Cremains were placed at:of grave	Blind Check & Verifi	ed By:	Ken	Date	e 10/	2/08
	Cremains were place	ed at:		of g	rave	

E20979

CERTIFICATE OF DEATH

-	ST	ATE FILE NUMBE	(At		OFF	HACE PER DIE	TATE OF UNITED STREET	William William	SIDO ALTIPAT	ONS	1	Li	OCAL REGISTR	ATION NUM	BE#	-
	JEFFERY	NT — FIRST (GIVI	ero .		Z MIDD	OTHY				HEYES/FES	OSS					
AL DATA	Transfer to the same of the sa	S — Include full A	KA (FIRST, MIDDLE, L	AGT)	HIVI	OINI		1000000	OF BIRTH I	middaty	LGT-DELLER	# (24) Months	ER CINE YEAR Days	F UNDE	R24 HOURS Manufes	H HEX
DECEDENT'S PERSONAL	E BIRTH STATEFORE	EIGH COUNTRY	10 SOCIAL SEC 573-11-0		THE STATE OF	TI EVERUN	X NG	100000	12, 100/917	AL STATL	ARRIED	193000	OF DEATH =	milit/co/y	1. HOUR 055	(24 Hours)
SENT'S P	13 (DUCKTION — Hered (sen worksheet in b		TYES	III MARKETINE	NOIAVS		-			ENT'S RAC	E — Up to 3 more	Whiteholde	neteriklasikalistiketi	eet on back)	00.	2.1
DECE	HS GRADU	AND DESCRIPTION OF THE PARTY NAMED IN COLUMN	rk for most of life. DO N	OT USE RETIR	eeo.	18	KIND OF BUS		HILL STATE	State Mark	store, road corners	action, erro	ployment agenc	r, ett.) I	# YEARS IN	OCCUPATI
350	MAINTENA	the state of the s				T	RANSP	ORTA	TION						3	
198	6126 BEAD															
USUAL	SAN DIEGI	0.1		SAN D				921	17		H YEARS IN COL	2000	A STATEFOR	EIGN COUNT	ev	1111
MANT	DE RECRMANTS NA	ME RELATIONS		Oniv D	ILO		27 INFORMANT'S MAILING ADDRESS (Shoot and number or rank number only or in 5640 NE 24TH AVENUE, PORTLAND, OR 97					211	(P)			
	S ROBERT WILLIAMS, UNCLE SOURCE SOURCE SOURCE SPONSE SPONS							7.01	B 10	- 10						
PAREN	31. MAME OF FATHER				AMPRIL O	3	R.I	11	BX-LAS			- 8			Tax seat	- Company
USE AND PAR	TIMOTHY	- Final		-	MIDDLE	18	139			oss				-	OK	SATATE
SPOUSE AND PARENT INFORMATION	PATRICIA	A - FIRST	The same	36	MIDCLE	E .				DERS			-		DK BIRTI	BTATE
AR AR	19. DISPOSITION DAT		3751 MAR		MT	HOP	CEME	TERY					Till		1911	
FUNERAL DIRECTOR LOCAL REGISTRAR	10/03/2008 3751 MARKET STREET, SAN DIEGO, CA 92102 41 TYPE OF DEPOSITION(S) 42 SIGNATURE OF EMBALMER									43.1	UCENSE NU	WEEK				
ERAL I	AL HOME OF FONERAL ESTABLISHMENT				11000000000	NOT EMBALMED LICENSE NUMBER IN DIGNATURE OF LOCAL REGISTRAN.					-	47.1	DATE mmm	Intro		
FUN	BISHOP MORTUARY				FD16							10/01/2008		20/1/2		
0 E	STREET	+						100	IF HOSPITA	ER/OP	DOA 100.	Hospice	Nurs		Decedent's	Xon
	104 COUNTY 105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number to socion) SAN DIEGO 5400 BLOCK OF BALBOA AVENUE							SAN DIEGO								
-	101 CAUSE OF DEAT		Error the chain of me as cardisc arred, res	-			Contract of the Contract of th	22	seath DO NO	T onter to	minut events such	-	Tone internal is	WARDS THE THE	жти неесите	D TO CORON
	IMMEDIATE CAUSE (Final damate or condition resulting		PLE BLUNT	FORC	EIN	JURIES	S S S S S S S S S S S S S S S S S S S	g the elico;	y 30 NOT A	other vie			RAPID	LX	01991	ro
	Sequentially, list	m					77						(B)	108 1	YES	FORMED!
SEATH	conditions if any, leading in course on Line A. Einter UNDERLYING	10											(CF)	7,1000	AUTOPSY PS	REDRINED
CAUSE OF DEA	CAUSE (disease of many that collected the events	(0)			-								(01)	X	SED IN LETER	MATERIAL STATES
CAU	resulting in death; LAS		IS CONTRIBUTING TO	DEATH BUT N	OT RES	OI TING IN TH	E UNITED VIA	S CAURE A	OVEN IN 107				3471	X	ves	
	NONE								and the same							
	NO NO	NPERFORMED	OR ANY CONDITION I	NITEM 107 OR	11276	yes, list type	of operation and	of states)						YES	NO.	
NOL	THE TOERTHEY THAT TO AT THE HOUR, DATE, AND	THE BEST OF MY KI	OWLEDGE DEATH OCCUP OM THE CAUSES STATED.	FED 115 36	GNATUR	REAND TITLE	OF CERTIFIE	R					116 LICENSE	CMBER .	DATE Y	middicayy
PHYSICIAN'S CERTIFICATION	Decedent Aftended	Since (B)	Decedent Last Seen ASs mm/lb/copy	The second second	PE ATT	UNDING PHY	SICIAN'S NAM	E. MAILING	ADDRESS Z	P CODE	100					
	HE LOUPLY DATES	NATIONAL DEATH	OCCUPRED AT THE HOUSE			D FROM THE CO		Could no	Annual Contract	INJURES	AT WORK?	20000	121 INJUSTY DV		054	E (24 Ho
A.	123 PLACE OF HALLE	The second of	nstruction site, wanted a	Hein, enc.)	llucide	avest	igation	determin		Jies		-	USIZSIZA	,00	034	3
CORONER'S USE ONLY	STREET	INALRY OCCUR	RED (Evants which read	Heat in receiva												
NER'S	PEDESTR	IAN, STR	UCK BY PR	IVATE					THEN	STRU	JCK BY A	NOT	HER PR	IVATE	PASSI	ENGE
COHO	5400 BLO	CK OF BA	LBOA AVE	NUE, S	AN C	DIEGO,	CA 921	11								
1	OTHON J						09/30/2		11 100000000000000000000000000000000000	OTHON J MENA MD, DEP MED				MINER		
STA	TE A	В	C	D	E		Printe	d on: 1	0/02/2	008 1	0:05 AM (LAMAR)	MODEL N. I.	FAX AUTH.	A PARTITION AND ADDRESS.	AMILE STATES	SUS TRA



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

BIRTH (MONTH DAY YEAR) /1960 NT LIAMS MAILING ADDRESS—STREET NUMBER AND H AVENUE DR 97211 T OF APPLICANT—I hereby acknowledge as pursuent to Health & Safety Code Section 7:100 dispositions authorized by Health & Safety Code Incompanions of the California Health scordance with provisions of the California Health scordance with provisions of the California Health	applicant that I have the and that the disposition	TO DECEDENT	SAN DIEGO BA TYPED NAME AND LIGENSED FUNERAL D ACTING AS SUCH—STI CITY STATE ZIP CODE BISHOP MOR 3444 CITRUS	ADDRESS OF CAUFORNIA RECTOR OR PERSON REET NUMBER AND NAME	NA. ENTER STATE NB. CALIFORNIA LICENSE NUMBER - IF APPLICABLE FD 1673	
MAILING ADDRESS—STREET NUMBER AND AVENUE OR 97211 TOF APPLICANT—I hereby acknowledge as pursuant to Health & Safety Code Section 7100 dispositions authorized by Health & Safety Code ORIZATION OF LOCAL REGISTRAR	UNCLE NAME CITY, STATE, 29 applicant that I have the and that the disposition	PCODE	SAN DIEGO 8A TYPED NAME AND INCENSED FUNERAL D ACTING AS SUCH—STI DITY STATE ZIP CODE BISHOP MOR 3444 CITRUS	ADDRESS OF CALIFORNIA RECTOR OR PERSON REET NUMBER AND NAME	88. CALIFORNIA LICENSE NUMBER - IF APPLICABLE	
MAILING ADDRESS—STREET NUMBER AND AVENUE OR 97211 TOF APPLICANT—I hereby acknowledge as pursuant to Health & Safety Code Section 7100 dispositions authorized by Health & Safety Code ORIZATION OF LOCAL REGISTRAR	UNCLE NAME CITY, STATE, 29 applicant that I have the and that the disposition	PCODE	BISHOP MOR 3444 CITRUS	RECTOR OR PERSON REET NUMBER AND NAME	NUMBER- IF APPLICABLE	
H AVENUE OR 97211 T OF APPLICANT—I hereby acknowledge as pursuent to Health & Safety Code Section 7100 indepositions authorized by Health & Safety Code IORIZATION OF LOCAL REGISTRAR	applicant that I have the and that the disposition	STREET, STREET	3444 CITRUS	TUARY		
pursuant to Health & Safety Code Section 7100 dispositions authorized by Health & Safety Code IORIZATION OF LOCAL REGISTRAR	and that the disposition	GA APPLICANT	LEMON GROV	STREET		
			SIGNATURE		98 DATE SIGNED	
100 DATE PERMIT S 10/01/2008	SUED		NE OF LOCAL REGISTRA WOOTEN, MD	The state of the s	EG	
SITION(S)	METER:				MENT NUMBER - F ASSOCILABLE	
MT. HOPE CEMETERY 3751	MARKET		12D SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERINS			
A. NAME AND ADDRESS OF CALIFORNIA CRI	EMATORY		138 DATE CREMATED		ATION NUMBER - F APPLICABLE	
A NAME AND ADDRESS OF CALIFORNIA FAC	CRUITY RECEIVING REMA	MNS	146. DATE RECEIVED	FRSON IN CHARGE OF FACIL	LITY	
A NAME AND ADDRESS IN RECEIVING STAT REMATED REMAINS ARE TO BE SHIPPED	E OR COUNTRY WHERE	REMAINS OR	15C SIGNATURE OF PE			
IFFICIENT TO IDENTIFY FINAL PLACE AND C	ALIFORNIA DISTRICT OF		16B DATE OF DISPOSE	REMAINS D	SE NUMBER OF CREMATED SPOSER—IF APPLICABLE	
	STRAR OF DISTRICT OF DEATH—IF DEATH COUNTY VITAL RECORDS RANS ST CA 92110 STIDNIS MARKE AND ADDRESS OF CALIFORNIA CRI MT. HOPE CEMETERY 3751 STREET, SAN DIEGO, CA 92 A NAME AND ADDRESS OF CALIFORNIA CRI A NAME AND ADDRESS OF CALIFORNIA FAC A ADDRESS, NEAREST POINT ON SHORELII FFICIENT TO IDENTIFY FINAL PLACE AND C	STRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFOR COUNTY VITAL RECORDS CANS ST CA 92110 STIDNIS THAME HIR ADDRESS OF CALIFORNIA CENETOR MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 A NAME AND ADDRESS OF CALIFORNIA CREMATORY A NAME AND ADDRESS OF CALIFORNIA CREMATORY A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMARKED REMAINS ARE TO BE SHIPPED.	STRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA 10E AD OUNTY VITAL RECORDS RANS ST CA 92110 STIDNIS THAME WIRE ADDRESS OF CALIFORNIA COMMETCH MT. HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102 A NAME AND ADDRESS OF CALIFORNIA CREMATORY A NAME AND ADDRESS OF CALIFORNIA CREMATORY A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS A NAME AND ADDRESS IN RECEIVING STATE OF COUNTRY WHERE REMAINS OR EMATED REMAINS ARE TO BE SHIPPED.	STRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA COUNTY VITAL RECORDS RANS ST CA 92110 STIDNIS) FOR COR THE BURLO THE BURLO TO SIGNATURE OF PE A NAME AND ADDRESS OF CALIFORNIA CHEMATORY A NAME AND ADDRESS OF CALIFORNIA CREMATORY A NAME AND ADDRESS OF CALIFORNIA CREMATORY A NAME AND ADDRESS OF CALIFORNIA CREMATORY A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR THE BURLO THE BURLO TO SIGNATURE OF PE THE CARRIER A ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION PRICE OF DISPOSITION THE BURLO THE BURLO TO SIGNATURE OF PE THE CARRIER A ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION PRICE OF DISPOSITION THE BURLO THE BURLO TO SIGNATURE OF PE THE CARRIER A ADDRESS. NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION PRICE OF DISPOSITION THE BURLO THE BURLO TO SIGNATURE OF PE THE CARRIER THE CARRIER	STRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA COUNTY VITAL RECORDS RANS ST CA 92110 STIDNISI FOR CORONER'S USE ONLY FOR CORONER'S USE ONLY THE BUPLLU THE BU	

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 10/02/2008

of Dorothy L.	Blue !	206756	
T.S. VQULT	Funeral, date, t	ime Weds &	Ct 8 100
Church Chapel, Graveside H. Rita's Cl All Funeral cars must arrive before 3:00	nurch	Anderson-"	Mortuary.
will be applied and billed to undersigned.	or regular work	day or an extra charge	= 0.0
Division 11 Section 2	Blk/Row	Lot 48 gr	ave 6
Grave space & Care Fund			
Overtime/Late Arrival Fees Opening/Closing & Setup	AID		533-
Burial Container	7 2000		355 -
Handling Fees	7 2008		263-
Flower vases - Merker Militab Yee	FF CRAME C	D17	
Recording/Filing/Transfer Fees	- OCALCIE	N f	65
Sales taxes			27.51
		Tetal Due	1,7,45,6
F	aid receipt number	K-61807	1,243,0
		Balance d	ue
I hereby certify I am the and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	ation and I agree to	above indicated. I cer	
hereby authorize the interment in lot I hold under deed.	Print Name		
A STATE OF THE STA	Address		
Consture	City		Zip Code
	Telephone		
F 20980	Invoice #		
F / II Y X II			

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61464

	Date		2-	13,20	09
From: ANNE WHITE	Address: 356 545 57		D,	06	
THIRTY THREE &	ogio -		Dollars (\$ 3	39	
in Fell Payment of 1	GALV VASE FOR DOR	oray L	ee p	we	5
Div Sec	Row Lot	48	Grave	6	
Acct. No. 5020980 W.O. 6776 679 dup BALANCE DUE	FEB 1 3 2009	CREDIT 20% Sales Care 80% Sales of Lota Opening/ Closing Bunal Containers	67007 77184 100 77184 100 77181 100 77182 100		
Money Order	MOUNT HOPE CEMETERY	Handling Fee Recording &	77185	18	
Charge 49613143	Ω	Misc. Fees Sales Tax	77183 60101 78390	14	04
AC-212A (11-05) This information is available in afternative formats upon requis	ISSUED BY	TOTAL PAID	s	33	07

E20980

MOUNT HOPE CEMETERY

	GRAVE E	BLIND C	HECK FOR	MS	
IN GRAVE WITH Write in the name of marked with "X". Place the appropriate space. Burial Container	e the name	e's, lot # a e adjace	and grave # o	of all exis	ting marker's in
	ROBER	X	MARY		
Flagged Yes			No		
Blind check Initiated but Interment space for:		thy h	. Blue	Date:	
Interment Date: OCT		-		- 12	2'.00
Div: 11 Sect: Grave Laid out by:				48	Grave: 6
Agrees with Legal Ca		Yes	V	No	
Agrees with Map:		Yes		No	
Blind Check & Verified	d By:	Davin	Date _	10-7	7-08
Cremains were placed	d at:		of gra	ve	

8 0	8		δ	CHARGE DONOTHY C. Blue	/т. норе семе
				ADDRESS 268 Woodway C4. (50 9. NAME OF DECEASED PRE- Need GRAVE OWNER	2//4
				LOT 48 GR 6 HOW SEC 2 DER 11 OPENING/ CLOSING TIME DAY DATE	470 00
	Window Window Window		Moderation	REC FEE/REMOVAL/FOUNDATION	470 00
	Table Control		STORY OF THE PARTY	BALANCE 3/499	270.00
				MAY 14 1984 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIR.	
				THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HO AUTHORIZED IN PERSON PHONE BY AREN BY LOCAL TAKEN BY W.O. NO E 4168 W.O. NO E 4168 PY-993 (4-92)	PE CEMETERY.
	1 4 3	8 1 8		W.O. NO E 4108 # 11109 INVOICE NO	

E 20980

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 18. MIDDLE C LAST DOROTHY LEE BLUE 5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR 2 SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4 DATE OF DEATH (MONTH, DAY, YEAR) F 12/07/1936 10/01/2008 6B COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE 6A, CITY OF DEATH LOS ANGELES LOS ANGELES 8A, TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON 88 CALIFORNIA LICENSE NUMBER-IF APPLICABLE 7A NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT BYRON BLUE SON ACTING AS SUCH -- STREET NUMBER AND NAME. CITY, STATE ZIP CODE FD1329 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME. CITY, STATE. ZIP CODE ANDERSON-RAGSDALE MORTUARY 6601 SPRING PARK AVENUE #8 5050 FEDERAL BLVD. LOS ANGELES, CA 90056 SAN DIEGO, CA 92102 BA PHUCANT SIGNATURE 9B DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT in hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated heneri is one of the dispositions authorized by Health & Safety Code Section 103055 TO SHOW FINAL DISPOSITION NOTE: This permit gives no right of d PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority of California. 10A. AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 10/07/2008 JONATHAN FIELDING, MD 100: 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 SAN DIEGO COUNTY VITAL RECORDS 313 NORTH FIGUEROA STREET, RM L-1 3851 ROSECRANS ST LOS ANGELES, CA 90012 SAN DIEGO, CA 92110 FOR CORONER'S USE ONLY 11 AUTHORIZED DISPOSITION(S) BU 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 108 DATE BURIED 12C INTERMENT NUMBER-IF APPLICABLE -20980 0-8-08 SCATTERING IN A CEMETERY MT. HOPE CEMETERY: 3751 MARKET 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT) 13A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C CREMATION NUMBER—IF APPLICABLE 13B. DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 148 DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 115D, DATE SHIPPED

UPON AUTHORIZATION OF PERMIT DISTRIBUTE COPIES AS FOLLOWS

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A

CEMETERY

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 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

THE CARRIER

16B DATE OF DISPOSITION

18D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

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

16C. LICENSE NUMBER OF CREMATED

REMAINS DISPOSER-IF APPLICABLE

AT NOSO

INTERMENT ORDER

City of San Diego

Date_ 10-6-05

of	EMILIA	BANDAK		20654	41 _
in a	LUGR of Build Exercises	Funeral, date, time	FRI	10-10	(1130
Church, Chapel G	iraveside	; e	000	3004	Mortuary
	UST BITTIVE before 3:0	0 p.m. of regular work day	or an extra	charge of \$	
will be applied and	billed to undersigne	ed			
Division LO		Blk/Row I	CO. Co	The state of the s	1_
Grave space & Ca	re Fund E 14	875 (2-8-99)		-0
Overtime/Late Arri	val Fees				1
Opening/Closing 8	Setup				
Burial Container					_/_
Handling Fees					-
Flower vases - Ma	arker setting fee				1
Recording/Filing/T	ransfer Fees				1-
Sales taxes					
		To	tal Due		-0_
		Paid receipt number			
			Ва	lance due	
that I have the righ	nt to make this author	position of remains as abo orization and I agree to hole tation and interment.	ve Indicate	e above named. I certify are Cemetery ha	nd represen
I hereby authorize hold under deed.	the interment in lot		ah H	andal	
Le dunas	Handal	M25	Hrone	, >t.	
Signature		- Address Co	jon, c	A 4:	2020 Zin Cod
0		Tataphoria - E	19-1	200	1001105101
		Invoice #			
Work Order # E	20001				

E20981

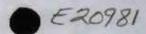
MT. HOPE CEMETERY

INTERMENT ORDER

Prenæd

Date 2-8-99

ALES TENTE TO THE PARTY OF THE	- Course	dek		1400	-
in a Type of Buttal Contail	STE IN	_ Funeral, date, time	10-10-00	11:30	-
Church, Chapel, Graveside			NOOE OOD	Mortus	ary.
All Funeral cars must arrive t	3:00 before 2:00 p.r	n. of regular work day	or an extra charge of	s	
will be applied and billed to u	undersigned.				
2373					
Lot	Row	Section	Division/Biog	k 10	
Grave space & Care Fund				199.	00
Additional spaces and care t				72 (D) (C) (C) (C)	2015
Onenina/Closina & Setup				375.0	00
Opening/Closing & Setup	D/			1900	~
Sunai Consainer		110		145	
randling rees	****************	***********************************		113.	Cic
Flower vases – Marker settir				0.02200	-
Recording and filing fee	MT HOP	E CEMETERY		45.0	HOS.
	ATAMA TO THE RESERVE	LOUDON CATTO		14.7	7.3
Sales taxes	TITY of SA	LDIEGO CALIE			22200
Sales taxes	CITY of SA	To	otal Due		73
Sales taxes	EFFY of SAT	To			73
Sales taxes	EFFY of SAT	To	otal Due		73.
	Pa	id receipt number	tal Due _ 50 8 16 Balance due	1764	7
hereby certify I am the hand this is your authority to that I have the right to make	Par	id receipt number	Balance due of the above naive indicated, I certify	1764 1764 1764 med deced	17
hereby certify I am the and this is your authority to hat I have the right to make any liability on account of sa	Pa Pa Pa Make disposition of the sauthorization of the sauthori	id receipt number	Balance due of the above na ve indicated. I certify if Mt. Hope Cemetery i	1764 1764 med deced and repres harmless fr	lent sent om
hereby certify I am the	Pa Pa Pa Make disposition of the sauthorization of the sauthori	id receipt number	Balance due of the above naive indicated, I certify	1764 1764 med deced and repres harmless fr	lent sent om
hereby certify I am the hand this is your authority to hat I have the right to make any liability on account of sa	Pa Pa Pa Make disposition of the sauthorization of the sauthori	id receipt number R	Balance due of the above na ve indicated. I certify if Mt. Hope Cemetery i	1764 1764 med deced and repres harmless fr	lent sent om
hereby certify I am the and this is your authority to het I have the right to make any liability on account of sa hereby authorize the interm hold under deed.	Pa Pa Pa Make disposition of the sauthorization of the sauthori	on of remains as aboin and lagree to hold nand interment.	Balance due of the above na ve indicated. I certify d Mt. Hope Cemetery i	1764 1764 Demed deced and repress harmless fr	lent sent om
hereby certify I am the and this is your authority to that I have the right to make any liability on account of sa I hereby authorize the interm hold under deed.	Pa Pa Pa Make disposition of the sauthorization of the sauthori	on of remains as aboin and lagree to hold nand interment.	Balance due of the above na ve indicated. I certify if Mt. Hope Cemetery i	1764 1764 Demed deced and repress harmless fr	lent sent om
I hereby certify I am the hand this is your authority to that I have the right to make any liability on account of sall hereby authorize the intermodul under deed.	Pa Pa Pa Make disposition of the sauthorization of the sauthori	on of remains as about and interment. Signature Address City Tesephone	Balance due of the above na ve indicated. I certify d Mt. Hope Cemetery i	1764 1764 1764 med deced and repres harmless fr	ent sent om



MOUNT HOPE CEMETERY

	GRAVE	BLIND CI	HECK FO	RM	
IN GRAVE WITH				730	
Write in the name of marked with "X". Plathe appropriate space	ace the nan	ne's, lot # a	nd grave #	of all exi	sting marker's in
Burial Container	Ly	JER			
		foberts			
	NOFINEW	X			
		Preiset			
Flagged Ye	s		No		
Blind check Initiated	by:			Date:	
Interment space for:	EMIL	IA BE	ANDAK	4	
Interment Date:		Time:			
Div: 10 Sec	t:	Blk/Row:	Lot:	237	3 Grave:
Grave Laid out by:	Dar	no t	KEN		
Agrees with Legal C	ard:	Yes	1/	No	
Agrees with Map:		Yes	V	No	
Blind Check & Verifi	ed By:	Ken	Date	101	7/08
Cremains were place	ed at:		of gr	ave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20981

EMILIA	DECEDENT—FIRST	HANNA		1	BANDAK		
F SEX	DATE OF BIRTH (MONTH, DAY, YEAR) 11/26/1919	10/04/2008	YTH, DAY, YEAR	R)	6. (FETAL.)	DEATH ONLY) DAT	E OF EVENT (MONTH, DAY, HEAR)
LA MES			100	SAN DIE	The state of the s	DE OF CALIFORN	NIA, ENTER STATE
TONY H		78. RELATIONSHIP TO DE NEPHEW	AC	CENSED FUNE	E AND ADDRESS (ERAL DIRECTOR O H STREET NUM! P CODE	R PERSON	58. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD790
425 TY	NT'S FULL MARING ADDRESS—STREET NUMBER AND N RONE STREET ON, CA 92020	WHE, CITY, STATE ZIP COL	5	5027 EL (DY MORTU CAJON BLV GO, CA 921	D.	
ight to control	DEMENT OF APPLICANT—I hereby acknowledge as at discontion pursuant to Health & Safety Code Section 7100, a one of the dispositions authorized by Health & Safety Code 3	and that the disposition	APPEICANT SIC	GNATURE	Kind		98 DATE SIGNED 10/08/2008
PERMIT AN	ND AUTHORIZATION OF LOCAL REGISTRAR— ssued in accordance with provisions of the California Health a	-ANY CHANGE IN DISP and Safety Code and is the au	POSITION R uthority for the di	EQUIRES A	NEW PERMIT	TO SHOW FIN IOTE: This permit	IAL DISPOSITION gives no right of disposal outs
	108. DATE PERMIT ISSU 10/08/2008	1000	SIGNATURE C		STRAR ISSUING , MD	PERMIT	E
SAN DI 3851 R	S OF REGISTRAR OF DISTRICT OF DEATH OF DEATH OF EGO COUNTY VITAL RECORDS OSECRANS ST EGO, CA 92110	CCURRED IN CALIFORNIA	10E. ADDRE	ESS OF REGIS	TRAR OF DISTRIC	T OF DISPOSITIO	N—IF DIFFERENT FROM 100
West Williams	ZED DISPOSITION(S)			FO	R CORONER'S U	SE ONLY	
	PANTANA PANTANA						
BURIA							
BURIAL C	THE STIME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY, 3	751 MARKET		B DATE BURIL	0/08	12C INTERN	MENT NUMBER—IF APPLICABLE
	H2A NAME AND ADDRESS OF CALIFORNIA CEME GIN A RES STREET, SAN DIEGO, CA 921	751 MARKET		B DATE BURIL	0/08	12C INTERN	MENT NUMBER—IF APPLICABLE NL OR SCATTERING
BURIAL C SCATTERING CEMETER (INCLUDIO	H2A NAME AND ADDRESS OF CALIFORNIA CEME GIN A ROUNT HOPE CEMETERY, 3 STREET, SAN DIEGO, CA 921	751 MARKET 02	120	B DATE BURIL	OF PERSON IN C	12C. INTERN HARGE OF BURIN	
BURIAL C SCATTERING CEMETER (INCLUDIO	H2A NAME AND ADDRESS OF CALIFORNIA CEME B IN A B IN A B STREET, SAN DIEGO, CA 921 13A NAME AND ADDRESS OF CALIFORNIA CREM	751 MARKET 02	120	B DATE BURIL 10 / // D SIGNATURE REAL B. DATE CREA	OF PERSON IN C	12C. INTERNAL PROPERTY OF BURNESS	AL OR SCATTERING TION NUMBER—IF APPLICABLE
BURIAL C SCATTERINI CEMETE (INCLUDE ENTOMBMI	H2A NAME AND ADDRESS OF CALIFORNIA CEME B IN A B IN A B STREET, SAN DIEGO, CA 921 13A NAME AND ADDRESS OF CALIFORNIA CREM	751 MARKET 02 MATORY	138	B DATE BURIL 10 / // D SIGNATURE REAL B. DATE CREA	OF PERSON IN C	12C. INTERNAL PROPERTY OF BURNESS	AL OR SCATTERING TION NUMBER—IF APPLICABLE
BURIAL C SCATTERINI CEMETE (INCLUDE ENTOMBMI	TALL NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY, 3' STREET, SAN DIEGO, CA 921 13A. NAME AND ADDRESS OF CALIFORNIA CREM ON	751 MARKET 02 MATORY	138	B DATE BUBIL D SIGNATURE B DATE CREA D SIGNATURE B DATE RECE	OF PERSON IN C	12C. INTERNAL HARGE OF CREMA	AL OR SCATTERING TION NUMBER—IF APPLICABLE NATION
BURIAL C SCATTERINI CEMETEI (INCLUDI ENTOMBMI CREMATI	TAL NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY, 3' STREET, SAN DIEGO, CA 921 13A. NAME AND ADDRESS OF CALIFORNIA CREM 14A. NAME AND ADDRESS OF CALIFORNIA FACIL 15A. NAME AND ADDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO BE SHIPPED	751 MARKET 02 MATORY ITY RECEIVING REMAINS	138 138 131	B DATE BUBIL D SIGNATURE B DATE CREA C SIGNATURE	OF PERSON IN C	12C. INTERNAL HARGE OF CREMA	AL OR SCATTERING TION NUMBER—IF APPLICABLE NATION
BURIAL C SCATTERINI CEMETEI (INCLUDI ENTOMBMI	TAL NAME AND ADDRESS OF CALIFORNIA CEME MOUNT HOPE CEMETERY, 3' STREET, SAN DIEGO, CA 921 13A. NAME AND ADDRESS OF CALIFORNIA CREM 14A. NAME AND ADDRESS OF CALIFORNIA FACIL 15A. NAME AND ADDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO BE SHIPPED	751 MARKET 02 MATORY ITY RECEIVING REMAINS	138 138 144 144 AAINS OR 156	B DATE BURIL 1 0 / 10 D SIGNATURE B DATE CREA B DATE RECE C SIGNATURE B NAME AND	OF PERSON IN C	HARGE OF CREM	TION NUMBER—IF APPLICABLE INTO OF PLACING WITH THE CARRIE
BURIAL C SCATTERINI CEMETEI (INCLUDI ENTOMBMI CREMATI	124 NAME AND ADDRESS OF CALIFORNIA CEME RY SIN A RY STREET, SAN DIEGO, CA 921 134 NAME AND ADDRESS OF CALIFORNIA CREM ON 144 NAME AND ADDRESS OF CALIFORNIA FACIL 155 NAME AND ADDRESS OF CALIFORNIA FACIL 156 NAME AND ADDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO BE SHIPPED 167 168 ADDRESS, NEAREST POINT ON SHORELINE SUFFICIENT TO IDENTIFY FINAL PLACE AND CAL IF BURIAL AT SEA, ONLY ENTER LATITUDE AND I	751 MARKET 02 MATORY OR COUNTRY WHERE REM OR COUNTRY WHERE REM OR COUNTRY WHERE OF DISP	131 131 141 141 AAINS OR 156 156 TH	B DATE BURIL D SIGNATURE B DATE RECE C SIGNATURE B NAME AND	OF PERSON IN CO	HARGE OF FACIL SON IN CHARGE HARGE OF PLACI	TION NUMBER—IF APPLICABLE INTO OF PLACING WITH THE CARRIE

WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHIERE THE CREMATED REMAYERS CATTERED 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.

WITH HOPE CEMETERY INTERMENT ORDER KGGP MADLICETTS VICE PROCEST OF San Diego Of need

REA-104 (3-04)

Date 10/6/08

of	EMM	A 6	BENSON	00		292	333	
ina 95	hVault		Funeral, date		Fric	lay Ox	etaber	31
Church, Cha	pel, Graveside				Fan	niu	Mor	tuary.
All Funeral c	ars must arrive be	efore 3:0	0 p.m. of regular wo	rk day o	r an ex	ra charge	of \$	
will be applie	d and billed to un	dersigne	d			350		
Division	Section	-1	Blk/Row	Lo	x 14	68 Gra	vel	
Grave space	& Care Fund		E-3327				_e	-
	e Arrival Fees		A	In				
Opening/Clos	sing & Setup		FM	שו	*********		199	.00
Burial Contai	ner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OCT 17	2008		(**************	104	00
	ıs		A STATE OF THE PARTY OF THE PAR	2000			414	.60
lower vases	- Marker setting	fee M	DUNT HOPE	CEM	FTFI	2V		
							_ 85	, 0
ales taxes							-	3.0
				Total	I Due		510	a
			Paid receipt numb	er	1012	242	510	·d
	4				E	lalance du	0	_
and this is you	e right to make the	his autho	osition of remains : rization and I agree ation and interment	to hold	e indica	ted. I cert	named dec ify and repr ry harmless	esent
hereby auth	orize the interme	ent in lot I	X Print Nar	231	953	Ho	hed	
			Address	1	00 (Hau		
igneb.re			City	23.	59	4-4510	,	åp Code

& Primaries movied paper

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

61243

(3,5)	(619) 527-3400				
623-894		44	16)-(),20	08
From: BINZBARA J, K	AMM Address: 529 Swifty	AVE	SURP	eize k	E 8
FING HUNDRED -T	EN \$ 06100		Dollars (\$_	510	16
in Fuu Payment of [NTERMENT OF EMME				
Div Sec_	DII/	1468	-	1	
Invoice No.	NOT VALID FOR PURPOSES STATED UNLESS	T			11:
Acct. No. E 20982	STAMPED 'PAID' IN THIS SPACE.	CREDIT 20% Sales Can			
W.O	PAID	80% Sales of Lots	100 77184	199	_
BALANCE DUE	007 4 7 0000	Opening/ Closing Buriel	77181 100	104	_
and the second s	OCT 17 2008	Containers	77182 100		
Money Order	MOUNT HOPE CEMETE	Handling Fee Recording &	77185	114	-
Charge APO0546B	MOONT HOPE CEMETE	Misc. Fees Sales Tax	77183	85	-
Check	ISSUED BY		78390	8	06
AC-212A (11-05)		TOTAL PAID	S	510	06

This information is available in alternative formats upon request.

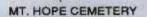
1

MT. HOPE CEMETERY

INTERMENT ORDER

of San Diego		-
	Date 10/6	108
	and regulations, to Inte	or the remains
Funeral, date, tirr	Friday Oct	ober 31
;	Family	Mortuary.
of regular work da	ay or an extra charge of	s
The state of the s		
k/Rpw	Lot 1468 Grave	. 1
-3327		0
		199.00
	Section of the contract of the	10400
The state of the s	and the second s	114.60
1332 I PATRICIO I PARCO I PATRICIO	The state of the s	85.00
	CONTRACTOR OF THE PROPERTY OF	8.06
	Andrew T	51000
	Total Colonianianiani	
	Release due	
er		and the second
and I agree to he	pove indicated. I certify	and represent
X Bo	arbara 5	Kann
X 15	225 1. 18	
X Sce	verise 1	12 8538
X 50	rprise 1.	92 8538 By Chiefe
X Six	rprise 1 3-594-4510	72 8538 By Code
K Scar 62 Temptone	rprise 1 3.594.4510	72 8538 De Code
	Funeral, date, time of regular work diskrow	Funeral, date, time Friday Od- Family of regular work day or an extra charge of k/Row Lot 1466 Grave -3327 Total Due





INTERMENT ORDER

City of San Diego

Date 2-2-93

	BENSON Funeral, date, t	ime FR	2/5	MAM
Church, Chapel, Graveside Chape	-2 + G. S. :	EL	CAJOR	Mortuary.
All Funeral cars must arrive before 3:30	p.m. of regular work	day or an	extra char	ge of \$ 150.00
will be applied and billed to undersigne	1/	2	Lun	
War time veteran No	2000	wo	/ 0	
Lot /46 7 Grave Roy	v Section	1	Division	AMER 8
Grave space & Care Fund PRE	NEED E	332	7	_&_
Additional spaces and care fund				
Opening/Closing & Setup				350.00
Burial Container				225.00
Handling Fees				145.00
Flower vases - Marker setting fee				
Recording and filing fee				45.00
Sales taxes				17611
AM		Total Do	99	782.44
o a De	Paid receipt number	433	06	195.00
MB 2-23-	SI INJ. No.	21397	2 _{Balance}	due 587.44
I hereby certify I am the day	alter			re named decedent
and this is your authority to make disport that I have the right to make this author	pation of remains as	above inc	licated. I ce	ertify and despesent
any liability on account of said authoriz-	ation and interment.	A P	tope outile	any manness com
• 7 5 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 -		the	hara	Kourse
I hereby authorize the interment in lot I hold under deed.	Signature /		ana	1 am
160	Address	509	sun	there
Signature of Pocarded holder at deed	Gity	Va,	m	92020 Dp Code
	Talisphone	V.	442-	5214
		3/	200	7
F 10620	Invoice	100	1 2	3
Work Order # E 10020	Acct #	0.10	001	0

ORDER CITY OF SAN DIEGO, CALIFORNIA DATE 10-6 1982 CHARGE ALFRED E. & EMMA M. BENSON ADDRESS 529 SO, SUNSHINE EC 92020 NAME OF DECEASED & PRENEED GRAVES 442-5214 OWNER . ADDRESS MORTUARY 1467 LOT 1468 GR ROW SEC DIV 8 880 00 OPENING/ DAY CLOSING TIME VAULT/LINER REC. FEE/REMOVAL/FOUNDATION _TOTAL 880 00 30501 880 00 PAID RECEIPT NUMBER BALANCE OCT 0 3 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. AUTHOR ! ZED 3327 \$ 10840 INVOICE NO. IN PERSON PY-593 [4-82]

3			8
T B	INVOICE NO. 6-2337	EIGHT HENDED ENTRY + MYOO IN FULL PAYMENT OF TWO(A) PRENE	OFFICIAL RECEIPT WHITE TO CHAPTONE OF CHA
- ISSUED BY.	SECTION SECTION OF STANFORM OF SECTION OF SE	TWO(A) PRENEED GRA	MOUNT HOPE CEMETERY
### 100 2 2 100 0	9 Z	LIARS IS ZZ	N9 30504

MOUNT HOPE CEMETERY E20982

	GRAVE BLIND CHECK FORM
IN GRAVE WITH	0
marked with "X". Place the appropriate space	the deceased for which the grave is for in the block the name's, lot # and grave # of all existing marker's (s) that are adjacent to the burial space.
Burial Container	ASh Vauct
	X
Flagged Yes	No
Blind check Initiated t	
	Emma benson &
	131/08 Time: 10'30-"11:00 am Blk/Row: Lot: 1468 Grave: 1
Grave Laid out by:	DAVID & KKN
Agrees with Legal Ca	rd: Yes No
Agrees with Map:	Yes No
Blind Check & Verifie	By: <u>Xen</u> Date 10/29/08
Cremains were place	lat: <u>fof</u> of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

92 E20982

	USE BLACK INK ONLY -	- MAKE NO ERASURES, WHITEOU	TS, PHOTOCO	PIES, OR OTH	ER ALTERATIONS	
1A. NAME OF E	DECEDENT—FIRST	18, MIDDLE		1C. LAST		
EMMA		MARY		BENSO	ON	
2 SEX 3	DATE OF BIRTH (MONTH, DAY, YEAR)	4 DATE OF DEATH (MONTH, D	AY, YEAR)	5. (FE	ETAL DEATH ONLY) DA	E OF EVENT (MONTH, DAY, YEAR)
F	04/23/1916	10/05/2008			No.	
BA CITY OF DE	EATH		68 COUNT	Y OF DEATH—IF	DUTSIDE OF CALIFOR	NIA ENTER STATE
SURPR	ISE		AZ			
7A, NAME OF I	NFORMANT	78. RELATIONSHIP TO DECEDE		NAME AND ADDRE	ESS OF CALIFORNIA-	68. CALIFORNIA LICENSE NUMBER—IFAPPLICABLE
BARBARA KAMM DAUGHTER		ACTING AS		NUMBER AND NAME	FD-1022	
7C INFORMAN	T'S FULL MAILING ADDRESS—STREET NUMB	ER AND NAME CITY STATE ZIP CODE			TDE-SANTEE	MORTUARY & CREM
15225	N. 185ST AVE ISE, AZ 85388					EL CAJON, CA
*ACKNOWLED	GEMENT OF APPLICANT - hereby acknowle	All we abbureau a con a contra and	ANT SIGNATURE	5		SE DATE SIGNED .
	isposition pursuant to Health & Safety Code Sections of the dispositions authorized by Health & Saf		selin Ko	neen		10/30/2008
PERMIT AND	D AUTHORIZATION OF LOCAL REGIS sued in accordance with provisions of the Californ	TRAR-ANY CHANGE IN DISPOST	TION REQUIRE for the disposition :	S A NEW PER	MIT TO SHOW FIN	AL DISPOSITION gives no right of disposal outs (*)
10A AMOUNT O				REGISTRAR ISSU	ING PERMIT	
\$ 11.00	JACKIE	Control Control Control	01679			
10D ADDRESS	OF REGISTRAR OF DISTRICT OF DEATH-IF I	CONTRACTOR OF THE PROPERTY OF	ADDRESS OF RE	EGISTRAR OF DIS	TRICT OF DISPOSITIO	N-IF DIPFERENT FROM 100
			P O BOX			
			SAN DIEGO	O, CA 921	86-5222	and who have
	D DISPOSITION(S)CHECK APPLICABLE ITEM	1			FOR CORONER'S	HOE ONLY
☐ B. CREMA☐ C. DISPOS	ITION OF CREMATED REMAINS THAN IN A CEMETERY 12A. NAME AND ADDRESS OF CALIFORN		MENT	NAME AN	DADDRESS	CATION OF REMAINS—
BURNAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) MOUNT HOPE CEMETERY 3751 MARKET STREET/SAN DIEGO, CA 92102		1013 120. SIGNATI	URE OF PERSON	IN CHARGE OF BURIA	2048Z LOR SCATTERING	
	13A, NAME AND ADDRESS OF CALIFORN	IA CREMATORY	138. DATE CE	REMATED	1130 CREMAT	TON NUMBER-IF APPLICABLE
CREMATION	N/A		130. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
			-			
14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		148. DATE RECEIVED				
SCIENTIFIC US	SE N/A		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	LEA MANE IND ADDRESS MURECENSING	PTATE OF COUNTRY WHERE REMAINS O	H 14R NAME AL	NO ADDRESS OF	DERSON IN CHARGE (OF PLACING WITH THE CARRIER
	CREMATED REMAINS ARE TO BE SHIPPE	STATE OR COUNTRY WHERE REMAINS O	C. THE TANKE A	nu nuuncaa ur	renducia in disense.	a seems and the sacraty
TRANSIT	N/A		15C SIGNATI	15C SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED		
			THE CARRIER			
					1 2 1 2 2 2	
SCATTERING/ BURIAL AT SEA (DISPOSITION	OR IF BURIAL AT SEA, ONLY ENTER LATITUD	ND CALIFORNIA DISTRICT OF DISPOSITIO		DISPOSITION		NUMBER OF CREMATED POSER—IF APPLICABLE
OTHER THAN IN			160 SIGNATU	160. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL		
Committee of			>			
-			14			

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 2 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INTERMENT ORDER

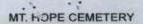
City of San Diego

Date OCT 6, 2008

You are hereby authorized and instructed, su	ibject to your rules and regulations, to inter the remains
or David	- Easley 230663
ina DO CrypT "B"	Funeral, date, time Thurs, Oct 9 @ 10 a
Church, Chapel, Graveside	: Glen Abbey Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
16	1k/Row Lot
Division 10 Section 8	- 2MT2 / AMUNA
Grave space & Care Fund	= 2012/C1102 S
Overtime/Late Arrival Fees	(m) die
Opening/Closing & Setup	tentoning one of
Burial Container	ser more fond le deposited fond re the General fond
Bunal Container NO	devenora"
Flower vases - Marker setting fee	u glo Ole
Recording/Filing/Transfer Fees	Le depositional for
Sales toyes	
Variation	Total Due
LITAYY INAVI	
HONOVS NAW Paid	receipt number
	Balance due
I hereby certify I am the and this is your authority to make disposition	of the above named decedent n of remains as above indicated. I certify and represent
that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemetery harmless from
any named of account of some some control	
I hereby authorize the interment in lot I hold under deed.	Price Marie O Hackard
nois shoet sees.	Actions 200 attacked
Signature	
	City Zip Code
	Telaphone
- 00007	Invoice #
work Order # E 20983	Acct. #

AT need .

REA-104 (3-04)



INTERMENT ORDER

City of San Diego

Date 1/21/07

E20983

You are hereby authorize of	Alice	Easle	4 230	664
ina DDC	rypT	Funeral, date, ti	me ST Vauls	9:00 Mon 29
Church, Chapel, Gravesi	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I		Glen Abb	Pey Mortuary
All Funeral cars must arri	ve before 3:00 p.m	of regular work	day or an extra cha	rge of \$
will be applied and billed	to undersigned			
10			4199	1
Division 10 Se	ection	Blk/Row	_ Lot	Grave
Grave space & Care Fun	o C-	1402		
Overtime/Late Arrival Fee	s	4111-		TUE
Opening/Closing & Setup)	×7C		11916
Burial Container	JAN	3 1 2002		1 1 0
Handling Fees		× 0 0	eV	604.
Flower vases Marker s	ettipg GUNT H	OPE CILL	Lietill	TOTA
Recording/Filing/Transfe	r Fees			55.5
Sales taxes				29/25
			R-5993	2 29175
	Paid	receipt number	N JIIJ	P
	Husbi	ands	Balance	and the second second second
I hereby certify I am the_ and this is your authority that I have the right to m	to make disposition	n of remains as	above indicated. I	ove named deceder certify and represer
any liability on account o	f said authorization	and interment	noid Mit. Hope Cei	23066
I hereby authorize the int	erment in lot I	DAV	O E. EA	SLEY
hold under deed.	10	Print Name		ESCARPAD
Saul E	Zarly	Andress	PONTA	CA 91902
		Ony C	6195 479	3090 2000
		Telephone		
		Invoice #		
Work Order # E 21	0072	Acct #		

This information is available in alternative formats upon request.

OFFICIAL RECEIPT WHITE	ACTUAL DAY	SE	59932
	MOUNT HOPE CEME (619) 527-3400 Date:	1 /2/	20 07
From: DAVID EASILY	Address: 1047 Calle	Escarpada	BOYLITA
in Payment of	Alire Easley	Dollars (\$	d, 961,51)
Div 10 Sec_	Blk/ Row Lot	4/88 Grave	
Invoice No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THE SEP OF	CREDIT 67007	1
Acct. No	PAID	20% Sales Care 77184 — 80% Sales 100 — of Lots 77184	FAMILIAN HO
BALANCE DUE	JAN 2 2 2007	Opening/ 100	12/16/00 0/0
Money Order	MOUNT HOPE CEMETERY	Handling Fee 77185 Recording & 100	170 00 RI
Charge Deheck	ISSUED BY MOUGH	Misc. Fees 77183 — Sales Tax 60101 — 78390 —	55 57
AC-212A (11-06) This Information is available in alternative formats upon requ	West.	TOWAL PAID \$	2,462 151

G	RAVE BLI	ND CHEC	K FORM	
IN GRAVE WITH	Alica	e Ec	rsley	
Write in the name of the marked with "X". Place the appropriate space (the name's,	lot # and gr	ave # of all exi	sting marker's in
Burial Container	DD "	<u>B"</u>		
C	anther And	new		
Andra Thomas	Jas	1 300	st Alma	
	agoth Pap	pas		
Flagged Yes_			No	
Blind check Initiated by		Maria		10/6/08
Interment space for:	Day		· Easl	ey
Interment Date: 10	9/08	Time:	10 am	
Div: Sect:	Blk/	Row:	Lot: 4/88	Grave:
Grave Laid out by:	DAVID	& Kas	J	
Agrees with Legal Card	: 1	res 📝	No No	
Agrees with Map:	1	res 🖊] No	
Blind Check & Verified I	By: <u>De</u>	N CM	Date	6-68
Crémains were placed a	at:		of grave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

DAVIE		ENT-FIRST		EDWARD			EASLE	Y	
2 SEX M	100000000000000000000000000000000000000	OF BIRTH (MONTH, DAY, Y	EAR)	4 DATE OF DEATH 10/03/2008		YEAR)	5.0	FETAL DEATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR)
SAN E	DIEGO					SAN DIE	RESIDENCE OF THE RESIDE	OUTSIDE OF CALIFOR	NIA. ENTER STATE
A NAME O		E ELLIOTT		78. RELATIONSHIP DAUGHTER	TO DECEDENT	LICENSED FUN	ERAL DIRECT	RESS OF CALIFORNIA- TOR OR PERSON I NUMBER AND NAME,	8B. CALIFORNIA LICENSE NUMBER - IF APPLICABLE FD 1371
62 SW	VANA	JLL MAILING ADDRESS-ST GE DRIVE A, AR 72715	REET NUMBER AND	NAME CITY STATE, ZII	PCODE	GLEN ABBEY MORTUAR 3838 BONITA ROAD BONITA, CA 91902		DAD	
ight to cont	trol disposi	ENT OF APPLICANT—I have non pursuant to Health & Safe the dispositions authorized by	y Code Section 7100	and that the disposition	BA APPLICANO	CANT SIGNATURE V M		98. DATE SIGNED 10/07/2008	
	is issued i	THORIZATION OF LOC n accordance with provisions of							IAL DISPOSITION t gives no right of disposal outs
10A AMOU \$ 11.00	SELLINES HOE	E PAID 1	08 DATE PERMIT IS 10/07/2008	SUED		RE OF LOCAL RE	A STATE OF THE PARTY OF THE PAR	SUING PERMIT	50
3851	ROSE	COUNTY VITAL CRANS ST), CA 92110							
- Accountage	PRIZED DIS	SPOSITION(S)				FO	R CORONE	R'S USE ONLY	
I AUTHO	AL.	POSITION(S)	SALESHIELDS SALES			128 DATE BURI	ED		MENT NUMBER—IF APPLICABLE
BURI	AL.	SPOSITION(S)	EMETERY -	3751		128 DATE BURI	ED - 08		20983
BURIA BURIA BURIA SCATTERI CEMET	AL.	12A NAME AND ADDRESS OF MOUNT HOPE C	EMETERY - N DIEGO, C	3751 A 92102		128 DATE BURI	ED 8 E OF PERSO	12C INTERN E- IN IN CHARGE OF BURIL	20983
BURIA BURIA SCATTERI CEMET	AL LOR ING IN A TERY IDES	12A NAME AND ADDRESS A MOUNT HOPE O MARKET ST, SA	EMETERY - N DIEGO, C	3751 A 92102		128 DATE BURI 10 - 9 - 120 SIGNATURI MU 138 DATE CREE	ED 8 E OF PERSO	12C INTERN E- IN IN CHARGE OF BURIL	20983 AL OR SCATTERING TION NUMBER—IF APPLICABLE
BURIA BURIA SCATTER CEMEL (NCLL) ENTOMB	AL LOR ING IN A TERY IDES	12A NAME AND ADDRESS A MOUNT HOPE O MARKET ST, SA	EMETERY - N DIEGO, CA DE CALIFORNIA CRE	3751 A 92102 EMATORY	MNS	128 DATE BURI 10 - 9 - 120 SIGNATURI MU 138 DATE CREE	ED 8 E OF PERSO MATED E OF PERSO	12C INTERN E- IN IN CHARGE OF BURIL 13C CREMA	20983 AL OR SCATTERING TION NUMBER—IF APPLICABLE
BURIA BURIA SCATTER CEMET (NOCL) ENTOMB	AL OR ING IN A TERY IDES MEENT)	MOUNT HOPE C MARKET ST, SA	EMETERY - N DIEGO, CA DE CALIFORNIA CRE	3751 A 92102 EMATORY	MNS	12B DATE BURI 10-9- 12D SIGNATURE 13B DATE CREE 13D SIGNATURE 14B DATE RECE	ED 8 E OF PERSO MATED E OF PERSO EIVED	12C INTERN E- IN IN CHARGE OF BURIL 13C CREMA	20983 ALOR SCATTERING TION NUMBER—IF APPLICABLE
BURIA BURIA SCATTER CEMET (INCLL) ENTOMB	AL OR ING IN A TERY IDES MEENT)	MOUNT HOPE C MARKET ST, SA	EMETERY - N DIEGO, CA DE CALIFORNIA CRE DE CALIFORNIA FAC	3751 A 92102 EMATORY		12B DATE BURI 10-9- 12D SIGNATURE 13B DATE CREE 13D SIGNATURE 14B DATE RECE	ED 8 E OF PERSO E OF PERSO E OF PERSO	12C INTERN E- IN IN CHARGE OF BURIL 13C CREMA IN IN CHARGE OF CREM	20983 ALOR SCATTERING TION NUMBER—IF APPLICABLE
BURIA BURIA SCATTER CEMET (INCLU ENTOMB	AL OR ING IN A TERY INCES IMMENT)	12A, NAME AND ADDRESS OF MOUNT HOPE COMARKET ST, SA	EMETERY - N DIEGO, CA DE CALIFORNIA CRE DE CALIFORNIA FAC	3751 A 92102 EMATORY		12B DATE BURI 10 9 12D SIGNATURI 13B DATE CREE 13D SIGNATURI 14B DATE RECE 14C SIGNATURI 14B DATE RECE	ED 08 E OF PERSO E OF PERSO E OF PERSO ADDRESS O	12C INTERN E- IN IN CHARGE OF BURIL 13C CREMA IN IN CHARGE OF CREM	20983 AL OR SCATTERING TION NUMBER—IF APPLICABLE NATION OF PLACING WITH THE CARRIE
BURIA BURIA SCATTER CEMET (INCLU ENTOMB	AL	12A, NAME AND ADDRESS OF MOUNT HOPE COMARKET ST, SA	CEMETERY - N DIEGO, CA DE CALIFORNIA CRE DE CALIFORNIA FAC N RECEIVING STATTO BE SHIPPED OINT ON SHORELIN INAL PLACE AND CA	3751 A 92102 EMATORY CILITY RECEIVING REMA	REMAINS OR	12B DATE BURI 1/O _ 9 - 12D SIGNATURE 13B DATE CREE 14B DATE RECE 14C SIGNATURE 15B NAME AND 15C SIGNATURE 15C SIGNATURE 15C SIGNATURE 15C SIGNATURE	ED 08 E OF PERSO E OF PERSO ADDRESS O	IN IN CHARGE OF FACIL OF PERSON IN CHARGE IN IN CHARGE OF FACIL OF PERSON IN CHARGE	20983 AL OR SCATTERING TION NUMBER—IF APPLICABLE NATION OF PLACING WITH THE CARRIE

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.
WATHE 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.

INTERMENT ORDER

At need

City of San Diego

Date 10/6/08

Var. are been	by authorized and instru	and an electrical district	tonic volum name	d constable to the	lates the executor
of		S DAVIS		231	901 N.6
in a	Liner Type of Burial Container	Funer	al, date, time	MONDAY	
Church, Cha	pel Graveside		PK	EFFEKE	IVIOLDIAL Y.
All Funeral c	doni and hurth ars must arrive before 3	00 p.m. of regu	ılar work day d	or an extra charg	e of \$
will be applie	ed and billed to undersig	ned.	4 6 5 5		
Division	12 Section_	2 Blk/Row		ot 223 G	
Grave space	& Care Fund				2,264.00
Overtime/Lat	te Arrival Fees				
Opening/Clo	sing & Setup		_		533.00
Burial Contai	iner	- 41	U		270.00
Handling Fee	es	Db.	1200		206.00
Flower vases	s - Marker setting fee	,	3 5000	-CRY	
Recording/FI	ess – Marker setting fee	oci,	OPECEM	EJC.	65.00
Sales taxes			OBECT		20 93
		TINTA	Total	al Due	3358.93
		No Paid receipt	number R	-61224	3,358.93
	T	11		Balance o	tue -
that I have th	ify I am the our authority to make do ne right to make this author account of said authority.	forization and I	agree to hold	e indicated I ce	re named decedent rtify and represent tery harmless from 23/902
I hereby auth hold dider d	norize the interment in lo	t1	Pmit Name	20 lyn A	Johnson
Card	y I John	m	SAN COLO		92173 1094 24 Cook
1			/	8-31-9	9164 (01)
**************************************	F 20984		Invoice #		
Work Order	# <u>L</u>		Acct. #		

	GRAVE E	BLIND C	CHECK FO	RM		
IN GRAVE WITH Write in the name of marked with "X". Plant						er's in
the appropriate span	ce (s) that ar	e adjace			SOCIAL DESCRIPTION OF THE PARTY	
	MLOS	X	SMITH			
			RUMED	ck		
Flagged Ye	s		N	-		
Blind check Initiated	201000			Date:		
Interment space for	The second secon				4,1715	
Interment Date: 10						
Div: 12 Sec	t: _ Z	Blk/Row:	~_ Lot:	223	Grave:	
Grave Laid out by:	DA	11D 4	+ FELLY	OF		
Agrees with Legal C	ard:	Yes	V	No		
Agrees with Map:		Yes	V	No		
Blind Check & Verifi	ed By:	TIKE A	mstru Pate	10+	11-08	
Cremains were place	ed at:	-7-000	of g	rave		

OFFICIAL RECEIPT



AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

in nexus

61677

	Da	ite:	1100	, 20
From: Julius Parid Jr.	Address:		1	
DIELUNIEL STO	ty-Blant in (w	/w-	Dollars (\$_	178-
in Payment of 3		HUOD DV	Id Sk	
DivSec	2 Blk/ RowI	Lot 223	Grave _	1
Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE PAID MAY 18 2009	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 100 77184 100 77181 100 77182 100	
Money Order Charge Check AC-212A (11-08)	MOUNT HOPE CEMET	Handling Fee PRYNER Fees Sales Tax	77185 100 77183 60101 78390	178.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E20984

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST 18. MIDDLE 1C. LAST JULIUS DAVIS 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 01/03/1931 10/03/2008 M

6A, CITY OF DEATH 5B, COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SPRING VALLEY SAN DIEGO 7A. NAME OF INFORMANT BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME. 7B. RELATIONSHIP TO DECEDENT 88. CALIFORNIA LICENSE NUMBER—IF APPLICABLE CAROLYN ANN JOHNSON DAUGHTER FD1746 CITY, STATE, ZIP CODE

TC. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

415 SYCAMORE ROAD #1 SAN YSIDRO, CA 92173

PREFERRED CREMATION AND BURIAL 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115

10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 1

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

FOR CORONER'S USE ONLY

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.

BA APPLICANT SIGNATURE SIM

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 Salety 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 \$ 11.00

10B. DATE PERMIT ISSUED 10/09/2008

10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT

WILMA WOOTEN, MD

128. DATE BURNED

12C. INTERMENT NUMBER-IF APPLICABLE

98. DATE SIGNED

10/09/2008

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY

SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

11. AUTHORIZED DISPOSITION(S)

BERIAL -

OTHER THAN IN A CEMETERY

BURIAL OR 10-13-08 SCATTERING IN A MT. HOPE CEMETERY, 3751 MARKET CEMETERY (INCLUDES ENTOMBMENT) 12D, SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B. DATE CREMATED 13C. CREMATION NUMBER-IF APPLICABLE CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15D. DATE SHIPPED 18A. 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 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE 168. DATE OF DISPOSITION SCATTERING/ BURIAL AT SEA OR

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.*

(OPY 2 - RETAINED BY PERSON IN CHARGE OF THE CREMETERY, 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.

Muker setting

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-6-08

of SHEA	FFER, FLORA H
ina ASHVAULT	Funeral, date, time
Church, Chapel, Graveside	Mortuar Mortuar
All Funeral cars 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 Bi	lk/Row Lot 49 Grave 18
Grave space & Care Fund	
Grave space & Care Fund	
Overtime/Late Arrival Fees	< \
Opening/Closing & Setup	() () ()
Burial Container	11110,
NIII	
Handling Fees.	1, //
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees.	
Sales taxes	W .
Sales (945)	0
	Total Due
Paid	receipt number
	Balance due
I hereby certify I am the	of the above named decede
and this is your authority to make disposition	n of remains as above indicated. I certify and represe in and I agree to hold Mt. Hope Cemetery harmless fro and interment.
I hereby authorize the interment in lot I	N
hold under deed.	Print Name
0	Address
Signatura	City Zin Co
	6
	Telephone
	Telephone Invoice #
Work Order # E 20985	100000000000000000000000000000000000000

INTERMENT ORDER

atneed

REA-104 (3-04)

City of San Diego

Date 10[6[08

Liner	e Acevedo 23	nt in nm
in a LINET Type of Burial Container	Funeral, date, time Fridayo	
Church, Chapel, Graveside	- Guadalup	ana Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
	, 19	27
Division MQS Section BI	k/Row Lot Gre	
Grave space & Care Fund		1132.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		011 11
Burial Container		
Handling Fees	PAID	108.00
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	OCT 7 2008	3250
Sales taxes MOI	UNT HOPE CEMETERY	1047
WOO	Jotal Due Total Due	1,679
Paid	receipt number K 61/46	1679.4
	Balance du	e 2
I hereby certify I am the	of the above	named decedent
and this is your authority to make disposition that I have the right to make this authorization	n and I agree to hold Mt. Hope Cemete	ify and represent ery harmless from
any liability on account of said authorization a	and interment.	231895
I hereby authorize the interment in lot I	Print Name V + + + + + + + + + + + + + + + + +	Lod
hold under deed.	hondilac	NUU
Signature		
	City	Zip Code
	Telephone	
- 00005	Invoice #	
Work Order # E 20986	Acct.#	

This information is available in alternative formats upon request.

GR	AVE BLIND CHECK	FORM
IN GRAVE WITH	Ø	The state of the s
Write in the name of the omarked with "X". Place the appropriate space (s)	e name's, lot # and gra	ve # of all existing marker's in
Burial Container	Liner	
	X	WILLIAM
Flagged Yes		No
Blind check Initiated by:		Date:
Interment space for:	Monserrate A	ceredo
Interment Date:	Time:	
Div: Mas Sect:	L Blk/Row: ~	Lot: 19 Grave: 37
Grave Laid out by:	DAVE & KEN	
Agrees with Legal Card:	Yes 🗀	No 🔲
Agrees with Map:	Yes 🔽	No 🔲
Blind Check & Verified By	<u> </u>	Date
Cremains were placed at:		of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82 E 20986

MONSERR	ACEARTHURN COLV.		18. MIDDLE		1,0000	CEVEDO		
2. SEX 3. DATE	E OF BIRTH (MONTH, DA 23/1926	Y, YEAR)	4. DATE OF DEATH (MONTH, DAY, 09/30/2008				EATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR)
SA CITY OF DEATH		The same			SAN DIEGO		DE OF CALIFORN	NIA, ENTER STATE
7A NAME OF INFOR			THE STREET STREET	8A. TYPED NAME A LICENSED FUNERA ACTING AS SUCH- CITY, STATE, ZIP CO	L DIRECTOR OF STREET NUMB	R PERSON	BB. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1425	
4031 46TH	ST O, CA 92105	-STREET NUMBER AND	NAME, CITY, STATE, ZI	P CODE		ANA MEN	IUE	HAPEL & MORTUAR
ight to control dispos	ENT OF APPLICANT—; ition pursuant to Health & S if the dispositions authorize	Safety Code Section 7100.	and that the disposition	DA APPLICANT	SIGNATURE	Sn	rith	98. DATE SIGNED 10/08/2008
PERMIT AND AU This permit is issued in of California.	JTHORIZATION OF L in accordance with provision	OCAL REGISTRAR- one of the California Health	ANY CHANGE IN and Safety Code and is t	DISPOSITION the authority for th	REQUIRES A NE e disposition specified	IN PERMIT 1	TO SHOW FIN	NAL DISPOSITION t gives no right of disposal outsi
10A AMOUNT OF FE \$ 11.00	EE PAID	108. DATE PERMIT IS: 10/08/2008	SUED	· Control of the cont	E OF LOCAL REGIST	AND ASSESSMENT	ERMIT	E
3851 ROSE								
1. AUTHORIZED DI	SPOSITION(S)				FOR CO	DRONER'S US	E ONLY	
	MINER DESCRIPTION OF THE PERSON OF THE PERSO			1-	FOR CO	DRONER'S US	EONLY	
BU BURIAL UR	12A NAME AND ADDRES	SS OF CALIFORNIA CEM E CEMETERY., EET, SAN DIEG	3751	•	128. DATE BURIED	7 ov 8	12C INTERM	MENT NUMBER—IF APPLICABLE - 20986 NL OR SCATTERING
BURIAL UR SCATTERING IN A CEMETERY (INCLUDES	12A NAME AND ADDRES MOUNT HOPE MARKET STR 92102	CEMETERY.	3751 60, CA		128, DATE BURIED	ROUS PERSON IN CH	12C INTERM ARGE OF BURIA	- 20986 AL OR SCATTERING TION NUMBER—IF APPLICABLE
BURIAL UR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRES MOUNT HOPE MARKET STR 92102 13A. NAME AND ADDRES	E CEMETERY., EET, SAN DIEG	3751 SO, CA MATORY		128. DATE BURIED 10-7-1 120. SIGNATURE OF 138. DATE CREMATE	AOU 8 PERSON IN CH	12C INTERM ARGE OF BURIA	- 20986 AL OR SCATTERING TION NUMBER—IF APPLICABLE
BURIAL UR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRES MOUNT HOPE MARKET STR 92102 13A. NAME AND ADDRES	E CEMETERY., EET, SAN DIEG 88 OF CALIFORNIA CREI	3751 SO, CA MATORY	INS	128. DATE BURIED 10-7-1 120. SIGNATURE OF 138. DATE CREMATE 130. SIGNATURE OF	ROUS PERSON IN CH	ARGE OF CREM	- 20986 AL OR SCATTERING TION NUMBER—IF APPLICABLE TATION
BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	12A NAME AND ADDRES MOUNT HOPE MARKET STR 92102 13A. NAME AND ADDRES	E CEMETERY., EET, SAN DIEG SS OF CALIFORNIA CREI	3751 SO, CA MATORY LITY RECEIVING REMAI	INS REMAINS OR	128. DATE BURIED 10-7-1 120. SIGNATURE OF 130. SIGNATURE OF 148. DATE RECEIVED 146. SIGNATURE OF	PERSON IN CH	ARGE OF CREMA	LOR SCATTERING TION NUMBER—IF APPLICABLE ATION OF PLACING WITH THE CARRIER
BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMEMENT) CREMATION SCIENTIFIC USE	12A NAME AND ADDRES MOUNT HOPE MARKET STR 92102 13A NAME AND ADDRES	E CEMETERY., EET, SAN DIEG SS OF CALIFORNIA CREI	3751 SO, CA MATORY LITY RECEIVING REMAI	INS REMAINS OR	128, DATE BURIED 10-9-1 120, SIGNATURE OF 138, DATE CREMATE 130, SIGNATURE OF 148, DATE RECEIVED	PERSON IN CH	ARGE OF CREMA	LOR SCATTERING TION NUMBER—IF APPLICABLE ATION OF PLACING WITH THE CARRIER
BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION SCIENTIFIC USE	12A NAME AND ADDRES MOUNT HOPE MARKET STR 92102 13A. NAME AND ADDRES 14A. NAME AND ADDRES 15A. NAME AND ADDRES CREMATED REMAINS AS	E CEMETERY., EET, SAN DIEG SS OF CALIFORNIA CREI	3751 SO, CA MATORY LITY RECEIVING REMAI	INS REMAINS OR	128. DATE BURIED 1 0 - 7 - 1 120. SIGNATURE OF 138. DATE RECEIVED 148. DATE RECEIVED 146. SIGNATURE OF 158. NAME AND ADD	PERSON IN CH	ARGE OF FACIL ARGE OF PLACIL ARGE OF PLACIL 16C. LICENSE	LOR SCATTERING TION NUMBER—IF APPLICABLE ATION OF PLACING WITH THE CARRIER

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.*

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Revised July 2008

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.

	Monsey					
Address:	4085					
City:	San Die	ego s	itate A Z	Cip Code 92	05	
City of San Diego re	sident? (Circle))	YES	NO		
Size of Family (che		**				
	al Income			nual Income		
(1) \$14,933	- 4	(4)	\$41,459			
(2) \$24,463		(5)	\$48,926			
(3) \$33,588		(6)	\$57,222			
fuman Services-Notice of understand that M	f Action (dated witt. Hope Staff will	thin 30 days), o	r Social Security	Award/Benefit le		
I understand that M maintain esidency is the residen	f Action (dated wi t. Hope Staff will low administration of the decease	thin 30 days), o Il respectfully tive costs for	choose the buthis program	Award/Benefit le	eceased to	
esidency is the residen ospital unless said stay e	f Action (dated wi t. Hope Staff will low administration of the decease exceeded one year.	thin 30 days), o Il respectfully tive costs for d prior to ente	r Social Security choose the bu this program rring a terminal	Award/Benefit le	eceased to	
I understand that Mi maintain esidency is the resident ospital unless said stay of thereby certify under bove statements are	f Action (dated with the Hope Staff will low administration of the decease exceeded one year. The penalty of perjurue.	thin 30 days), of Il respectfully tive costs for d prior to ente	choose the buthis program ering a terminal	Award/Benefit le	eceased to	N34698
I understand that Minaintain esidency is the resident espital unless said stay of thereby certify under bove statements are	f Action (dated with the Hope Staff will low administration of the decease exceeded one year. The penalty of perjurue.	thin 30 days), of Il respectfully tive costs for d prior to ente	choose the buthis program ering a terminal	Award/Benefit le	eceased to	N34698
uman Services-Notice of understand that Minaintain esidency is the residence oppital unless said stay of thereby certify under pove statements are	f Action (dated with the Hope Staff will low administration of the decease exceeded one year. The penalty of perjurue.	thin 30 days), of Il respectfully tive costs for d prior to ente	r Social Security choose the bu this program rring a terminal	Award/Benefit le	eceased to	N34693
uman Services-Notice of understand that M maintain esidency is the resident esidency is the resident espital unless said stay of the reby certify under bove statements are great Relationship of of Residency: Valid e of the following: Currer rent month rent receipt pr	f Action (dated with the following of the decease exceeded one year. The penalty of perjure. California Driver's Int Utility Bill Curr	thin 30 days), of the costs for d prior to enter the costs for d prior to enter the costs for the co	choose the buthis program ring a terminal e laws of the Dat ation card displayecking/Bank Stater	Award/Benefit le rial site of the dinitial care facility, hos State of Californ Cali	pice, and/ or mia that the	N34698
uman Services-Notice of understand that M maintain esidency is the resident ospital unless said stay of the reby certify under bove statements are gned/ Relationship of of Residency: Valid of the following: Currer rent month rent receipt pr	f Action (dated with the factor of the decease exceeded one year. The penalty of performe. California Driver's Int Utility Bill Curroperty tax statement	thin 30 days), of the costs for d prior to enter the costs for d prior to enter the costs for depth the costs for	choose the buthis program ring a terminal e laws of the Dat ation card displayecking/Bank Stater	Award/Benefit le rial site of the dinitial care facility, hos State of California le	pice, and/ or mia that the	N34693



Social Security Administration Supplemental Security Income

Important Information

1333 FRONT STREET SAN DIEGO CA 92101

Date: August 20, 2008

Claim Number: 088-54-0307 AI

954 08S1575E86628

MONSERRATE ACEVEDO 4085 44TH ST APT 1 SAN DIEGO CA 92105

> Type of Payment: Individual--Age 65 or Older

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

Your Payments Will Be As Follows:

From

Through

Amount Due Each Month

September 1, 2008

Continuing

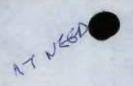
\$497.00 This includes \$233.00 from the State of California.

Our Decision About How We'll Pay You

We have determined that your Supplemental Security Income payments will be paid to:

AURA GONZALEZ FOR MONSERRATE ACEVEDO 4031 46TH ST SAN DIEGO CA

who is interested in or concerned with your well-being. This representative payee has agreed to receive and manage these payments for your use and benefit.



INTERMENT ORDER

City of San Diego

Date_ 10-6-08

HERENE WILLIAM STREET	ucted, subject to your rules and regulations, t	1 1215-
of Mct	LVANE, JR BENN	
in a DD Type of Burial Container	Buneral, date, time FIZI 10~	10-08 2130
Church, Chapel, Graveside	: RINGSDA	LG_ Mortuary.
All Funeral cars must arrive before 3	3:00 p.m. of regular work day or an extra char	ge of \$
will be applied and billed to undersig	gned,	
Division / Z Section Z		10
Grave space & Care Fund PA	ID Lot /	
Contract of the Contract of th	11.3	
Overtime/Late Arrival Fees UCT 9	2008 \$533	
Opening/Closing & Setup	900 4333	
Burial Contain OUNT HOPE	CEMETERY	
Handling Fees		454,00
Flower vases - Marker setting fee	(1) Galvanized vase	3310
Recording/Filing/Transfer Fees		12000
Sales taxes		41,77
MICH	Total Due	4527,81
NAAA	Paid receipt number R-6/2/0	4527.86
	CK# Balance	-
1 N a	IFE	1000/1000
and this is your authority to make d	disposition of remains as above indicated. I c thorization and I agree to hold Mt. Hope Cem	
Parameters are also before the property for the	VERRIHAMOS	Ivaine
I hereby authorize the interment in it hold under deed.	Elvund 728 Elizabe	0-16 ST.
x Eartha L.M.	Elvier Address 1000	Dr 02117
Signature	San Diego chy G19. 264. 3) Zip Code
over they	1619 · 2647 · 3	637
	Invoice #	
Work Order # E 20987		

	GRAVE	BLIND C	HECK FOR	RM		
IN GRAVE WITH						
Write in the name of marked with "X". P the appropriate spa	lace the nan	ne's, lot # a	and grave # c	of all exi	sting mark	
		W. Delly or		_		
	TANKS	X	CONSTRUCTION			
			1			
Flagged Y	es		No		_	
Blind check Initiate	3		11 01	Date:	-1	-
Interment space for	- Be	nny	MCEIVO	ame	Jr.	
Interment Date: 1	55000					
Div: 12 se	ct: 2	Blk/Row:	Lot:	240	Grave:	10
Grave Laid out by:	KER	1 #	DAVID			
Agrees with Legal (Card:	Yes		No		
Agrees with Map:		Yes		No		
Blind Check & Verif	fied By:	DAVI	D Date	10-	8-09	
Cremains were place	ced at:		of gra	ave		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

LISE BLACK INK ONLY -- MAKE NO FRASLIRES WHITEOUTS PHOTOCOPIES OR OTHER ALTERATIONS

1	١	١	ı
4	Ĺ	J	l
6)	Š	١

1A NAME OF DECEDENT—FIRST BENNY		18: MIDOLE		MC ELVAINE					
2. SEX		OF BIRTH (MONTH, DA) 31/1927	Y, YEAR)	4. DATE OF DEATH, (MONTH, DAY, YEA 10/04/2008		EAR)	5. (FETAL BEATH ONLY) DATE OF EVENT (MONTH		E OF EVENT (MONTH, DAY, YEAR)
SAN I	DIEGO			Na All		SAN DIE		DE OF CALIFORN	NIA, ENTER STATE
7A. NAME EART	The second second	ELVAINE		78. RELATIONSHIP	TO DECEDENT	LICENSED FUNERAL DIRECTOR OR PERSON NUMBER—I			8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1329
728 E	ELIZAB	ETH STREET O, CA 92113	STREET NUMBER AND I	NAME, CITY, STATE, Z	IP CODE	5050 FED	ON - RAGS DERAL BLVI GO, CA 921	0	TUARY
nght to con stated here	tral disposi en is one o	ENT OF APPLICANT— tion pursuant to Health & S If the dispositions authorized	afety Code Section 7100 of by Health & Safety Code	and that the disposition Section 103055	-Sle	muke	afra	n	IO 08/08
PERMIT This permit of Californ	t is issued i	THORIZATION OF L	OCAL REGISTRAR- ns of the California Health	-ANY CHANGE IN and Safety Code and is	DISPOSITION She authority for the	REQUIRES A se disposition spec	NEW PERMIT	TO SHOW FIN	IAL DISPOSITION I gives no right of disposal outside
\$ 11.00		IE PAID	10/08/2008	SUED		WOOTEN	GISTRAR ISSUING	PERMIT	F O
SAN 1 3851	DIEGO	EGISTRAR OF DISTRICT COUNTY VITA CRANS ST O, CA 92110		OCCURRED IN CALIFOR	RNIA 10E AD	DRESS OF REGIS	STRAR OF DISTRIC	T OF DISPOSITIO	NIMIF DIFFERENT FROM 100
110000000000000000000000000000000000000	A STATE OF THE STA	SPOSITION(S)			-	FO	R CORONER'S U	SE ONLY	
BURI	AL								
BURIA SCATTER CEME (INCLI ENTOME	TERY UDES		METERY 3751 I O, CA 92102			128 DATE BURIL	1/05		LOR SCATTERING
		1SA, NAME AND ADDRES	SS OF CALIFORNIA CREA	MATORY		13B DATE CHEN	MATED	13G CREMAT	TION NUMBER—IF APPLICABLE
CREMA	ATION :					13D. SIGNATURE	OF PERSON IN C	HARGE OF CREM	ATION
		14A, NAME AND ADDRES	SS OF CALIFORNIA FACI	LITY RECEIVING REMA	AINS	14B DATE RECE	IVED		
SCIENTI	FIC USE					14C SIGNATURE	OF PERSON IN C	HARGE OF FACIL	пу
		15A. NAME AND ADDRES CREMATED REMAINS AS	SS IN RECEIVING STATE RE TO BE SHIPPED	OR COUNTRY WHERE	REMAINS OR	15B, NAME AND	ADDRESS OF PER	SON IN CHARGE	OF PLACING WITH THE CARRIER
TRAN	NSIT					15C. SIGNATURE THE CARRIER	E OF PERSON IN C	HARGE OF FLAGI	NG WITH 160 DATE SHIPPED
SCATTE BURIAL AT	T SEA OR	16A ADDRESS, NEARES SUFFICIENT TO IDENTIF IF BURIAL AT SEA, ONLY		JEORNIA DISTRICT OF		16B. DATE OF DI	SPOSITION		E NUMBER OF CREMATED ** SPOSER—IF APPLICABLE
DISPOSITION OTHER THAN IN A CEMETERY						16D SIGNATURE	OF PERSON IN C	HARGE OF SCATT	TERING 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.*

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* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INTERMENT ORDER

at Need

City of San Diego

Date 10 17 08

German	ed, subject to your rules and regulations, to	inter the remains
in a T.S. VAULT	Funeral, date, time 70 FR	OCTOPER !
Church, Chapel, Graveside	El Camino r	1911 Mortuary.
All Funeral cars must arrive before 3:00 will be applied and billed to undersigned	D p.m. of regular work day or an extra charged.	Par City e of \$
Division 12 Section 2	Blk/Row Lot 236_G	ave_LO_
		2264.00
Overtime/Late Arrival Fees		533.00
Burial Container	PAID	3,55.00
Handling Fees	IAID	263.00
Flower vases - Marker setting fee	OCI 8 2008	
	UNT HOPE CEMETERY	27.51
	Paid receipt number A P 0 08737	3,50751
	R-6/2/8 Balance	lue O
I hereby certify I am the	osition of remains as above indicated. I ce rization and I agree to hold Mt. Hope Ceme	e named decedent rtify and represent tery harmless from 23/890
. I hereby authorize the interment in lot I hold under deed	* Kosa Che	agolla_
7 Rosa Chaigoll	A Madross San Diego C	A 92102
fax 474.8546		4628
P01/84	Invoice #	
Work Order # E 20988	Acct. #	

10/10/08 2:25 pm. ... andrea from Mortuary, they will come hereto Mt. Hope Cemetery, but will not be able to bury Mr. Onagoila because County has to redo the bund pennet They Will not have it ready by Finday. So they will have to some next week treo, she has told the family.

8871-129-619 Triput

	GRAVE E	BLIND CI	HECK FO	RM	
IN GRAVE WITH	_Ø				
Write in the name o marked with "X". Pla the appropriate space	ace the nam ce (s) that a	e's, lot # a re adjacen	nd grave #	of all exi	sting marker's in
Burial Container	1.5	<u>vaur</u>			
				FANA	WE WAR
	LEGIS REAL	X	GRADE CHARACTER	HUTRIY TURYSH TELCH	RIARH MARLL
Flagged Ye	es		N	·	
Blind check Initiated	1112511			Date:	
Interment space for	Ger	rardo	chaq	golla	
Interment Date: 10	80/10/18	Time	11:0	oam	
Div: _12 _ Sec	t: 2	Blk/Row:	Lot:	236	Grave: 10
Grave Laid out by:	KEN	10	DAVE	-	
Agrees with Legal C	ard:	Yes		No	
Agrees with Map:		Yes	M	No	
Blind Check & Verifi	ed By:	KEN	Date	e_10/	18/08
Cremains were plac	ed at:		of g	rave	

619 fox 474-8546

OFFICIAL RECEIPT WHITE		ASE	61307
Man Senta a Man	(619) 527-3400 Date	Normbe	118 .2008
One hundred &	Multiple Sht	do Al Dolla	rs (\$ 178. —)
in Payment of Div Payment of Sec	2 Bik/ Row Lo	236 G	irave 10
Invoice No E-209 88 Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED A THE PACE	CREDIT 6700 20% Sales Care 7718 80% Sales 10	4 —
W.O	NOV 1 8 2008	of Lats 7718 Opening/ 10 Closing 7718 Burial 10	4
Money Order	MOUNT HOPE CEMETERY	Containers 7718 10 Handling Fee 7718 Recording & 10	5 170 -
AC-212A (11-05) This information is available in all and the burnlate upon requ	ISSUED BY PULLETY	Misc Fees 7718 Sales Tax 6010 7839	1

OFFICIAL RECEIPT	TO CUSTOMER AT-NEED PURCH.		61218
From: Rosa Chagolla	MOUNT HOPE CEM (619) 527-3400 Address: 4058 C St. S	D CA 9210	2
in Full Payment of	1 Seven and 9/100' Interment of Gerardo 2 Bik/ Row — Lo	Chagolla	ars (\$ 3,507.51) Services Grave 10
Invoice No. E - Z.09.88 Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	20% Sales Care 77 80% Sales of Lots 77 Opening/ Clasing 77 Burial	100
Money Order Charge Musterca Check APON873 AC-212A (11-05) This information is available in alternative formats upon regu	2 ISSUED BY Paulette	Handling Fee 77 Recording & Misc. Fees 77 Sales Tax 60	182 EGS 00 185 GS 00 183 GS 00 101 27 51 \$ 3,507 51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

100-11-04-05-05-05-0	OF DECE ARDO	DENT—FIRST	1B. MIDDLE		1C LAST CHAGOLLA						
2. SEX M	NT50F2580	E OF BIRTH (MONTH, DAY, YEAR) 06/1956	4 DATE OF DEATH 10/04/2008	ACCORDING TO THE REAL PROPERTY OF THE PARTY	(, YEAR) 5. (PETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY,			(MONTH, DAY, YEA	VR)		
- NEW TOWNSHIP	DIEGO				SAN DI		-IF OUTSIDE C	F CALIFORN	NIA, ENTER	STATE	
78. RELATIONSHIP TO DECEDE WIFE			TO DECEDENT	SA. TYPED NAME AND ADDRESS OF CALIFORNIA- LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH.—STREET NUMBER AND NAME. CITY, STATE, ZIP CODE SB. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD-284							
4058	CST	O, CA 92102	NAME, CITY, STATE, ZI	PCODE	607 NA	TIONAL	MORIAL CITY BL Y, CA 91	VD			
right to con	ntrol dispos	RENT OF APPLICANT—I hereby acknowledge as a sillon pursuant to Health & Safety Code Section 7100, if the dispositions authorized by Health & Safety Code	and that the disposition	BA. APPLICANT	SIGNATURE	wai	Cas	20		98. DATE SIGNE	
	it is issued	JTHORIZATION OF LOCAL REGISTRAR- in accordance with provisions of the California Health									utside
-	UNT OF F	108. DATE PERMIT ISS 10/10/2008	SUED	10C. SIGNATUR	WOOTE		ISSUING PERI	arr	19	EO	
SAN 3851	DIEGO	REGISTRAR OF DISTRICT OF DEATH—IF DEATH OF COUNTY VITAL RECORDS CRANS ST	OCCURRED IN CALIFOR	NIA 10E AD	ORESS OF REI	GISTRAR OF	DISTRICT OF	DISPOSITIO	N IF DIFFE	ERENT FROM 100	
A PARK AND D	THE REAL PROPERTY.	SPOSITION(S)			F	OR CORON	VER'S USE O	NLY			_
BU											
903504	AL OR	12A, NAME AND ADDRESS OF CALIFORNIA CEM	ETERY		12B. DATE BUI	RIED	~ !	I2C. INTERM	ENT NUMBE	ER-IF APPLICAB	LE
SCATTER CEME (INCL	RING IN A TERY UDES BMENT)	MT HOPE GEMETERY 3751 N SAN DIEGO CA 92102	MARKET ST		120. SIGNATU	PE OF PERS	SON IN CHARG	SE OF BURIA	L OR SCAT	TERING	
		13A NAME AND ADDRESS OF CALIFORNIA CREE	MATORY		13B. DATE CR	EMATED	200	3C. CREMAT	TION NUMBE	ER-IF APPLICABL	E
CREM	ATION				13D. SIGNATU	RE OF PERS	SON IN CHARG	SE OF CREM	ATION		
		14A. NAME AND ADDRESS OF CALIFORNIA FACIL	LITY RECEIVING REMA	INS	14B. DATE REC	CEIVED		-			-
SCIENTI	FIC USE				14C, SIGNATU	RE OF PERS	SON IN CHARG	E OF FACIL	TY		
		15A, NAME AND ADDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO BE SHIPPED	OR COUNTRY WHERE	REMAINS OR	15B. NAME AN	D ADDRESS	OF PERSON	N CHARGE	OF PLACING	WITH THE CARE	RIER .
TRAI	NSIT:				15C. SIGNATUI THE CARRIER		SON IN CHARG	E OF PLACE	NG WITH	150. DATE SHIP!	PED
	T SEA OR	16A ADDRESS, NEAREST POINT ON SHORELINE SUFFICIENT TO IDENTIFY FINAL PLACE AND CAL IF BURIAL AT SEA, ONLY ENTER LATITUDE AND	JEORNIA DISTRICT OF	DISPOSITION;	168 DATE OF	DISPOSITIO				OF CREMATED APPLICABLE	
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY				16D. SIGNATUI	RE OF PERS	ON IN CHARG	E OF SCATT	ERING 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.

INTERMENT ORDER

City of San Diego

Date_ 10/7/2008

You are hereby authorized and instructed, subject	201-1-	nter the remains
or Rose Lane Barker		
ina 100 Seal Fu	neral, date, time <u>SaT, Oct 11</u>	0 1230
Type of Burist Container Church, Chapel, Graveside	Mayer	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of r	regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
6 1	12	1
Division Section / BIMR	low Lot Gra	ve X
Grave space & Care Fund		2069,
Overtime/Late Arrival Fees Satur	day Service	85100
Opening/Closing & Setup		53300
Burial Container	10	355°°
Handling Fees.	ייי	26300
		All and the second
Recording/Filing/Transfer Fees OCT 0	7 2008	65.00
	TDV	27.51
MOUNT HOP	E CEMETERY Total Due	4,358,51
Paid rec	eipt numberR-6/2/7	4,358,51
, alo loc	Balance du	0
I hereby certify I am the Husban		
and this is your authority to make disposition of	remains as above indicated. I certi	named decedent ify and represent
that I have the right to make this authorization are any liability on account of said authorization and	nd I agree to hold Mt. Hope Cemete Interment.	13/89/
VICTOR AND AND AND AND AND	DONALD Pohl	0
I hereby authorize the interment in lot I hold under deed.	4208 375 Stra	_
"Omald Kelle	Address C	01/20
Stacy Bancer I daughter	SAN Diego CA	7A/CIS 7tp Code
Pin 231892	619 - 283 - 1374 Telephone	
1111 CO101C		
Work Order# E 20989	Invoice #	-
Work Order#	Acct. #	

GRA	VE BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place the the appropriate space (s) the	eceased for which the grave is for in the block name's, lot # and grave # of all existing marker's in hat are adjacent to the burial space.
Burial Container	SVAULT
	3 USANA A
	BROOKS
	X
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	iose Lane Barker
Interment Date: 10 11	08 Time: 1:30
Div: 6 Sect:	Blk/Row: Lot: 13 Grave: 2
Grave Laid out by: K	EN & DAVE
Agrees with Legal Card:	Yes No
Agrees with Map:	Yes No
Blind Check & Verified By:	<u>HEX/</u> Date 10 /4/08
	of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 20989

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST IS MIDDLE TO LAST ROSE LANE BARKER 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) 12/16/1940 10/06/2008 FND 6A. CITY OF DEATH 6B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO BA. TYPED NAME AND ADDRESS OF CALIFORNIA LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, 8B CALIFORNIA LICENSE NUMBER - F APPLICABLE 7A. NAME OF INFORMANT 7B RELATIONSHIP TO DECEDENT STACY BARKER DAUGHTER FD1661 CITY, STATE, ZIP CODE 7C INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY STATE, ZIP CODE **BAYVIEW CREMATION & BURIAL** 4154 38TH.ST 7510 CLAIREMONT MESA BLVD STE 109 SAN DIEGO, CA 92105 SAN DIEGO, CA 92111 BA APPLICANT SIGNATURE 9B DATE SIGNED. 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 10/08/200% stated herein is one of the dispositions authorized by Health & Safety Code Section 103055 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION th and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outsid of California. 10A. AMOUNT OF FEE PAID 108. DATE PERMIT ISSUED TOC SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 10/08/2008 WILMA WOOTEN, MD 100 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 DIS/BU 12C INTERMENT NUMBER—IF APPLICABLE ZA, NAME AND ADDRESS OF CALIFORNIA CEMETERY 128 DATE BURIED SURIAL OR 10-11-0 SCATTERING IN A MT.HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST., SAN DIEGO, CA 92102 ENTOMBMENT) 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 138 DATE CREMATED 13C. CREMATION NUMBER-IF APPLICABLE CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 158 NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER 15A ADDRESS NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION 16C LICENSE NUMBER OF CREMATED 16B DATE OF DISPOSITION REMAINS DISPOSER—IF APPLICABLE SCATTERING/ IF SURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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

INTERMENT ORDER

At need

City of San Diego

Date 10 7 08

You are hereby authorized and instructed, s	ubject to your rules a	nd regulations, to in	nter the remains
of Joseph Fu	iler a	30453	1:00
ina TSVAULT	Funeral, date, time	mon. oc	T 13.17:57
Church, Chapel, Graveside		CAB	Mortuary.
All Funeral cars must arrive before 3:00 p.m	n of regular work day	or an extra charge	of \$
will be applied and billed to undersigned.			- n
Division 12 Section 2	Bik/Row	191 Lot 131 Gra	+ T
Grave space & Care Fund	019958		0
Overtime/Late Arrival Fees	xoursel .		
Opening/Closing & Setup	110ms		
Burial Container	28214		
Handling Fees. Flower vases – Marker setting fee			7
Recording/Filing/Transfer Fees)
Sales taxes			
AVMY Pair	To receipt number	tal Due	(A)
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization liability on account of said authorization	on and I agree to holi	ive indicated. I certi	named decedent ify and represent ry harmless from
hereby authorize the interment in lot I hold under deed	Print Name		1.0
	Address	7507 775	10 Ch
280-2614	City	1-10	ta ched
280	Telephone	Jan .	
= 20000	Invoice #	/	
Work Order # E 20990	Acct.#		

€20990

GRAVE	BLIND CHE	CK FORIVI	
IN GRAVE WITH			
Write in the name of the decear marked with "X". Place the nar the appropriate space (s) that	ne's, lot # and g	grave # of all exist	
Burial Container	VAUCI		
	aruz	MALID	DIANO
	X		J. N. O
Flagged Yes		No	
Blind check Initiated by:		Date:	
Interment space for:	Seph +	12:00	
Div: 12 Sect: 2			Grave: 7
Grave Laid out by: KEN			
Agrees with Legal Card:	Yes [No No	
Agrees with Map:	Yes	No No	
Blind Check & Verified By:	Homen	Date	0-08
Cremains were placed at:		of grave	

	APPLICATION AND USE BLACK INK ONLY — MAKE				100	
1A. NAME OF DECE JOSEPH	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	18. MIDDLE N	IC LAST FULLER			
	TE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY)/13/1926 10/07/2008		YEAR) 5. (FET	AL DEATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR)	
SAN DIEGO			SAN DIEGO	ITSIDE OF CALIFOR	NIA, ENTER STATE	
MAVIS FULLER TO DECEDENT WIFE		8A, TYPED NAME AND ADDRES LICENSED FUNERAL DIRECTO ACTING AS SUCH—STREET NO CITY, STATE, ZIP CODE	R OR PERSON	88. CALFORNALICENSE NUMBER—IF APPLICABLE FD1357		
1109 36TH	7C. INFORMANT'S FULL MAKING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, 2IP CODE 1109 36TH STREET #1 SAN DIEGO, CA 92113			CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD SAN DIEGO, CA 92115		
right to control dispos stated herein is one o	MENT OF APPLICANT—I hereby acknowledge as a lation pursuant to Heelth & Safety Code Section 7100. If the dispositions authorized by Health & Safety Code JTHORIZATION OF LOCAL REGISTRAR.	and that the disposition Section 103055.	Helitate Helitate	th	98 DATE SIGNED	
This permit is issued of California, 10A. AMOUNT OF FI	in accordance with provisions of the California Health	and Safety Code and is the authority for SUED 10C SIGNATE	the disposition specified in the permittee of LOCAL REGISTRAR ISSUIT A WOOTEN, MD	t. NOTE: This permi	t gives no right of disposal outside	
BU \	SPOSITION(S)		FOR CORONER'S	USE ONLY		
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT HOPE CEMETERY 3751 M SAN DIEGO CA 92102		128 DATE BURIED 10 - 13 - 08 120 SIGNATURE OF PERSON II	E	MENT NUMBERI-IF APPLICABLE - 20990 AL OR SCATTERING	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY		138. DATE CREMATED 13C. CREMATION NUMBER—IF APPLICABLE 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
SCHENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS		148. DATE RECEIVED 14C. SIGNATURE OF PERSON IN	I CHARGE OF FACIL	лү	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED		15B. NAME AND ADDRESS OF P		OF PLACING WITH THE CARRIER	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN WA CEMETERY

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 2 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

168. DATE OF DISPOSITION

160 SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, CNLY ENTER LATITUDE AND LONGITUDE

18C LICENSE NUMBER OF CREMATED REMAINS DISPOSER-IF APPLICABLE

INTERMENT ORDER

pre-need Lot, trust

City of San Diego

Date	10	125	00
	and the same	STATEMENT .	A THE PERSON NAMED IN

Total States		Date_	0 6-	120
230453		230454		1970
ou are hereby authorized and instructed, s	(5 0 17)	THE RESERVE OF THE PERSON NAMED IN		er the remains
for Joseph Fuller	and N	navis Fu	Her	
Top Seal Vaucts	Funeral, date	e, time		
hurch, Chapel, Graveside		4		Mortuan
Il Funeral care must arrive before 3:00 p.m	. of regular wo	rk day or an extra	charge of	s
ill be applied and billed to undersigned				
*		all and the second		. 0
rivision 12 Section 2		Lot 131	Grave	182
irave space & Care Fund වඩ ව	1264-e	ach		4,5 28.0
vertime/Late Arrival Fees			·····	
pening/Closing & Setup. 20 53	33	PAI	J	1066
urial Container 20 35	5.—			710
				-
andling Fees 20 26	3. —	OCT 25 2	AD	526
andling Fees 20 26	3.—	OCT 25 2	100	- 0
andling Fees 20 26 65.71 178.5 ower vases – Marker setting fee		OCT 25 Z	EMETI	- 0
andling Fees 20 26 65.71 178 or over vases - Marker setting fee ecording/Filing/Transfer Fees 20	65.MOUI	OCT 25 Z	EMETI	243.7 130
andling Fees 20 26 65.71 178.00 lower vases – Marker setting fee Then vase ecording Filing/Transfer Fees 20	65.MOUI	OCT 25 Z	EMETI	243.7 130
andling Fees 20 26 65.71 178 cover vases - Marker setting fee Then vase ecording/Filing/Transfer Fees 20 eles taxes 20	65.MOUI	Total Due	EMETI	243.7 730 55.0; 1,258.7
andling Fees 20 26 65.71 178 0 lower vases – Marker setting fee Trian vase ecording/Filing/Transfer Fees 20 ales taxes 20	65.MOU 27.51	Total Due	EMETI	243.7 730 55.0; 1,258.7
andling Fees 20 26 65.71 178.00 lower vases – Marker setting fee. Then vase ecording/Filing/Transfer Fees 20 ales taxes 20	65.MOUI 27.51 d receipt number	Total Due er P- 00 S 5.	EMET)	243.7 130 55.0; 1,258.7 1,258.7
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endling Fees 20 26 65.71 178 cower vases – Marker setting fee Thom 70.2 cecording/Filing/Transfer Fees 20 ales taxes Paic Paic thereby certify I am the 1 Purcho 3 and this is your authority to make disposition of I have the right to make this authorization by liability on account of said authorization.	d receipt number of remains a on and I agree and interment.	Total Due F P 10 55 Bal of the as above indicate to hold Mt. Hope P Sa 36TH	ance due e above na d. I certify Cernetery	243.7 730. – 55.00 7,258.7 7,258.7 7,258.7 0 armed decedent and represent harmless from 304.53
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andling Fees 20 26 65.71 178 colored vases - Marker setting fee coording/Filing/Transfer Fees 20 ecording/Filing/Transfer Fees 20 eles taxes 2	d receipt number of receipt number of remains a on and I agree and interment.	Total Due	ance due e above na d. I certify Cernetery	55.0 g 7,258.7 7,258.7 9 smed decedent and represent harmless from 804.53 AER
paid this is your authority to make disposition of the hareby certify I am the Apurchas and I have the right to make this authorization of the plus authorization.	d receipt number of remains a on and I agree and interment.	Total Due er P-00 55. Ball of the as above indicate to hold Mt. Hope 9 Sa 36 TH 9 Sa 36 TH 9 - 26 4 4	ance due e above na d. I certify Cernetery	243.7 730. – 55.00 7,258.7 7,258.7 7,258.7 9 amed decedent and represent harmless from 1804 53

1	
The second second	00000
- Anna State	0
SECTION AND IN	Ф.
The second secon	CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400
The second secon	WHITE TO CUSTOMER CANARY CEMETERY
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL	OFFICIAL RECEIPT

. 20 Ole

3-5136

Sun Deav

Payment of Pre-ne

Acct. No. W.O. BALANCE DUE Softward Noney-Greet Charge	STAMPED PAID" IN THIS SPACE STAMPED PAID" IN THIS SPACE OCT 2 5 2006	CREDIT 87007 20% Sues Care 77184 Pre-Need 69033 Trust 77186	3622.60	300
AC-212 (11-05) This information is available in attenuative formats upon request	ISSUED BY TALIETTE CEMETERY	TOTAL PAID \$	7258. 73	73

8 At need

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Dete_10/7/08

ing TSVAULT	Funeral, date.	Emo MON. DC	T13.175
Churth, Chapel Graveside		CAB	Mortuary
All Funeral cars must arrive before	re 5:00 p.m. of regular work	k day or an extra charge	of 5
will be epplied and billed to unde	rsigned.		
Division 12 Section_	2_ BIN/ROW_	Lor 13 Lan	ave
Grave space & Care Fund	E-01995	78	D-
Overtime/Late Arrival Fees			
Opening/Closing & Setup		********	
Burial Container		*************************	
Handling Fees			
Flower vesse - Marker setting fe	e., ,,	******************	
Recording/Filling/Transfer Fees			
Sales taxas	errana arena en		
		Total Duc	
	Peld receipt number	r	A
	7.	Balance d	ue V
I hereby certify I am the	vire		named deceden
and this is your authority to make that I have the right to make this any liability on abcount of said at	authorization and I agree	to hold Mt. Hope Come!	tify and represent ery harmless from
any insulity on account or earl at	30454		
7		101111111	ully_
hereby authorize the Interment	in lot I	and the	
hereby authorize the Interment hold under deed.	Print Nam	1100 1 31	
hereby authorize the Interment hold under deed.	Print Nam	1609.1,36	st
hereby authorize the Interment hold under deed.	Print Nam	1609.1,36	359 "
hereby authorize the Interment hold under deed.	Print Nam	1609.1,36 19-204-1	359
hereby authorize the Interment hold under deed.	elle mone	160 q.1,36 19-264-1	359

Spoke wish toller
Spoke wish stoller
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To avenorated
To Lot Jan 8
To aves
graves
graves

INTERMENT ORDER

at need

City of San Diego

Date 10/7/2008

Luliana P	bject to your rules and regulations, to inter the remains CG 20 231896
ina Liver	Funeral, date, time Thursday Oct 9200
Type of Burial Container Church, Chapel, Graveside	Guada Cupana Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division <u>12</u> section <u>1</u> Bit	k/RowLot184'_Grave6
Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	538.00
Burial Container PAID	270 00
Handling Fees	0 N/2 N
Flower vases - Marker setting fee	J
Recording/Filing MONTHOPE CEI	WETERY 65.00
Sales taxes	2093
Paid	Total Due
0 40	Balance due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
hereby authorize the interment in lot I hold under deed.	Fried Name To TENERY DOI
Emin (COSS)	SAN DIETO CAG 9910
	Telephone
	Invoice#
Work Order # E 20991	Acct.#

	GRAVE	BLIND CHE	ECK FORM	
IN GRAVE WITH				
the appropriate space	ce the nan e (s) that a	ne's, lot # and are adjacent to	grave # of a	Il existing marker's in
Burial Container	Lin	er		
		X		
Flagged Yes			No_	
Blind check Initiated	W. S.			Pate:
Interment space for:				
Interment Date: //	-			
Div: 12 Sect	:_/_	Blk/Row:	Lot: 13	84 Grave: 6
Grave Laid out by:				
Agrees with Legal Ca	ard:	Yes [□ N	
Agrees with Map:		Yes [No	• 🖂
Blind Check & Verifie	ed By:		Date	
- Indone de l'Onnie	-		Date	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 18. MIDDLE 1C. LAST 1A. NAME OF DECEDENT-FIRST ARELI **PICAZO** YULIANA 3. DATE OF BIRTH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 2 SEX F 11/30/1981 10/05/2008 68. COUNTY OF DEATH---IF OUTSIDE OF CALIFORNIA, ENTER STATE 6A CITY OF DEATH LA JOLLA SAN DIEGO 7A. NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-**BB. CALIFORNIA LICENSE** LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH -- STREET NUMBER AND NAME. NUMBER-IF APPLICABLE CARMEN ESTRADA MOTHER FD1425 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE **GUADALUPANA MEMORIAL CHAPEL & MORTUARY** 1715 GATEWAY DR. 2601 IMPERIAL AVENUE SAN DIEGO, CA 92105 SAN DIEGO, CA 92102 9A. APPLICANT SIGNATURE 98. DATE SIGNER ACKNOWLEDGEMENT OF APPLICANT-1 hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 10/09/2008 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055 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. 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10B. DATE PERMIT ISSUED 10A. AMOUNT OF FEE PAID \$ 11.00 10/09/2008 WILMA WOOTEN, MD 10E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 10D 10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA 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 128, DATE BURIED 12C. INTERMENT NUMBER-IF APPLICABLE NUMBER OF 2008 SCATTERING IN A MOUNT HOPE CEMETERY., 3751 CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING MARKET STREET,, SAN DIEGO, CA (INCLUDES + ENTOMBMENT) 92102 13C CREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE DR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER

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 DOCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

16B. DATE OF DISPOSITION

160 SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

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 *

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A

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

16C LICENSE NUMBER OF CREMATED REMAINS DISPOSER-IF APPLICAGLE

THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY PUBLIC CEMETERY

This information is available in alternative formats upon request

AT-NEED PURCHASE MOUNT HOPE CEMETERY

61517

(4)E(1)	(619) 527-3400	1 March	10	00
	Date	- Harel	10 ,20	04
From: CAYMEN ESTIAD	Address: Onto (110			
SIXTY SIX a	18/00	Dollar		81
inPayment of _	(2) Galvanized V	nses Julia	na Picaz	0 3
DivSec_	Blik/ RowLot	184 Gr	ave 6	25.
Invoice No E-20901	NOT VALID FOR BURPOSES SEATED UNLESS	1	FOR	
Acct. No.	STAMPED "PAID" PAINED	CREDIT 67007 20% Sales Care 77184		
W.O.	MAR 1 8 2009	80% Sales 100 of Lots 77184 Opening/ 100	-	
BALANCE DUE	-	Closing 77181 Burlal 100		
	MOUNT HOPE CEMETERY	Containers 77182	28	00
☐ Money Order		Handing Fee 77185 Recording & 100		00
Charge	b' (Mais	Misc. Feen 77183 Sales Tax 60101	- 2	10
L Check	ISSUED BY MA	78390	Tala	18

INTER	MENT ORDER
ME-MEECT CI	ty of San Diego
Lot/trust	Date 10 7 08
2 29659	231881
	subject to your rules and regulations, to inter the remains
of James for	or Beatrice Keitt
ina Poule-Deph A+B	Funeral, date, time
Church, Chapel, Graveside	: Mortuary.
All Funeral cars must arrive before 3:00 p.r	n, of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	- 10
Division Section	Blk/Row Lot 156 Grave 12
Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup. 2 - 9/C	£ 533.00 1066.00
	539.00
	HEI M
Handling Fees.	
Flower vases – Marker setting fee	ecording/films 2 \$65.00 130.00
	41.77
Sales taxes	449477
	Total Due 1474
Pa	id receipt number 1 -01120 100.00
	Balance due <u>3514.1</u> 7
I hereby certify I am the_ and this is your authority to make dispositi	of the above named decedent on of remains as above indicated. I certify and represent
that I have the right to make this authorizat any liability on account of said authorization	ion and I agree to hold Mt. Hope Cemetery harmless from
	JAMES 1. 5 3 41
I hereby authorize the interment in lot I hold under deed.	Mil Nicola Control of the Control of
Market	Address Address
Riginare	City DESTE CONTROLLED
	6/9,470604F
Work Order # E 20992	Invoice #
While Order # E	And #

10 10 10 8 Mailed Corpors The information is available in atternative formats upon request.

0	OFFICIAL RECEIPT WHITE TO CANARY	MOUNT HOPE CEMI (619) 527-3400 Date	ASE PO ETERY October 7	142.	
	in Days Payment of from Div 11 Sec	(03/00	Dollars (\$, SI) Dollars (\$, SI) Dollars (\$, SI) Grave	700.00	<u>4-73</u> 0)
•	Invoice No. <u>E-20992</u> Acct. No W.O BALANCE DUE \$\mathbb{B}\$ 3,394.77	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 — Pre-Need 63033 Trust 77186	452.	80
0	/c. Pre-Need Lot	OCT 7 2008 MOUNT HOPE CEMETERY ISSUED BY CLUE C.	100/77/84 =	447.	20
~	AC-212 (11-06) This information is available in alternative formats upon riques	ISSUED BY TIME W.	TOTAL PAID \$	900.	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 10 7 2008

You are hereby authorized and instructed	subject to your rules and	d regulations, to inter the remains
of DORIS P	OBBINS	lly0 b
in a Liner	_ Funeral, date, time _	Thurs oct 9th 200
Church Chapel Graveside		JAN DEGO MEM Mortuary.
All Funeral cars must arrive before 3:00 p.r	m. of regular work day o	an extra charge of \$
will be applied and billed to undersigned.		The second second
Division 12 Section 2	Bik/Row Lo	ot 119 Grave 9
Grave space & Care Fund		2264.00
Overtime/Late Arrival Fees	TIMA	
Opening/Closing & Setup	MALLO	533.00
Burial Container	, NI,	270.00
Handling Fees.		206.00
Flower vases Marker setting fee	5.09 \$1.19	7.00 211.09
Recording/Filing/Transfer Fees.		65.00
Sales taxes	/	2093
(Total	1 Due 3,570,02
Pa	id receipt number	
		Balance due
I hereby certify I am the and this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization	ion of remains as above ion and I agree to hold	of the above named decedent e indicated. I certify and represent Mt. Hope Cernetery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name	
	Address	
100.0896	City	Zip Code
Sax 619 692-0896	Telephone	
= 00007	Invoice #	
Work Order # E 20993	Acct. #	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10/9/08

You are hereby authorized and instructed, sul	bject to your rules and regulations, to inter the remains 23 1886
in a TS VAULT Type of Buriel Container Church, Chapel, Graveside	Funeral, date, time SaT, OCT 11 @ 2:30
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	k/RowLot_155Grave4
Grave space & Care Fund	-5918/1986 -0
Overtime/Late Arrival Fees	<u>851.00</u>
Opening/Closing & Setup	AID 533°° 355°°
Handling Fees OCT	0.9.2008 263°°
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees MOUNT HO	OPE CEMETERY 65 a 27.51
Paid	Total Due
	Balance due
I hereby certify I am the X and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of the above named deceder of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from the interment.
I hereby authorize the interment in lot I hold under deed.	Prin Name Vac attacked
Sgrature	Address X 2/p Cox X Telephone
Work Order # E 20994	Invoice #
	nation is available in alternative formats upon reques

@ Providence received paper

MT. HOPE'GEMETERY INTERMENT ORDER

City of San Diego

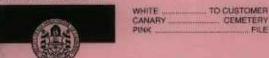
0010 1019108

Lilingia Chi	ubject to your rules and regulations, to inter the ramains
	Funeral, date, time SQT, OCT 11 @ 2:30
Church, Chapel, Graveside	: Merkley Mitchell Mortuery.
All Funeral cars must enrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned	IEE II
~	HINROW Lot 155 , Grave 4
Grave space & Care Fund	2918/1900 -05100
Overtime/Late Arrival Fees	801.
Opening/Closing & Setup	AID 323
Surlai Container	7/200
Handling Fees	0.9 2000
Flower veses - Marker setting fee	ZEOC ZEOC
Recording/Filing/Transfer FestiouNT H	OPE CENIETED!
States taxos	Total Due
I hereby certify I am the X Power I and this is your sushority to make disposition	of the above named decedent
eny liability on account of said authorization	
(hereby authorize the interment in lot (hold under deed.	X Houch Hwa Niger *** 281 Edge wood twe
X	Teanuk, Ng 07666
	X M(201) 833-1506 De Cooks
Work Order # E. 20994	Invalce # E 2 0 9 9 4
	mation is evaluable in alternative formats upon request.

MOUNT HOPE CEMETERY

GRAV	E BLIND CHECK FORM	
IN GRAVE WITH		
marked with "X". Place the na the appropriate space (s) that	eased for which the grave is for in the block ame's, lot # and grave # of all existing marks are adjacent to the burial space.	er's in
	TREE	
FONG	X	
Flagged Yes	No	
Blind check Initiated by:	Date:	
Interment space for:		
Interment Date: 10/11/08	Time:	
Div: 11 Sect: 2	Blk/Row: Lot: 155 Grave:	4
Grave Laid out by: KEO	Y L DAVE	
Agrees with Legal Card:	Yes No No	
Agrees with Map:	Yes No	
Blind Check & Verified By:	KEN Date 10 /9 /0	8
Cremains were placed at:	of grave	

OFFICIAL RECEIPT



AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

m 7/18/11/5 61919

	Date	DEPLUTER	14 .20 01
From: HSUEH H- NC	AI Address: 28/ FN+W(DOD AVE., TI	ANECK NI 07
Two hundred, they	ty-seven und you	Dollars	(s 237.00)
in Payment of	Bell rules for Wine	nic iba	
Div Sec	2 Blk/ Row Lot	155 Gra	ve <u> </u>
Invoice No. E-20994	NOT VALID FOR PURPOSES STATED UNLESS		
Acct. No.	STAMPED "PAID" IN THIS SPACE	CREDIT 67007 20% Sales Care 77184	
W.O		80% Sales 100 of Lots 77184	
BALANCE DUE	PAID	Opening/ 100 Closing 77181	
	SEP 1 4 2009	Burisl 100 Containers 77182	
☐ Money Order		Handling Fee 77185 Recording & 100	2 2
Charge	MOUNT HOPE CEMETERY	Misc Fees 77183 Sales Tax 60101	25/00
Deheck 9,40	ISSUED BY PURITIES	78390	03700
AC-212A (11-08) This information is available in afternative formats upon reci	HEST.	TOTAL PAID \$	~ 101

OFFICIAL RECEIPT WHITE CANAR

WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61221

	Date:	10	17	, 20 0	3
Two Thousand 1	Inoty four and 51/	100	Dollars (\$	2,094,9	7,
inPayment of DivSec Invoice No. E = 20994	2 Blkv Row Lot	155	Grave	. 4	
Acct. No	NOT VALID FOR THE STATE ED UNLESS STAMPED "PAID" IN THIS SPACE OCT 0 9 2008	CREDIT 20% Sales Care 80% Sales of Lots	100 77184		
BALANCE DUE	MOUNT HOPE CEMETERY	Opening/ Closing Burial Containers Handling Fee	100 — 77181 100 — 77182 100 — 77185	530 00 355 00)
Check AC-212A (11-95) This information is swallable in afternative formats upon requ	ISSUED BY Malia O,	Hecording & Misc Fees Sales Tax	100 77183 — 60101 78390 — \$ 4	9 16 00 27 51 2,094 5	1

Hsueh hwa Ngai 281 Edgewood Ave., Teaneck, NJ 07666 (t) 201-833-1506; (f) 201-833-8252; e-mail:: hw5@columbia.edu

September 8, 2009

City of SD Mount Hope Cemetery 3751 Market St. San Diego, CA 92102

Dear sir:

My relative Winnie Chu was interned at your place in October, 2008 - Section 2, Division 11, Lot 155, Plot #4.

We just ordered a head stone from Conti & Son Monument Co. and it will be delivered to you in about one week.

I am enclosing here the setting fee of \$237 as previously quoted by you.

Please set the stone flat on the ground when it is delivered and kindly let me know when it is done.

Thank you very much.

Usul live up-

Sincerely yours,

Hsueh hwa Ngai

CK# 9040 R61919

PAID SEP 14 2009

MOUNT HOPE CEMETERY

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 IC LAST WINNIE CHU 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) 05/02/1913 10/08/2008 188. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE 6A CITY OF DEATH SAN DIEGO SAN DIEGO 7A NAME OF INFORMANT BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME. 8B, CALIFORNIA LICENSE 78 RELATIONSHIP TO DECEDENT NUMBER-IF APPLICABLE POA HSUEH HWA NGAI FD119 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME CITY, STATE, ZIP CODE MERKLEY MITCHELL MORTUARY 281 EDGEWOOD AVENUE 3655 FIFTH AVENUE TEANECK, NJ 07666 SAN DIEGO, CA 92103 BA. APPLICANT SIGNATURE 98 DATE SIGNED 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 10/09/2008 etrule stated herein is one of the dispositions authorized by Health & Safety Code Section 103055 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. 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED \$ 11.00 10/10/2008 WILMA WOOTEN, MD 100. 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 FOR CORONER'S USE ONLY 11. AUTHORIZED DISPOSITION(S) BURIAL 12A NAME AND ADDRESS OF CALIFORNIA CEMETERY 12B. DATE BURIED 12C INTERMENT NUMBER--IF APPLICABLE BURIAL OR MOUNT HOPE CEMETERY SCATTERING IN A CEMETERY 12D. SIGNATURE OF BERSON IN CHARGE OF BURIAL OR SCATTERING 3751 MARKET STREET INCLUDES ENTOMBMENT SAN DIEGO, CA 92102 13C CREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 138 DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

TRANSIT

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A

CEMETERY

18A. 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. 168 DATE OF DISPOSITION

THE CARRIER

16C, LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

160. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH

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.

WEBE SCATTERED AT SEA.*

VERY SCATTERED AT SEA.*

COPY 2 PRETAINED 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 2-SRETURNED 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

CREMATED REMAINS ARE TO BE SHIPPED

15D DATE SHIPPED

CITY OF SD MT HOPE CEMETERY 64 SAN DIEGO CA 92102 613-527-5474

Tera 10: 79598694 Ref #: 8882

Phone Order

VISA Entry Method: Manual

Total:

2,894.51

10/09/08

10:49:09

Inv #: 880802 Appr Code: 87305A Batch#: 880828

AVS Code: ZIP MATCH Z CVV2 Code: MATCH M

Zip Code:

MT. HOPE CEMETERY

INTERMENT ORDER

AT Need

REA-104 (3-04)

City of San Diego

Date 10[9108 in #225695 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains LOVER W. HOFFMAN Funeral, date, time Church Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of will be applied and billed to undersigned. 43 Grave Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container.... Handling Fees ... Flower vases - Marker setting fee . 69-474-8546 I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. Invoice # E 20995 Acct.#

O Friend on a wind paper

This information is available in alternative formats upon request.

MOUNT HOPE CEMETERY

GRA	AVE BLIND CHECK FORM
IN GRAVE WITH	8
marked with "X". Place the	eceased for which the grave is for in the block e name's, lot # and grave # of all existing marker's in that are adjacent to the burial space.
Burial Container	iner
	X
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	lover ttoffman
Interment Date: 148-00	1414 Time: 9:00 am
Div: MAS Sect:)Blk/Row:Lot: 43 Grave:22_
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

1A NAME OF DECEDENT—FIRST CLOVER			TOTAL CONTRACTOR		G LAST HOFFMAN			
	TE OF BIRTH (MONTH, DAY, YEAR) /01/1915		4 DATE OF DEATH (10/07/2008	MONTH, DAY, 1	YEAR) 5. (FETAL DEATH O		DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)	
EA CITY OF DEATH LA MESA				SAN DIEGO				
7A NAME OF INFORMANT CHARLOTTE SPAHN 7B. RELATIONSHIP TO DECEDEN DAUGHTER							BB. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD-284	
3673 69TI	FULL MAILING ADDRESS—STR 1 ST CA 91941	REET NUMBER AND N	AME, CITY, STATE, ZIP	CODE	607 NATIO	O MEMOR	BLVD	A HE WATER
right to control disp stated herein is on	MENT OF APPLICANT I here delien pursuant in Health & Safety of the dispositions sulfronzed by in AUTHORIZATION OF LOCA	y Code Section 7100, an Health & Safety Code S	nd that the disposition section 103065.	PA. APPLICANT	Lise	Cas		98. DATE SIGNED
			nd Safety Code and is the	ne authority for the	ve disposition specif	od in this permit.	NOTE: This permit	gives no right of disposal outside
\$ 11.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. DATE PERMIT ISSU 10/14/2008	100		WOOTEN		PERMIT	E
	ECRANS ST GO, CA 92110 DISPOSITION(5)			-	FOR	CORONER'S U	SE ONLY	
70								
	12A. NAME AND ADDRESS O	OF CALIFORNIA CEME	TERY		128. DATE BURIE	D	12C INTERM	ENT NUMBER-IF APPLICABLE
BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT	MT. HOPE CEME SAN DIEGO CA 9	TERY 3751 M			70-14	-08	I E-	NENT NUMBER—IF APPLICABLE 2095 LORSCATTERING
BURIAL OR SCATTERING IN CEMETERY (INCLUDES	MT. HOPE CEME SAN DIEGO CA 9	TERY 3751 M 92102	IARKET ST		10-19- 100 SIGNATURE • UUL 138. DATE CREM	OF PERSON IN C	CHARGE OF BURIA	20995 LOR SCATTERING TON NUMBER—IF APPLICABLE
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BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT CREMATION	MT. HOPE CEME SAN DIEGO CA 9 13A NAME AND ADDRESS OF 14A NAME AND ADDRESS OF 15A NAME AND ADDRESS OF CREMATED REMAINS ARE TO SUFFICIENT TO IDENTIFY FIRE IF BURIAL AT SEA, ONLY ENTER	TERY 3751 M 32102 F CALIFORNIA GREMA F CALIFORNIA FACILI RECEIVING STATE O DINT ON SHORELINE, MAL PLACE AND CALIF	TY RECEIVING REMAIL OR OTHER DESCRIPT	REMAINS OR	13B. DATE CREM. 13B. DATE CREM. 13B. SIGNATURE 14B. DATE RECEI 14C. SIGNATURE 15B. NAME AND A 15C. SIGNATURE 15B. DATE OF DIS	OF PERSON IN CO	CHARGE OF BURIA DHARGE OF CREM CHARGE OF FACILI CHARGE OF PLACE THE LICENSIS	20995 LORSCATTERING DON MINBER OF APPLICABLE ATION TY

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 CHEMATED 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, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS 9e Rev. 01/01/2008

AC NEGO PN/AN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-4-08

of	BRYANT,	WILLIE	CLARISSE	23816
na 2ND	LINGR pe of Burtal Container	_ Funeral, date,	time <u>WEO 10-</u>	15 2:30
Church, Chapel,	Graveside		· RAGSDING	Mortuary.
All Funeral cars	must arrive before 3:00 p	.m. of regular work	day or an extra charge	of \$
will be applied a	nd billed to undersigned.			
Division	Section	Blk/Row	Lot _63_ Gre	ave
Grave space & C	Care Fund E19	BAIMEZ	-05	0
Overtime/Late A	rrival Fees	1110		
Opening/Closing	& Setup	1 3 2008		533.00
Burial Container	MONTO	VAN		270.00
Handling Fees	MOCNTHO	PE CEMET	ERY	206,00
Flower vases – I	Marker setting fee			
Recording/Filing	/Transfer Fees			65.00
Sales taxes				20,93
			Total Due	1094.93
		ora receipt manner	Balance du	e
that I have the ri	am the authority to make dispessight to make this authorization	gnon of remains at ation and I agree t	of the above above indicated. I cer	named decedent tify and represent
hereby authoria	ze the interment in lot I	A Ko	iren Howa 49 Everett	AVE
Signature		x S	an Diego a	A 92113
MORTUE	my to Pay	City X Telephone		Zip Code
	20996	Invoice	#	

(Res) Deep INTERME	- E2099
D'Extrar City of	
iRes) O MT. HOPE	E CEMETERY
D. I. P. Deep INTERME	NT ORDER
D' sttla City of	San Diego
NIA DINE!	Date 4-11-05
0.1 6	
too are tratedy authorized and managed, apole	ct to your rules and regulations, to inter the remains
or Gladis Brya	nt 128765 +6 101
In a Ciner Fu	meral, date, time April 26, 200
Church, Chapel, Graveside presbyter	rian : Ragsdale Mortuary
	regular work day or an extra charge of \$2.8.
will be applied and billed to undersigned.	
Division / Section / BIMF	lowLot 6 3 Grave 4
Grave space & Care Fund	\$ 485.0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container 41	AID 209.0
Handling Fees.	The state of the s
Flower vases Marker setting feeAPF	2 1 2005 51.6
Recording/Filing/Transfer Fees	30,00
Sales taxes	OPE CEMEILE # 16.70
	Total Due
Paid rec	celpt number R-58765 # 1, 884.8
	Balance due
I hereby certify I am the X Juile	of the above named decedent
and this is your authority to make disposition of that I have the right to make this authorization a	remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization and	interment CIBRISER W. BRYANT
I hereby authorize the interment in lot I	r Clarises W. Bryant Province W. Bryant Province * 2)49 EVERCTT AVE- Address
hold under deed.	+ 2140 EVERETT AVE.
* Gavier W. Bryant	
Sanda Sanda	SAN Diego 9213-1
Sandra	¥ 619 138-0609
	Invoice #
Work Order # E 19082	Acct. #
CANTON MARKET MA	Total Control of the

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

MOUNT HOPE CEMETERY

	GRAVE BLIND	CHECK FORM	
N GRAVE WITH	GLADYS	BRYANT	
marked with "X". Pla	ce the name's, lot	which the grave is for # and grave # of all e ent to the burial spa	existing marker's in
Burial Container	LINES	_	
	POUL IN X		
lagged Yes		No	
Blind check Initiated interment space for: interment Date: 10	Wille	LADISEA BY	
	Blk/Rov	v:Lot: <u>63</u>	Grave: 4
	ard: Yes	No No	
Agrees with Map: , Blind Check & Verifie		No Date 1/	113106
	1273		

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 BRYANT CLARISSA WILLIE 2 DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) F 01/22/1927 10/08/2008 64 CITY OF DEATH 68 COUNTY OF DEATH-IF OUTSIDE OF CAUFORNIA, ENTER STATE SAN DIEGO SAN DIEGO 7A. NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT BA. TYPED NAME AND ADDRESS OF CALIFORNIA. BE CALIFORMALICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME. CITY. STATE, ZIP CODE KAREN HOWARD DAUGHTER FD1329 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 2149 EVERETT AVENUE 5050 FEDERAL BLVD. SAN DIEGO, CA 92113 SAN DIEGO, CA 92102 9A. APPLICANT SIGNATURE 9B DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT-1 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 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION saith and Safety Code and is the authority for the disposition specified in this permit. TE: This permit gives no right of disp of California. 10B. DATE PERMIT ISSUED 10A. AMOUNT OF FEE PAID 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 10/14/2008 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 12C INTERMENT NUMBER 128 DATE BURIED IF APPLICABLE BURIAL OR -08 IS SCATTERING IN A MT. HOPE CEMETERY: 3751 MARKET CEMETERY 12D SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 UNCLUDES ENTOMBMENT 13A NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C CREMATION NUMBER---IF APPLICABLE 13B DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 140. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 115B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH \$15D. DATE SHIPPED THE CARRIER 18A. 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 16C LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE 16B DATE OF DISPOSITION SCATTERING/ BURIAL AT SEA OR OTHER THAN IN A 16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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 10/9/08

0. 11.00	
You are hereby authorized and instructed, subject to	
or AYesha Show	yeb 231888 10:00
in a Slob	ral, date, time at - Oct. 11, 2008
Church, Chapel Graveside	BISHOP Mortuary.
All Funeral cars must arrive before 3:00 p.m. of reg	gular work day or an extra charge of \$
will be applied and billed to undersigned.	
Matin	15 .L
Division MUSIMSection Blk/Row	vLotGrave
Grave space & Care Fund E-1362	20
Overtime/Late Arrival Fees	EE 851.00
Opening/Closing & Setup	533.00
Burial Container	- 1 4-2
Handling Fees	71.00
Flower vases - Marker setting fee	7500
Recording/Filing/Transfer Fees	08.00
MOUNT HOPE C	EMETERY 1640 QU
MOUNT HOPE O	P-(1)223 1 (4)0 201
Paid receip	APOX536
Son	PTO 00 Balance due
I hereby certify I am the and this is your authority to make disposition of re	
that I have the right to make this authorization and any liability on account of said authorization and interest in the control of the contro	
I hereby authorize the interment in lot I	Abdua K. Shoues
hold under deed.	2452 Tulipan Pray
Abolin K. Shoyes	San Diego CAMAIII 51%
	CHY 619-206-5290 25 COOM
	Telephone
= 20997	Invoice #
Work Order # E 20997	Acct.#

35/-	274 6706 0	r 619-21	5/p-520	10 ,	The state of the s	- Tallian -	Self redit		and the same of th
	OFFICIAL RECEIPT			CITY OP SAN DIE			-61	223	*
	John Roya.		CEMETERY	AT-NEED P			-		
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				(010) 02	Date:	00	Hober	9 20	08
	- Abduel	son)		94-531		oughi		1. 1031	in Ha
	From: FIDCUT	1 - 4 (Address	1 211	TROI		-	1 10	CON STA
	Dixigen Flund	cived , lov	ry-two	and offix	0		Dollars (\$	1,642	107
	in rull	Payment of 10	termen	t of Ave	eshas	house	b Serv	1000	on Sot.
	DIV MUSLIM	Sec		Blk/ Row	Lot	卷	Grave	15	
				1500					
	Invoice No.		NOT VALID FOR F	PURPOSES STATED U		CREDIT	67007	1	
-	Acct. No.	and the same of	JAME LO TAID	NY THIS GITTE		20% Sales Care 80% Sales			
	W.O		4- 5	PAID		of Lots	77184	532	00 04
The same	BALANCE DUE	10		וחוט	1	Opening/ Closing	77181	110	N) W
			0	CT 9 2008		Burial Containers	100 —— 77182	771	N)
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0	☐ Moriey Orde		MOUNT	HOPE CEME	TEDY	Recording & Misc. Fees	100 77183	91601	(X) < 65
	1 Charge	AP03053B	0	11111		Sales Tex	60101 78390	19	24
HOC	LUNK THEIN	THOUSE	SSUED BY	asult.	-		1	1040	04
	This information is available in alterna	tive formats upon request.				TOTAL PAID	,	4	
	Figure Street Commence of the	1	non-America	On the State of th	Andrew Street	AND SOUTH	Statement of the	A COLUMN TO THE PARTY OF THE PA	
								200	

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Lot Grave Univolize No. Accre No. M.O. E GG GG BALANCE DUE BALANCE DUE Pro-read Trust G Gash G Check (E) Accre 184, 590	OFFICIAL RECEIPT
Control of the Contro	Accepted of Participation of Street, Participa
NOTYALID FOR FURDIOSE STATED UNILESS STAMPED	MOUNT HOPE CEMETERY SET-SIOD
Section Hard Case Property Composity	Date 18
Division Black	45693



MT, HEPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/19/97

in a Type of Buriel Continuer	Funeral, date, time	-
Church, Chapel, Graveside	1	Mortuary
All Funeral cars must arrive before 3:30 p n	n of regular work day or an extra charge	e of \$
will be applied and hilled to undersigned.	W	
6,11, 15	Muslim	
Lot Grave Row	Section Division/E	Block
Grave space & Care Fund	3 W 550.00	1650,0
Additional spaces and care fund	a-57 mannama-17 turning and a state of the s	
Opening/Closing & Setup		01
Burial Container	.,	
Handling Fess		#
Flower vases - Marker setting fee		
Recording and filing fee		1/2
Sales taxes		
	Total Due	14590
Pal	d receipt number 14-43599	1650-02
	Balance du	0
		named deceden
I hereby certify I am the		ry harmless fron
and this is your authority to make dispositional I have the right to make this authorization	on and I agree to hold Mt. Hope Cemete	
and this is your authority to make disposition	on and I agree to hold Mt. Hope Cemete	
and this is your authority to make dispositions that I have the right to make this authorization and liability on account of said authorization. I hereby authorize the interment in lot I	on and I agree to hold Mt. Hope Cemete	
and this is your authority to make dispositions that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold Mt. Hope Cemete n and interment	
and this is your authority to make dispositions that I have the right to make this authorization and liability on account of said authorization. I hereby authorize the interment in lot I	on and Lagree to hold Mt. Hope Cernete n and interment	Top Coo
and this is your authority to make dispositions that I have the right to make this authorization liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	on and Lagree to hold Mt. Hope Cemete n and interment. Bignalius	In Co.
and this is your authority to make dispositions that I have the right to make this authorization liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	on and Lagree to hold Mt. Hope Cernete n and interment Bignalium Address City	In Cod

O Printed on respelled jetters

MOUNT HOPE CEMETERY

GRAV	E BLIND CHE	CK FORM	
IN GRAVE WITH	Ø		
Write in the name of the dec marked with "X". Place the r the appropriate space (s) the	name's, lot # and g	grave # of all exi	sting marker's in
Burial Container 5	lab_		
	X		
Flagged Yes V		No	
Blind check Initiated by: Interment space for:	yesha S	no yeb	
Interment Date Sct. Oct			
Div: Muslimsect:			Grave: 15
Grave Laid out by:	currett o	Dave	
Agrees with Legal Card:	Yes 🔼	No.	
Agrees with Map:	Yes 🔼	No	
Blind Check & Verified By:	Ken	Date/0/	9/08
Cremains were placed at:		of grave	

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61234

	Date:	- 15	10-	14,20	22
From: M SHOYEB	Address: 4175 Swift	VE 45	20		104
ONE HUNDRED -SEVEN	MEIGHT & MOS -		Dollars (\$	7800)
in Full Payment of So	TUNG FOR MARKON FOR	. AYESH	A SHO	YEB	
DivSec	Blk/ Row Lot	15	Grave	中	_
Invoice No. Acct. No. 6-20497 W.O. 6647 BALANCE DUE Money Order Charge A4009721 Check AC-212A (11-05) This information is excellable in alternative formats upon request	PAID OCT 14 2008 MOUNT HOPE CEMETERY ISSUED BY	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burtel Containers Handling Fee Recording & Misc Fees Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77185 100 77185 100 77183 60101 78390	178	

NA NAME OF C	DECEDENT—FIRST		18 MIDDLE	THE RES		IC LAST			
AYESHA			-		SHOYEB				
SEX 3	DATE OF BIRTH (MONTH, DAY 06/30/1928	YEAR)	4 DATE OF DEATH (MONTH DAY 10/08/2008		YEAR) 5. (FETAL DEATH ONLY)		AL DEATH ONLY) DAT	DATE OF EVENT (MONTH DAY, YEAR)	
SAN DIE					SAN DIE		JTSIDE OF CALIFORN	NA ENTER STATE	
	SHOYEB 78 RELATIONSHIP TO DECEDENT SON			CEDENT	LICENSED FUNERAL DIRECTOR OR PERSON NUMBER-IF A			BE CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1673	
4175 SV	VIFT AVENUE, UNIT EGO, CA 92104		NAME CITY STATE ZIP COO	€	3444 CIT	MORTUAI RUS STR GROVE, C	EET		
phi to control o aled nerein is	OGEMENT OF APPLICANT—I of disposition pursuant to Health & Sa one of the dispositions suthorized ID AUTHORIZATION OF LO	flety Code Section 7100 by Health & Safety Cod	and that the disposition e Section 103055	5	SIGNATURE	NEW PERM	IIT TO SHOW FIN	SE DATE SIGNED /0/09/20 IAL DISPOSITION	
os permit is a California.	isued in accordance with provision	s of the California Heatt	n and Salety Code and is the aut	thority for it	e disposition spec	offed in this pern	of NOTE: This permi	t gives no right of disposal outs	
11.00	OF FEE PAID	108 DATE PERMIT IS 10/09/2008			WOOTEN		NG PERMIT	FO	
BURIAL		1 5 7 6							
BURIAL O	TZA NAME AND ADDRES	A CONTRACTOR OF THE PARTY OF TH			12B DATE BURG	00	12C INTERN	2007	
CEMETER CEMETER (INCLUDE ENTOMEME	STREET, SAN				120 SIGNATURE	OF PERSON	N CHARGE OF BURN	L OR SCATTERING	
	13A NAME AND ADDRES	S OF CALIFORNIA CR	EMATORY.		138 DATE CREA	MATED	13C CREMA	TION NUMBERIF APPLICABLE	
CREMATIC	CREMATION			13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION					
14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE		14B DATE RECEIVED							
		14C SIGNATURE OF PERSON IN CHARGE OF FACILITY							
acientific (
	CREMATED REMAINS AR		E OR COUNTRY WHERE REM	AINS OR	15B NAME AND	ADDRESS OF	PERSON IN CHARGE	OF PLACING WITH THE CARRI	
TRANSIT	CREMATED REMAINS AR		E OR COUNTRY WHERE REM	AINS OR			PERSON IN CHARGE IN CHARGE OF PLAC		

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN TO DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POWNT 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

16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

Pre-need lot, trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/10/2008

ina WUVC	-Depth A	₹B Funeral, d	ate, time		
Church, Chapel, Gra	aveside				Mortu
All Funeral cars mus	st arrive before 3:00	p.m. of regular v	work day or a	extra charge o	f\$
will be applied and t	billed to undersigne	d			
Division 11	Section	Blk/Row	Lot _	15 Grav	1000
Grave space & Care	Fund				2,26
Overtime/Late Arriva	20	\$533.00	5		1.06
Burial Container					51
Handling Fees					15
Flower vases - Mari	ker setting fee	\$ 65.00)		130
Sales taxes					41
	PAID	_	Total C	ue	4,49
	OCT 1 0 2000	Paid receipt nur	mber Y-O	1431	4,49
	OCT 1 0 2008			Balance due	
I hereby seriful ass and this who had that I have the right any liability on acco	to make this author	rization and I agr	ee to hold Mt.	of the above redicated. I certif Hope Cemeter	named dece y and repre y harmless 3/884
I hereby authorize to hold under deed.	he interment in lot I	Print	Name 12 470	SENDA.	12.0
x blay (string	Address	22	GO CA.	
00100	23 98 15-0	CHY Trilled		2-9908	Zi
on- 2130	2				

On friday October 10, 2008 paid in full for lot 15,gr 3, sec 1, division 12. Mr Ruiz, Ray went out with me to select the lot for him and his wives pre-need burial. I verified him by his California Drivers License 51382398 Exp 3-15-09 and his military identification from the armed forces.

OFFICIAL RECEIPT	PRE-NEED PURCH	ILEOROUS INC.	17451
WHITE TO		10.797	
	(619) 527-3400	10	-0
	Date:	October	0 ,20 08
From: Raymond Ruiz	_Address: 124177 Sencio	and San Dies	10 CA 9212
5	Hundral Minety-fou		4 494.77
		A CONTRACTOR OF THE PARTY OF TH	
in Full Payment of 1	re-need lot trust.	for Raymond	Mariaki
Div Sec_	Row Lot	Grave	2
Invoice No. E-20998	NOT VALID FOR PURPOSES STATED UNLESS		
Acct. No.	STAMPED "PAID" IN THIS SPACE	CREDIT 67007	452 80
	DAID	20% Sales Care 77184 — Pre-Need 63033	2270 7
W.O	PAID	Trust 77156	
BALANCE DUE	OCT 1 0 2008	1001-401	
	001 1 0 2000	100/77864	1,811.20
Pre-Need Lot	MOUNT HOPE CEMETERY		
	WOUNT HOPE CEMETERY		
The second secon	ISSUED BY Paulutice.		
AC-212 (11-05) Check 5.4.5	South as a second of	TOTAL PAID \$	4,49477
This information is available in alternative formats upon region		The state of the s	

13243 Poway Road Poway, CA 92064 (858) 748-4101

1195



FUNERAL PURCHASE CONTRACT

(STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED)

(Charges are only for those items that are used. If we are required by law to use any items, we will explain the reasons in writing below. If you selected a funeral which requires embalming such as a funeral with viewing, you may pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged you for embalming, we will explain why below. FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU, 1625 NORTH MARKET BOULEVARD, SUITE S-208, SACRAMENTO, CA 95834; TELEPHONE NUMBER (916) 574-7870

Full name of deceased	412	Date of Statement	113109
Deceased is SPOUSE. (Please PRINT Name	of person arranging service	Case No. 2090/Cot Death	1-12-09
(Give Relationship)	or person or anymy services	-	
PROCESSIONAL SERVICES		CASH ADVANCES If Credit Card is us	sed Cash Advances will carry
PROFESSIONAL SERVICES Basic minimum services of Funeral Director and Staff		an additional charge of 2 to 4%.	11.771
Embalming	\$	Disposition Permits	
Other Preparation of Remains	\$	Gentified Copies of Death	E La File
Personnel for coordination and direction of funeral service		© \$ cacn	
conducted at church, temple, or other facility	*	Public Transportation (Air Freight Approx.	
Personnel for coordination and direction of funeral service conducted at graveside or place of final disposition	s	Motor Escorts @each	\$
Personnel for coordination of memorial service at church, temple		Clergy Honorarium	S
or other facility	5	Obituary Notices	
Personnel for coordination and direction of visitation or evening prayer service at church, temple or other facility	\$	Outside Funeral Director	
Additional Charge for Sunday or Holiday Service	*	Organist / Vocalist	
Scattering of cremains at sea	\$		
Packaging and shipment of cremains	\$	We charge you for our services in obtains motor escorts, obituary notifices and	ng: Cremations,
-Landing and Section of Landin	5		. 107 -
TOTAL PROFESSIONAL SERVICE	5	TOTAL CASH ADVANCES	******* ******************************
FACILITIES		SUMMARY	9200
Use of facilities and personnel for funeral service or memorial services (including ceremonies without body present)	\$	Total Cosh Advances	
Use of facilities and personnel for viewing including		Total Cash Advances Sales Tax if applicable %	\$ 204
arrangement of floral pieces tributes and recorded music (4 hrs)			349.1
Use of facilities for retrigeration storage (per day)	5	GRA	NOTOTAL \$98461
Use of facilities and personnel for coordination and direction of viewing and evening prayer service (4 hrs)		Less Credits and Prepayments:	
viewing and evening pittyet solvate (4 ins)			\$
TOTAL FACILITIES	5		
TRANSPORTATION	200	Total Credits	1111111 S.
Transfer of remains from place of death to mortuary (within		BAL	INCE DUE & 846.1
25 mile radius)	\$		RTUARY
Hearse and driver (within 25 mile radius)	s	DISCLOSURES: Pay 8	3.884.40
7 Passenger Limousine and driver (within 25 mile radius)	\$	If any law, cemetery or crematory requires	
Flower Car and driver (within 25 mile radius)	.5	any items listed, the law or requireme	nt is explained below. Heason
Service / Utility Car and driver (within 25 mile radius)	\$	The only warranty on the casket and/or o	outer bunal container or both solo
Additional distance will be charged at \$ per mile,		connection with this service is the expre by the manufacturer. We make no	ess written warranty, if any, grant
per volicle and a service and	*	respect to the casket or burial container	
	S	ACKNOWLEDGMENT AND AGREEME	
TOTAL TRANSPORTATION		I hereby acknowledge that I have the leg for the deceased and I authorize this	funeral establishment to perfo
FORWARDING OF REMAINS TO ANOTHER FUNERAL HOME	\$	services, furnish goods, and incur outsi ment. I/We acknowledge that I/We have	de charges specified on this sta received, on this date, the Gene
RECEIVING OF REMAINS FROM ANOTHER FUNERAL HOME	5	Price List, Casket Price List and Outer acknowledge execution and receipt of	Burial Container Price List. I a
DIRECT CREMATION (As Selected)	S	TERMS OF PAYMENT: The Balance	
IMMEDIATE BUPIAL (As Selected) OF 1 CRANG D	SUIGE -	rendered or	l agree to pay and
TOTAL ALTERNATIVE SERVICE	\$ 140	guarantee payment of the charges lists default in payment, I agree to pay reason	able attorney's less and court cos
MERCHANDISE	.3495-	I agree that the liability is personally assi- liability imposed by law upon the estate, a	nd this agreement does not constit
Burill Casket (modet number or description)	\$	a release of liability. The mortuary shall (funeral ceremonies, cremations or final	disposition) due to failure to com-
Cremation, Casket or alternative container (model / number or description)		with minimum payment requirem ACKNOWLEDGMENT and agreement of	ent. By my signature belo
(Required by crematory)	•	DAVIALLINE	O RU17
Air Tray (required for air shipment)	s	Purchaser RAY CLC AST	4 RD
Outer Burial Container / (name / number or description)	\$	SAN DIEGO	CA 91128
Entry (Marrie Araba) and a supplementary of the same o	\$	Phone Number (858) 5	92-1908
Cremation Urn (model / number or description)	\$	Jol and The	1-17
Register Book	\$	X Signed	Date
Memorial Folders / Prayer Cards #	\$		
Acknowledgment Cards #	\$	X Co-Signed	Date
Memorial Tablet / Marker/model number or description, size)	8 7770	Relationship to Deceased	SS
Marker 12x30	\$ 710 =	ACCEPTANCE: This funeral establishin	
	\$ 1505	merchandise and cash advances indicat	ed on the Statement.
TOTAL MERCHANDISE MARIA \$ 178.00	•======================================	no Ditaitona	7 100 7
SUBTOTAL OF MORTUARY CHARGES	11390 -	by I I I (A VIVE S	PULL

3751 HARKET ST.

5 ANDingo CA 92102

E20998 A MASTER TRUST™ 1-17 99_--Poway Pernando Mortuary 18 961,34 AL TRUST AGREEMENT Mortuary License No. 1195 Contract No. 939969 209016/BUIZ L REF\$8825178449 CK\$ 567 961.34 Creation of Trust. The Trustor creates this preneed funeral trust ("Trust") for the benefit of the person designated below (the "Beneficiary") and for the purpose and upon the terms and conditions herein set forth. Paragraphs 6-12 on the reverse hereof are incorporated herein by reference. Intervocable Trust (Optional). The Trustor should initial: Irrevocable under Paragraph 9. Deposits. The Funeral Establishment has provided the Trust of the person designated below (the "Beneficiary") and for the purpose and upon the terms and conditions herein set forth. Paragraphs 6-12 on the reverse hereof are incorporated herein by reference. \$1220002476 07572120A94 PLEASE FUNERAL REF#8825178449 CK# received a copy of the Statement of Funeral Services and Goods Selected (the "Plan"). The Plan, which is attached hereto, specifies the merchandise and services to be provided at the death of the Beneficiary. The present cost of the merchandise and services in the Plan is \$_______ The Trustor will make deposits to fund the Plan as follows: An initial deposit of \$_______ With the Funeral Establishment upon execution of this Agreement, together with (select one): Monthly deposits of S Deposits as follows: One deposit upon execution of this Agreement equal to the total present cost of the merchandise and services in the Plan. The Trustor shall make payments hereunder payable to CALIFORNIA MASTER TRUSTTM. All deposits shall be transferred by the Funeral Establishment to FDSC within ten (10) days and specify the date of delivery to the Funeral Establishment. FDSC shall transfer the deposit to the Trustee within thirty (30) days of receipt of any deposit by the Funeral Establishment. All amounts deposited by the Trustor shall be held, managed and distributed in trust as herein set forth. The total deposits made by the Trustor shall constitute the Trust's corpus ("Corpus"). Services and Merchandise. As soon as practicable after the death of the Beneficiary, the Funeral Establishment agrees to use its best efforts to make available the merchandise and services selected for Beneficiary as described in the Plan. If the exact merchandise and services described in the Plan are not available at the date of Beneficiary's death, the Funeral Establishment may substitute merchandise and services of similar or better kind, quality, material and workmanship and such substitution shall not impair the Funeral Establishment's performance under this Agreement. 3.3 If offered by the Funeral Establishment, the Trustor may elect to choose either a Guaranteed Plan or Non-Guaranteed Plan by initialing the appropriate option: IF NO ELECTION IS MADE, THE TRUSTOR WILL BE DEEMED TO HAVE ELECTED A NON-GUARANTEED PLAN (a) Guaranteed Plan. The total price of the Plan is the current cost of the merchandise and services in the Plan, as set forth in Paragraph 2. Your price will not change and is guaranteed as long as payments are made as required by this Agreement. If deposits are not made in accordance with Paragraph 2, the Plan shall no longer contain a guaranteed price; instead the price will be determined based on the current cost of the merchandise and services in the Plan at the date of the Beneficiary's death based on the Funeral Establishment's then current price list. If the Beneficiary dies prior to the payment of all deposits required in Paragraph 2 and deposits have otherwise been made in accordance with Paragraph 2, the price shall remain guaranteed if the outstanding balance is not paid immediately, the Funeral Establishment shall provide to Beneficiary merchandise and services as near as possible to those contemplated by this Agreement as may be purchased with the funds available in the Trustor's account, and shall provide to Beneficiary such additional merchandise and services as may be funded by the Beneficiary's representative, as defined by Health and Safety Code section 7100, or accept cancellation as provided for in Paragraph 9. Upon the Funeral Establishment's delivery of the merchandise and services described in the Plan, the funds in the Trustor's account shall belong the Funeral Establishment whether the total amount in the Trust at the time of the Beneficiary's death is less than, greater than or equal to the Guaranteed Price. (b) D Non-Guaranteed Plan. The total price of the Plan shall be based on the current cost of the merchandise and services in the Plan at the date of the Beneficiary's death based on the Funeral Establishment's then current price list. If at that time the funds in the Trustor's account, including income earned on the Corpus and reduced by fees, as provided in Paragraph 7, are insufficient to pay that price, the Funeral Establishment shall not be obligated to furnish the merchandise or services described in the Plan unless the balance of the cost of said services and merchandise is paid to the Funeral Establishment immediately. If such balance is not paid immediately, the Funeral Establishment shall provide to the Beneficiary merchandise and services as near as possible to those contemplated by this Agreement as may be purchased with the available funds in the Trustor's account, and shall provide to Beneficiary such additional merchandise and services as may be funded by the Beneficiary's representative, as defined by Health and Safety Code section 7100, or accept cancellation as provided for in Paragraph 9. If the funds in the Trustor's account exceed the total price of the Plan, any surplus shall be returned to the Trustor or the Trustor's legal representative. If the Trustor is deceased, the surplus shall be paid to the Beneficiary's estate unless the Trustor has designated a person here to receive the surplus: Name: Address: Revocation Fee. If this Trust is revoked pursuant to Paragraph 9, a revocation fee of % of the Corpus, payable to the Funeral Establishment, shall be charged to the Trustor's account. This fee shall be payable only from Trust income and such fee shall not exceed 10% of the Corpus. Initial (_____). Acknowledgement and Certification by the Trustor. By executing this Agreement on the line provided below, the Trustor acknowledges and certifies under penalty of perjury that: (a) the Trustor has received a copy of the Master Trust Agreement referenced in Paragraph 6; (b) the Trustor has read this Agreement, including Paragraphs 6-12; (c) the social security number and other personal information set forth below is true and correct as of the date hereof; (d) the Trustor is not subject to any mandatory withholding of income requirement imposed by the Internal Revenue Service; and (e) the Trustor is aware of the Trustee's obligation to report all income earned by the Trustor's account to the internal Revenue Service and appropriate state taxing authorities, see Paragraph 7. Trustor's Initial Address All funds received will be deposited with the Trustee within thirty (30) days and held in a trust which is fully refundable upon fifteen (15) days' written notice except when the Beneficiary is the recipient of public assistance, as provided for in the California Welfare and Institutions Code, and this Agreement has been designated as being irrevocable thereunder. U (Where Applicable.) You, the Trustor, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached Notice of Cancellation form for an explanation of this right. FOR MORE INFORMATION ON FUNERAL, CEMETERY, AND CREMATION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU 400 R STREET, SUITE 3040, SACRAMENTO, CA 95814, (800) 952-5210 If the Trustor does not receive acknowledgement of this transaction from California Master Trust™ within 30 days TRUSTOR: _ of the date of this Agreement, the Trustor should call: (Signature) (800) 322-4268. ADDITIONAL TERMS ON REVERSE TRUSTOR'S Address: 12477 Sende Rd FUNERAL ESTABLISHMENT: POWCY Born to Much TRUSTOR'S Social Security Number: 570 - 67 - 69 24 Authorized Representative: _ (Signature) Scott Penning FON BENEFICIARY: Maria Ruiz Print Name: BENEFICIARY'S Address: 12477 Stade Rd CA 52061

OPTIONAL: Sex: DM DF

Date of Birth:

Telephone No: (85%) 748 4161

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

of DW	19hT Young	
ina TS VANUE	Funeral, date, time	
Church, Chapel, Graveside	Bonnessu	EU Mortuary
AND THE PROPERTY OF THE PARTY O	0 p.m. of regular work day or an extra charg	
will be applied and billed to undersigne		
Division 1 Section 1	Blk/Row Lat80	Grave 6
Grave space & Care Fund		2264,00
Overtime/Late Arrival Fees		*
Opening/Closing & Setup	CAID	_533.00
Burial Container	PAIP	355.0
Handling Fees	OCT 1 0 2008	263.0
Flower vases - Marker setting fee	00110	
Recording/Filing/Transfer Fees	INT HOPE CEMETERY	45.0
Sales taxes	INI HO! -	_ 27.5
	Total Due	35074
	Paid receipt number P-0/434	3,507.5
	Balance	due
I fiereby certify I am the Son and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizany	position of remains as above indicated. I contribution and I agree to hold Mt. Hope Ceme	ve named decedent ertify and represent etery harmless from
I hereby authorize the interment in lot I	P. Brian E. Your	231907
hold under deed	O 4332 0xford 3	7
signance Signance	Address Mesa	91941
	X (619) 462-86	Zip Code
F 20999	Invoice #	
Work Order # E 20999		

	OFFICIAL RECEIPT WHITE		IASE PUTAGA
)		(619) 527-3400 Date	10/10 00
)	Three thousand for	Address: 4332 OXI	FORD ST LAMING 9194, 51/100 Dollars (\$ 3,507,51)
	inPayment of Div Sec	Bik/ RowLo	t_8Grave6
	Invoice No	NOT VALID FOR PURIOS STAMPED "PAID" IN THE STAMPED "PAID" IN THE STAMPED "PAID" IN THE STAMPED	CREDIT 87007 452 80
	W.OBALANCE DUE	OCT 1 D 2008	Pre-Need 63033 77186 7, 04/3 5/
)	☐ Pre-Need Lot ☐ Money Order	MOUNT HOPE CEMETE	RV00/77/84 1,811 20
)	Pre-Need Trust Charge AC-212 (11-05) This information is aveilable in alternative formats upon request	ISSUED BY MAUG	TOTAL PAID \$ 3,507 51



October 10, 2008

To: Mt. Hope Cemetery Re: Dwight Young

This letter is a certification that **Dwight Young** is a resident at Point Loma Convalescent Hospital. He was admitted to Point Loma Convalescent Hospital on November 1, 2007, and resides here as of this date.

If there are any questions regarding this letter please feel free to call me at (619) 224-4141 ext 7104. Thank you.

Sincerely.

Noemy Bernardino Business Office Assistant A . L.

ENLISTED RECORD OF

Young,	Dwight (First name)	(Middle initial)	39596762 (Army serial number)	Per (Grade)
Born in San Franc	isco	in the State of		00
DOLL III	7 August , 1944 , n	Los Angeles	. California	
	d he was			age and by occupation
	T. P. S.			36
	eyes, Bland	hair,	Ruady	completion,
	feet			
	years,3			ce for longevity pay.
	C			
			unt	· · · · · · · · · · · · · · · · · · ·
The state of the s		300.00		Carry Tirker, 1 ca
			····	Many Tiron, 140
Noncommissioned officer	Never	*******************		QUY 17 1944
Military qualifications 1.	Sharpshooter, MI Rir	le J. M. HAYS, yr	1.674, E. D.	
Army specialty	None	ov CH	Deputy Deputy	
Attendance at	None		special service school) Statement	paid in hill
	The state of the s			
Battles, engagements, ski	rmishes, expeditions None	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	this date \$ 1.92	111111111111111111111111111111111111111
				Marie Committee
Decorations, service med	als, citations None		nd/	/ CASINE
Wounds received in servi		THE CONTRACTOR OF THE PARTY.	Sp.	TI AND WA
	ox vaccination . 17 August			ray aman
Date of completion of all	typhoid-paratyphoid vaccinatio	ns 6 Septembe	r 1944	Finance Officer
Date and result of diphth	eria immunity test (Schick)	None		
Date of other vaccination	s (specify vaccine used) . Tet	anus, 27 Augus	t 1944	
Physical condition when	discharged Fair		Married or sing	de Single
Honorably discharged by	reason of a CDD and Sec I	1, AR 615-360.	1 2014 1 27	2011
Character July	Periods	of active duty	August 1944 to 17	Monember That
Remarks : Soldler e	ntitled to travel pay	. No time los	c under AW 107.	
		WALKIEMEE & CENTIES	ATE OF ELIGIBILITY NO. 1739	76 5 MS BEES
	SSUED	BY THE VETERANS ACT	INISTRACION TO BE USED FOR	METHODE REQUEST OF
			HARMAN THE	
***************************************	usim	on REPARATHA USE	PADED, BUAL MAY A	P-18-5% Jac
Frins of Science Liniting		6)	/ // / -/	
CONTRACTOR OF THE PARTY OF THE		ature of soldier	vigno & your	2
	17 November 1944		Vo Page	,
	0	-//	D BOAGE OF TO	
· · · · · · · · · · · · · · · · · · ·	OBY DAGE		st Chief, Mil Pers	Branch.
	I D POACE COT IN	P	st Chief, Mil Pers	Di Glioni
	Lest Chief Wal Born	Propos		
	Asst Chief, Mil Pers	Comr	nanding	Annual Communication
	INSTRUCTION	S FOR ENLISTED REC	ord	
Enter date of induction onl	y in case of trainee inducted under Select	ive Training and Service A	et of 1940 (Bull, 26, W. D., 1940); in	all other cases enter date of
	apparance.	dusive dates of service, grade	, cause of discharge, number of days	lost under AW 107 (if none,

so state), and number of days retained and cause of retention in service for convenience of the (rovernment, if any

1 Enter qualifications in arms, homemanship, etc. Show the qualification, date thereof, and number, date, and source of order announcing same.

* See paragraph 12, AR 40-210.

If discharged prior to expiration of service, give number, date, and source of order or full description of authority therefor.

* Enter periods of active duty of collected men of the Regular Army Reserve and the Enlisted Reserve Corps and dates of induction into Federal Service in the cases of members of the National Guard.

In all cases of men who are entitled to receive Certificates of Service under A.E. 345-500, enter here appointments and ratings held and all other items of special proficiency or ment other than those shown above.

INSTRUCTIONS FOR CERTIFICATE OF DISCHARGE AR 345-470.

Insert name: as, "John J. Doe," in center of form.

Insert Army serial number, grade, company, regiment, or arm or service; so "1828302"; "Corporal, Company A, let Infantry"; "Sergeant, Quartermanter Corps," The name and grade of the officer signing the certificate will be typewritten or printed below the signature



Honorable Discharge

This is to certify that

Dwight J. Young, 39596762, Private,
Company C, 146th Battalion,
Infantry Replacement Training Center

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to his country.

Given at Camp Hood, Texas

Date 17 November 1944

For the Commanding Officer:

HOWARD H. HART, Lt Coi, Inf,

1 de

Director, Pers Div.

Pre-need.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Inlinko

231903		Date	10/10/0	0
You are hereby authorized and instruct	ed, subject to your rules	and regulati	ons, to inter t	the remains
or ALVARO	Havo and h	11s he	eivs	- S
in a	Funeral, date, tim	e		
Type of Burlat Confamer Church, Chapel, Graveside				Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work da	y or an extra	a charge of \$	
will be applied and billed to undersigne	d			
	Blk/Row			3
Grave space & Care Fund			<u>2</u>	x1064.
Overtime/Late Arrival Fees				
Opening/Closing & Setup	anamani anay wana akan	ananananan		_
Burial Container		(((11))((******************************		-
Handling Fees				_
Flower vases - Marker setting fee				
Recording/Filling/Transfer Fees				
Sales taxes			······· 7	1
	Paid receipt number _	Total Due P-014	$\frac{2}{32}$	452.80
I hereby certify I am the		SOEVE	5 65 73 TO 1	ned decedent
and this is your authority to make disp that I have the right to make this authorize the liability on account of said authorize I hereby authorize the inferment in lot I hold under deed	rization and I agree to he ation and interment.	Alvaro 4 Beve	ed. I certify a Cemetery h	ind represent armiess from
Work Order # E 21000	Invoice # _ Acct. #			

This information is available in atternative formats upon request.

	OFFICIAL RECEIPT WHITE		PRE-NEED PURCH MOUNT HOPE CEM	HASE IETERY	P 0143	٤ .
U			(619) 527-3400	1/11	10 .	-12
	From: alvayo Havo	Addres	s: 3604 Beyer	Blud Ho	2-305 SY	92173
	your numared	July	TWO and	80/100 Dal	lars (\$ 450	1.80,
	in Payment of	Vewy	icyncut for	LOTayd	Dust_	1
	Div Sec	2	Blk/ Row Lo	ot 2/4	Grave	5
	Invoice No. <u>F-21000</u>	NOT VALID FOR	PURPO STATE LESS	7	1177	· · · · · ·
i	Acct. No.	STAMPED PAID	"IN THI BA	CREDIT 670 20% Sales Care 77	007 43	1 20
3	W.O.				033	
52	BALANCE DUE 1,811,20		OCT 1 0 2008		-	
\sim	D	MO	UNT HOPE CEMETE	RY		
()	Pre-Need Lot Money Order	6	28.5			
_	☐ Pre-Need Trust ☐ Charge	1	Masic.		Si Santa	
•	AC-212 (11-05) This information is available in alternative formats upon reque	ISSUED BY		TOTAL PAID	, 452	80
		versiller versi		Barrer of Marson	Carrier Vote - Committee	0.00 Table 10.00

on State Crown

MT. HOPE CEMETERY INTERMENT ORDER

alla.	City of San Diego		
t Musica		Date_(0)	0/08
3.70	D 131	904	
			later the recover
ou are hereby authorized and instruct			Landson It
Gitter	I. A tuen	اجي و	YAVLOOR !
a Souble Death " 15	Funeral, date, t	time TUESDA)	OCT 14.20
Church, Chapel, Graveside		Drofewer	Mortuary.
All Funeral cars must arrive before 3:0	To an american continuos and american continuos and an american continuos and american continuo	619)	287-3149
All Funeral cars must arrive before 3:0	0 p.m. of regular work	day or an extra charg	e of \$
will be applied and billed to undersigne	id		
10 0		100	6
Division VL Section Z	Blk/Row		rave
	E 1955	2	-0
Grave space & Care Fund		•	
Overtime/Late Arrival Fees			
Opening/Closing & Setup	DN.		108,00
Burial Container	oci ''	DECEMETER'	1
	261 14	-TER	Av
landling Feet	··············////	CEMEIL	
lower vases - Marker setting fee		DE CL	
Recording/Filing/Transfer Fees	- MY NO	• 	85.0
Sales taxes	MOnra	STATE OF STREET, LOSS STREET, L	
			703 N
		Total Due	703
	Paid receipt number		193,00
	9	CK# 1953 Balance	tue
hereby certify I am the		of the abov	e named decedent
and this is your authority to make disc	position of remains as	above indicated. I ce	ertify and represent
that I have the right to make this authorized in the said authorized	nzation and I agree to ation and interment.	noid Mt. Hope Ceme	tery narmiess from
		2	31905.
hereby authorize the interment in lot t	Prire Name	377	
nold under deed.	3.5.0.00		100
	Address		oher
ngrature .	City	24	Zip Code
3	Telephone		V
	reseptione	Dee Ot	
	Invoice :		
Nork Order # E 21001	Acct. #	1	
YOR CIUSI #		PAUL VALUE V	
REA-104 (3-04) This	information is availal	ble in alternative form	nats upon request.

C Printed on an wiled paper

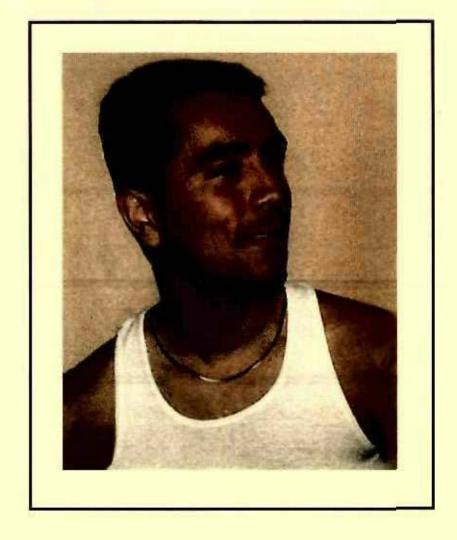


In Our Hearts

We thought of you with love today. But, that is nothing new. We thought about you yesterday and days before that too. We think of you in silence. We often speak your name. Now all we have are memories, and your picture in a frame. Your memory is our keepsake. With which we'll never part. God has you in his keeping.

We have you in our hearts.

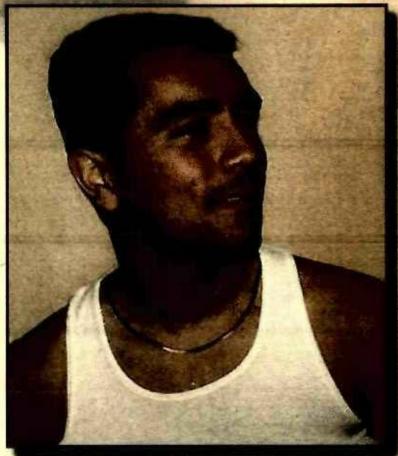
Gilbert Anthony Fuentes, "Bo-Bo"
The Beginning: December 22, 1966
The Finale: October 6, 2008



Gilbert Anthony Fuentes

Gilbert Anthony Fuentes

Tuesday, October 14, 2008
Ten O'clock A.M.
St. John Of The Cross
8086 Broadway
Lemon Grove, California 91945
Interment, Mt. Hope Cemetery
Monsignor Edward Brockhaus, Officiate



The Our Father which art in heaven, Hallowed be thy name. Thy kingdom come, Thy will be done in earth, as it is in heaven.

Give us this day our daily bread.

And forgive us our debts, as we forgive our debtors.

Prayer

And lead us not into temptation, but deliver us from evil:

For thine is the kingdom,
and the power, and the glory, for ever. Amen.

To Share a Moment with You About Our: Berb, Bo-Bo, Gil, etc, etc...



He just had a calming Affection your all his warm smile, brown eyes, and long lashes a line of the state of t

extra bang; he would also the later of the sum his arm, biggest bee sting, and last the later of the later of the would always have to take a large of the later of the sky. Gil loved his music and course of the later of the would say. He could just warm up the same that the later of the sum was stuning in on you.

Berb had an astonishing love for his pets, they were his kids. Charlie Brown, Snoopy, Sugar, and Spike em just filled his heart with joy. Snoopy was his perrty girl, she was a black cocker spaniel.

He has kept her with him and shall lay beside him forever.

Bo-Bo held the key to so many hearts,

and now has a trail of our tears to follow him. For all the tears we have shared together, the happiest of times, and the most loving moments. These will be moments we shall cherish.

Vin	DOM TOTOLOGY
Gilbert R	Fuentes and regulations, to Inter the remains Fuentes Gandson 10:00 unerell, date, sino TUESDAY OCT 14-878
Church, Chapter, Graveside	Westerved Mortuary
All Funeral care must arrive before 3:00 p.m. of	1000 0 100
will be applied and billed to undersigned	telegram moder cost or discount country or a
The se appear and search to through a print.	
Division 12 Section 2 Blick	137 Grave 6
Grave space & Care Fund	Z 1435.2
OverlimeLate Arrival Foos	
Opening/Clasing & Satup	<u> 708.00</u>
Buriel Container	**************************************
Handing Fees	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees	
Salet taxes	
	Total Due
Paid re	Ceipt number
	Balance due
	of the above named decedent fremains as above indicated. I certify and represent and I agree to hold Mr. Hope Cometery harmless from I interment.
I hareby authorize the interment in lot I hold under delid.	MARK JENCINS
Edwart Home	SANDIEGO CA 92115
Husband of Aurora Giorni	
per mark Jennins.	Temphori
Work Order # E 21001	And #
9EA-104 (3-04) This informs	tion is available in alternative formets upon request.

f.q

€-21001

MOUNT HOPE CEMETERY

GRAVI	E BLIND CHECK FORM
IN GRAVE WITH AU	rora Giornia
marked with "X". Place the na the appropriate space (s) that	eased for which the grave is for in the block ame's, lot # and grave # of all existing marker's in t are adjacent to the burial space.
NETT	E
McCo	VIOLA
	JAHNSAN/
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for:	lbert A. Fuentes
Interment Date: 10[14]	08 Time: 10:00 am
Warner of the Contract of the	Blk/Row: Lot: 137 Grave: 6
Grave Laid out by:	
Agrees with Legal Card:	Yes No
Agrees with Map:	Yes No
Blind Check & Verified By:	Xon_ Date 10/13/08
Cremains were placed at:	of grave

ψ

_	OFFICIAL RECEIPT
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1	0 0

WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA AT-NEED PURCHASE MOUNT HOPE CEMETERY

(619) 527-3400

61233

E - 2100

				Date: _	CCI	ober 17	08
From	Preferred	Hortuary	Address: 6103	university	Ave.	San Dea	CA 92115
	beven Hun	dred Ninety	.Three and od	100	′ ر	Dollars (\$	793.00
in _	Ful	_ Payment of	rment Order fo	or Gilberti			
Div	12	Sec 2	Blk/ Row	— Lot			
1000000	/2						7.1

Invoice No. E-21001 Acct. No. W.O. BALANCE DUE

Money Order Charge

Check 1153

AC-212A (11-05)

This information is available in alternative formats upon request.

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

PAID

OCT 1 4 2008

MOUNT HOPE CEMETERY

ISSUED BY DOUICHE C.

CREDIT	67007	-	11	(C#3
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80% Sales	100	-	1	
of Lots	77184	MAA	Service .	
Opening/	100	708	00	0/6
Closing	77181		1	156
Burial	100		-	-
Containers	77182	0	+	
	100		-	-
Handling Fee	77185	-	Ĭ	
Recording &	100	ar	4	015
Misc. Fees	77183	85.	00	- K/1-
Sales Tax	60101		-	1000

78390

TOTAL PAID

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	FILE M	OUNT HOPE CEM	ETERY		
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in tull Paym	ent of Setting fee to	- Then VIBUL	Doset How	- Wilhert Freeze	the and
17_/	(h)	BIK 1	137		July Call
, Div	Sec	_ Row Lot	139	Grave	- C10.
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	uu			182	18/10
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Check 75	7A	UNITE OF		101	
AC-212A(11-08) # 49	10 ISSUED BY		TOTAL PAID	: 214	
This information to equilable in alternative forms	to seems married		A CONTRACTOR OF THE PARTY OF TH		The second secon

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS - 21901 USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST 18. MIDDLE IC. LAST

GILBERT		ANTHONY		FUENTES			
2. SEX 3.	DATE OF BIRTH (MONTH, DAY, YEAR) 12/22/1966	Control of the second of the s	DATE OF DEATH (MONTH, DAY, YE 10/06/2008 FND		5. (PETAL DEATH ONLY) DATE OF EVENT (E OF EVENT (MONTH, DAY, YEAR)
CHULA		-		SAN DIEG	Comparison of the Contract of	E OF CALIFORN	IA, ENTER STATE
7A NAME OF I	NECEMANT IE FUENTES	TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA- LICENSED PUNERAL DIRECTOR OR PERSON ACTING AS SUCHSTREET IN MINER AND NAME ACTING AS SUCHSTREET IN MINER AND NAME			es cauformaticense number - Fappicable FD1746	
1658 IN	IT'S FULL MAILING ADDRESS—STREET NUMBER AN FIELD STREET VALLEY, CA 91977	D NAME, CITY, STATE, ZI	PCODE	PREFERRE 6163 UNIVE SAN DIEGO	RSITY AV	ENUE	BURIAL
right to control of stated herein is PERMIT AN	COMMENT OF APPLICANT—I hereby acknowledge as disposition pursuant to Health & Safety Code Section 710 one of the dispositions authorized by Health & Safety Code D AUTHORIZATION OF LOCAL REGISTRAL	0, and that the disposition de Section 103055. R—ANY CHANGE IN	BA APRISONNI DISPOSITION	SIGNATURE)	last.) O SHOW FIN	98, DATE SIGNED 10-0-00 AL DISPOSITION
10A. AMOUNT \$ 11.00 10D. ADDRESS AN DIE 851 RC	of FEE PAID 108, DATE PERMIT I 10/10/2008 S OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH EGO COUNTY VITAL RECORDS DSECRANS ST EGO, CA 92110	SSUED	10-2 CIGMATUR WILMA	RE OF LOCAL RECIS NOOTEN, I	TRAR (SSUM)3 PI	RMIT	gives no right of disposal outside
11. AUTHORIZI BURIAL	ED DISPOSITION(S) 12A. NAME AND ADDRESS OF CALIFORNIA CE	METERY		FOR C	ORONER'S USE		ENT NUMBER-IF APPLICABLE
BURIAL OF SCATTERING CEMETER (INCLUDE ENTOMBME	MT. HOPE CEMETERY, 375 STREET, SAN DIEGO, CA 9	1 MARKET		10-19- 120. SIGNATURE OF	08 F PERSON IN CHU LA 5 (E-2	1001
CREMATIO	13A, NAME AND ADDRESS OF CALIFORNIA CR	REMATORY		130. SIGNATURE OF	753		TON NUMBER—IF APPLICABLE
SCIENTIFIC	14A. NAME AND ADDRESS OF CALIFORNIA FA	CILITY RECEIVING REMA	UNS	146. DATE RECEIVE 14C. SIGNATURE OF	00	ARGE OF FACILI	ΠY×
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STAT CREMATED REMAINS ARE TO BE SHIPPED	TE OR COUNTRY WHERE	REMAINS OR	15C. SIGNATURE OF			OF PLACING WITH THE CARRIER NG WITH 180, DATE SHIPPED
SCATTERIN BURIAL AT SE DISPOSITIO	AOR	CALIFORNIA DISTRICT OF		168. DATE OF DISP	OSITION		E NUMBER OF CREMATED POSER—IF APPLICABLE
OTHER THAN CEMETER	INA			16D. SIGNATURE O	F PERSON IN CH	ARGE OF SCATT	TERING OR BURIAL

IN AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 - ACCOMPANIES RIBMAINS 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 SEATTERED AT SEA.*

COPY 5 - FETAMED 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 5 - RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

of Tamio Mayumi (mutter) MT. HOPE CEMETERY INTERMENT ORDER 8-Chairs City of San Diego Date_10/13/2008 at Need You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day of an extra will be applied and billed to undersigned. Blk/Row Overtime/Late Arrival Fees Opening/Closing & Setup..... Burial Container Flower vases - Marker setting fee OCT 13 2006 Handling Fees MOUNT HOPE CEMETERY Recording/Filing/Transfer Fees..... COL 20174954

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

Invoice #

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

619-386-8203

Work Order # E 21002

15

This information is available in alternative formats upon request.

REA-104 (3-04) This inform

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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7A. NAME OF MITSUR	INFORMANT O KAWA	мото		7B. RELATIONSHIP SISTER	TO DECEDENT	LICENSED FU	INERAL DII UCH-STR	RECTOR OF SET NUMBI	F CALIFORNIA- R PERSON ER AND NAME.		RNIA LICENSE IF APPLICABLE
5295 J	7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 5295 JOAN COURT SAN DIEGO, CA 92115			IP CODE	COMMU 855 BRO CHULA	DADW	AY				
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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.*

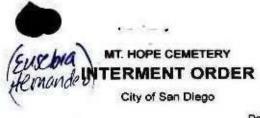
COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E21002

MOUNT HOPE CEMETERY

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	X///	OHONO) oxaq	dia	<u> </u>
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Div: 10 Sect					3rave:
Grave Laid out by:	DAV	ID			
Agrees with Legal Ca	ard:	Yes	V	No	
Agrees with Map:		Yes	V	No	
Blind Check & Verifie	d By: 🗻	AVID	✓ Date	10-1	5-08
Cremains were place	d at:	701	of gr	ave	



c · /	City of San Diego	113/08
You are hereby authorized and instruct of	ted, subject to your rules and regulations,	31935 200
ina ASH VAULT	Funeral, date, time FRI DAY	Committee of the Commit
Church, Chapel Gravesida	CA BU	PIAL Mortuary
All Funeral cars must arrive before 3:0	ري O p.m. of regular work day or an extra cha	19-286-001
will be applied and billed to undersigne		
Division 12 Section 3	Lot <u>59</u>	Grave_8
Grave space & Care Fund	0-033/	
Overtime/Late Arrival Fees		
Opening/Closing & Setup		194.00
		79.00
Handling Fees	- AING	85.00
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	OCT 2 1 2008	<u>65.0</u> 0
Sales taxes		6.12
	MOUNT HOPE CEMETERY	384.12
	Paid receipt number K61236	384.12
	Balano	e due
I hereby certify I am the and this is your authority to make distinct I have the right to make this authority liability on account of said authority.	position of remains as above Indicated. I orization and I agree to hold Mt. Hope Cer	ove named decedent certify and represent netery harmless from
I hereby authorize the interment in lot hold under deed.	Print Name	231928
	Address A	acres
619-286-9614 619-286-9614 619-286-9614	City Selections	Zip Code
619 200 Frankisto	Invoice #	
Work Order # E 21003	Acct.#	

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

48 E-21003 12914-03

1	USE BLACK INK ONLY - MAK	E NO ERASURES, WHIT	EOUTS, PHOTOCO	PIES, OR OTHER	ALTERATIONS	3 100 1. 1
JOSE	DECEDENTFIRST	18. MIDDLE S		IC LAST VIZCARR	t A	
2 SEX M	E DATE OF SIRTH (MONTH, DAY, YEAR) 11/09/1959	4 DATE OF DEATH (MON 10/11/2008	TH. DAY, YEAR)	S, FETA	5, (FETAL DEATH ONLY) DATE OF EVEN	
SAN DI			SAN D	Y OF DEATH-IF OUT	SIDE OF CALIFOR	MA, ENTER STATE
[10] 발생하다 함께 다른다.	A NAME OF INFORMANT 78, RELATIONSHIP TO DE FRANCES NIETO SISTER			NAME AND ACCRESS FUNERAL DIRECTOR SUCH-STREET NUM E, ZIP CODE	OR PERSON	88. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1357
OC. INFORMANTS FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 9500 HARRITT ROAD SPACE 132 LAKESIDE, CA 92040			5880 E	ORNIA CREM L CAJON BLV IEGO, CA 921	/D	URIAL (
ight to control dated herein is PERSUT AN	DGEMENT OF APPLICANT—I hereby adminishedge as disposition pursuant to Health & Safety Code Section 7100 a one of the dispositions authorized by Health & Safety Code AUTHORIZATION OF LOCAL REGISTRAR	and that the disposition Section 103055.	PPLICANT SIGNATURE OSITION REQUIRE	SANEWPERMIT	T TO SHOW FIN	98 DATE SIGNED IO) 15 360 VAL DISPOSITION
of California.	oscied in accordance with provisions of the California Heate OF FEE PAID 108. DATE PERMIT IS	SCHOOL SAME ASSESSMENT AND CASE OF	hority for the disposition s SIGNATURE OF LOCAL	SELECTION OF THE PROPERTY OF THE	KAR JEKSHILI BUSH	it gives no right of disposal outside
\$ 11.00	10/15/2008	> '	WILMA WOOTE	EN, MD		E
3851 R	EGO COUNTY VITAL RECORDS OSECRANS ST EGO, CA 92110 ZED DISPOSITION(S)		<u> -</u>	FOR CORONER'S L	JSE ONLY	
	10 (00 (20 c)			Y	•5	
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TOLUE	15A NAME AND ADDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO BE SHIPPED	OR COUNTRY WHERE REMA	INS OR 158 HAME A	NO ADDRESS OF PER	RSON IN CHARGE	OF PLACING WITH THE CARRIER
TRANSF			TSC. SIGNATURE CARRIES	JRE OF PERSON IN C	CHARGE OF PLACE	NG WITH 150 DATE SHIPPED
	16A ADDRESS, NEAREST POINT ON SHORELINE	OR OTHER DESCRIPTION	SITION: 168. DATE OF	DISPOSITION	18C. LICENS REMAINS DIS	E NUMBER OF CREMATED
SCATTERS BURBAL AT SE DISPOSITE	AOR	LIFORNIA DISTRICT OF DISPO LONGITUDE				SPOSER—IF APPLICABLE

COPY 4 - 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, FACULTY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 2 - 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





MOUNT HOPE CEMETERY

GRAVE	BLIND CHE	CK FORM	
Write in the name of the decear marked with "X". Place the nar the appropriate space (s) that	me's, lot # and (he grave is for l grave # of all ex	in the block disting marker's in
	x		
		9	
Flagged Yes		No	
Blind check Initiated by:	V	Date:	
Interment space for: JOSC Interment Date 10/24/0 Div: 12 Sect: 3	8 Time: 2	2:00 pm	n Grave 8
Grave Laid out by:	_ BININUW	Eot.	Glave
Agrees with Legal Card:	Yes	No	
Agrees with Map:	Yes	No	
Blind Check & Verified By:	X	Date	
Cremains were placed at:		of grave	



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

	I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 12 Section 3 Lot 59 Grave 3
	My legal authority to the above property is based on the following
90	facts: Daughter of albert Hernander as
	Jose Vincard is his son. The
	legge ourses allest Hernande in
	Trail of to come and disco
	soo all so come and sign.
	- ale chave permission to enter
	my brother gose Vegearra en
	same plat,
	I have presented the following evidence to support the above facts.

200

	clare under penalty of perju ements before mentioned a			California that the			
	and the control of th	ACCUSAN ACCUSANTA INCOME STATEMENT STATEMENT OF	The state of the s	Diego			
Signa	ed on Oct 24, (Date) ature Hances No	eto Print Full Na	me Frances	Nieto			
	To have deed sent to yo	u, fill in your ma	iling address here	•			
	Full Name						
	Address						
	City, State & Zip Code _						
4.	The Last Step: To finis	h transfer of ow	nership, you must	EITHER:			
	(2) Sign this form in front	(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					
	(3) Enclose a check or m (\$65). These monies			65) and Deed Re-issue			
5.	Notarization: Use only	if you do <u>NOT</u> fi	le the declaration	with Mt. Hope Staff			
State	of	55.					
County	y of	9700					
On this	s day of	in the year	, before me	3			
person	hally appeared		* - 17	, personally known to			
me (or	r proved to me on the basis of satisfactor	ry evidence) to be the pe	ersons whose names are s	ubscribed to this instrument, and			
acknow	wledged that they executed it.			42			
		1	Notal	ry Public			

Witnessed:				
Signed on	3108 (Date)	ir	170	1600 (city)
Signature MOLLC	Society	Print Full Name	Maria 7	Doveus
Documents Presente	od:			
	Ferinana			
	Balos de			
Processed by:				
Processed by:	es	No		

FOR OFFICE USE ONLY

RE4104 (2-04)

	EUR DIA MT. HOPE CEMETERY
	Semande INTERMENT ORDER
	City of San Diego LO 163/08
	82-1900 St. W. (8), 180 St. W.
	You are hereby authorized and instructed, subject to your rules and regulations, to inser the remains of
	In a ASH VAULT Funeral, date, time FRIDAY OCT 24 2008
	Church, Chepel, Graveside CA BURIAL Monuery.
	All Funeral cars must write before 3:00 p.m. of regular work day or an extre charge of 2% -0011
	will be applied and billed to undersigned.
7	wie his od-beand data made in almosticities.
	Division 12 Section 3 BHK/Row Lot 57 Grave 8
	Greve space & Care Fund
	Overtime-Lige Arrival Fees
	Opening/Closing & Setup
	Ruriel Conteiner 79.00
	Hending Feee 85.00
	Figured versus - Markey setting fee
-	Necording/Filing/Traileder Foes 65.00
-	(.10
	Sales taxes
	Total Due
1	Paid receipt number
Á	Balance due
,	I hereby certify I am the Drother of the above named decodern and this is your authority to make disposition of remains se above indicated. I certify and represent that I have the right to make this authorization and I agree to hold lift. Hope Cometery harmless from any liability on account of said authorization and interment.
	hereby suthorize the Interment in lot I FRANCES MIETS
	ha 7 T _ 7500 Harriff Foad
58	
	286,9614 CA 92043
	619-280 ph. (H) 619-579-143
	- 01007 Imoice* ph. (H) WIT-311 110
	Work Order # E 21003 Acct. #

This information is available in affernative formats upon request.

O Manus and Miles Printers

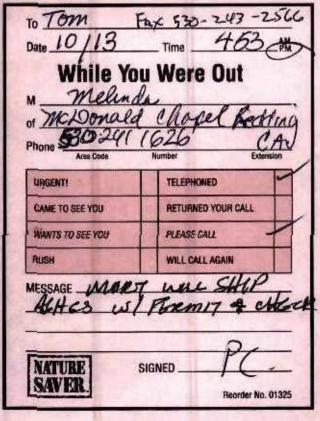
At NEGO

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Due 10-10-08

		Date	10-10	-00
You are hereby authorized and instruct	ed, subject to your rules	s and regulation	ons, to inter t りろん	he remains
of	Funeral, date, tir	Mon.	Nou 3	Aun
Type of Burial Container Church, Chapel, Graveside	Fulleral, date, til	10-1		-470
All Funeral cars must arrive before 3:00	0 n m of regular work d	RODDING	charge of \$	_ Mortuary.
will be applied and billed to undersigne	Published State Anne Editories (Properties)	ay or an extra	Charge of g	
min se approva and sines to discording	· -			(4)
Division WAS Section A	Blk/Row	_ LOI 40	_ Grave _	5
Grave space & Care Fund (C66)	9 1-13-(A) AS	22713-	12-53)_	-0-
Overtime/Late Arrival Fees				
Opening/Closing & Setup	-10		immeriorit =	199.00
Burisl Container	Ohi	b	g	104.00
Handling Fees	OCT 2.7 200°	2468	S	11400
Flower vases - Marker setting fee	act -	CEME.		-
Recording/Filing/Transfer Fees	,0 ₀ E			25.00
Sales taxes	-1147 K-		-	8.06
	MOO	Total Due	-	510.06
	Paid receipt number _	12615	<u> </u>	510.06
		Bai	ance due _	
I hereby certify I am the \(\subseteq \) and this is your authority to make disp	osition of remains as a	bove indicate	d. I certify a	ed decedent nd represent
that I have the right to make this authorized any liability on account of said authorized.	rization and I agree to I ation and interment.	nold Mt. Hope	Cemetery ha	
I hereby authorize the interment in lot (x STC	row n	Lix	231955
hold under deed.	Print Name	4 400	1.1	
Signature	- Address	ocalla	CNOO	
	Pohy J	a cc-		Zip Code
	Coli	530-9	49-24	75
- 01004	Invoice #			
Work Order # E 21004	Acct. #			
REA-104 (\$				request.
		0-000		
To Tom	Fax 530-	243 -2	566	ė)
Date 10/1	3Time	463	**	108
	e You Were			
	linda.	Jul		
M // LE	MACE		10000	



E-21004

MOUNT HOPE CEMETERY

The state of the s	KAVE BLIND CHECK			
IN GRAVE WITH LAURA CONKLIN				
Write in the name of the marked with "X". Place to the appropriate space (s	he name's, lot # and gra	ve # of all ex	isting marker's in	
Burial Container	A-OF			
P.		ş*]		
	X			
=				
Flagged Yes_		No		
Blind check Initiated by:	36	_ Date:		
Interment space for: Interment Date:	Time			
Div: MAS Sect:	Y.	Lot: <u>40</u>	Grave: 5	
Grave Laid out by:	DAVID			
Agrees with Legal Card:	Yes -	No		
Agrees with Map:	Yes	No		
Blind Check & Verified B	BY: KEN	Date/	13/08	
Cremains were placed a	t: BOTTOM	of grave		

DFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61252

		Date:		10-272008			
From: LAWNCREST MESHER!	AL LHAVADOTES	is: 1201 co	UTING	TAL ST.	REDI	only ca	960
FIVE HUNDRED-TEN	\$ 00/100				Dollars (\$ _	51006)
n <u>Fuu</u> Payment of	INTERME	OF SUS	M WE	IX A			
Div <u>MAS</u> Sec	A	Row	Lot_	90	Grave	_5	_
nvoice No	NOT VALID FOR STAMPED "PAI	PATD PATD	UNLESS	CREDIT 20% Sales Care 80% Sales	67007 77184		
N.O	_ 00	CT 2 7 2008		of Lots Opening/ Closing Burial Containers	77184 100 77181 100 77182	199 104	1
☐ Money Order ☐ Charge ☐ Check 26288162	10.00 H/a 10.044 and	HOPE CEMET	ERY	Handling Fee Recording & Misc. Fees Sales Tax	77185 100 77183 60101 78390	85	_ 0b
C-212A (11-05) This information is available in alternative formats upon n	ISSUED BY	9		TOTAL PAID	s	510	06

Name of Cemetery/Funeral Home Redding Cemetery Crematory/McDonald's Chapel

RECEIPT OF	CREMATED RE	MAINS AND RELEASE OF LIA	ABILITY
The undersigned hereby certify that the and hereby acknowledge receipt of the		ake custody and make disposition of the	cremated remains of the deceased
NAME OF DECEDENT: Susann	C. Mix	014463	
The undersigned further assumes full re	sponsibility for the lawfu	al and proper disposition of said cremated	remains.
any and all liability, including reasonal of, shipment of, or disposition of said c	ble attorney fees, and aga remated remains.	the above named cemetery/funeral hom ainst any loss it or any of them may sust harmless from any defects or faults of a	ain in connection with the receip
Dated this 31st day of	October, 2008		
Address			
Street	City	State	Zip
Signature:Authorized Represe	entative	SSN #/Photo ID	Relationship to Deceased
Signature:		¥	- 8
Witness: Malia (L.	Lovershy	SSN #/Photo ID	Relationship to Deceased
Representative of C	emetery/Funeral Home		*D

GEN 5024 REV 12/91

White - Cemetery Copy

y Yellow - Customer Copy

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 SUSANN C MIX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 11/13/1922 10/12/2008 6A. CITY OF DEATH 68. 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-**BB. CALIFORNIA LICENSE** LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME. NUMBER-IF APPLICABLE STEPHEN MIX SON FD-177 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE MCDONALDS CHAPEL 2920 SIOUX DRIVE 1275 CONTINENTAL STREET SHASTA LAKE, CA 96019 REDDING, CA 96001 ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the 9A APPLICANT SIGNATURE

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.

100, ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA

98 DATE SIGNED . 10/15/2008

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 disposic outside of California.

10A. AMOUNT OF FEE PAID \$ 11.00

108. DATE PERMIT ISSUED 10/15/2008

10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ANDREW W DECKERT, MD

10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 10D

SHASTA HEALTH DEPARTMENT 2650 BRESLAUER WAY REDDING, CA 96001

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	128. DATE BURIED 77 /03/2008 12C. INTERMENT NUMBER—IF APPLICABLE E-2/004 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY REDDING CREMATORY, 1201 CONTINENTAL STREET, REDDING, CA 96001	138. DATE CREMATED 6 2008 13C: CREMATION NUMBER—IF APPLICABLE 0/4/6/3. 130. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	148. 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 15D. DATE SHIPPED THE CARRIER
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	168. 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 10) 14[08 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Sui Mo V	Yong 299	14 at
ina TS. Vault	Funeral, date, time SAT. OCT	18,2008
Type of Buriel Commerce Church, Chapel Graveside	GREENWO	DD Mortuary
O 00 A 01 All Funeral cars must arrive before 3:00	NAL OF regular work day or an extra char	518-8510
will be applied and billed to undersigned		
11 0		
Division 11 Section 2	Blk/Row Lot	Grave
Grave space & Care Fund	5918 05/23/1986	-
	TI FEE	851.00
Opening/Closing & Setup		533. ×
	0)666106	35500
Burial Container	D OCT 1 4 2008	263 M
Handling Fees	65.71 Bed than	65.71
Flower vases - Marker setting fee	ANDON (65 HEGS	130.00
Recording/Filing/Transfer Fees	By 10 F Y 100	27.51
Sales taxes (4 × 619 264-343 3	, 000, 001, 111, 111, 111, 111, 111, 11	02761
164-342	Total Due	2,825.2
v 619 201	Paid receipt number AP 02 55	
ur	Balance	
I hereby certify I am the_	of the about	trespose bare without
that I have the right to make this author	rization and I agree to hold Mt. Hope Cen	netery harmless from
any liability on account of said authoriz		3 .
I hereby authorize the interment in lot I hold under deed.	Print Name	told
noid undar deed.	Address /2 L	CIC
Signature	- ()(,,,
26	Print 23/9/3 Print Name Address City 500	Zip Code
	Telephone	
- 01005	Invoice#	
F 21005	1 GA 2 ATTENDA	

REA-104 (3-04)

This information is available in alternative formats upon request. CONTI ES OF GENERAL MENTER CONTRACTOR DE CON





MT. HOPE CEMETERY

City of San Diego

80/14/01

rou are hemoty authorized and instructed, mile or Sui Me Work	SECTION OF ALL SECTIONS OF THE RESE	d regulations, to inte	The remains
		BAT. OCT 18	2008 10:00
Church, Chapes Graveside		REENWOOD	
III Funeral cars must arrive before 3:00 p.m. o	f receiver work day o	64 - 518	-85(t)
ill be eposed and billed to undersigned.			
a be eliting and bailed to grow a first	362- 1	8 12-50	3 - 3
Meleon II Section 2 test	Row ~ L	156 com	. 1
F - 69	18 05/2	3/1986	-
renne space & Care Fund SAT, FI	or or take district to the party of the part	- F	851.00
			533.00
pening/Closing & Setup	1. 1. 1. 1. 1. Topocolor i fortir i consularito	Allen	35500
urial Container		#*************************************	26300
ending Fees. Onds vases Warker setting tee	K71	erfammen #07 (hrygpsemmer) i	4571
ecording/Filing/Transfer Food	DOMES +	65	130.00
	To be a particular to the second	Million and the same	27.51
mes taxes. 1 × 619 264-343 3 Paid n			11611
10 264-347		al Dus,	-1-7-4-W-
X 619 D Padr	scelpt number	# 2.70° 00° 00° 12° 00°	
		Balance due	
heraby certify I am the all I have the right to make this authorization by liability on account of said authorization at	and I some to hold	of the above no indicated, I carrify Mt. Hope Carettery	and represent
nareby authorize the informent in lot (YUK	YEU	JONG
Sucke The Line Williams	54	21ST	CT.
and fre wait	BAN	diego c	A 921
	(619)	234-0	2774
- 01005	Involve #		
bok Order # E. 21005	. Acct. #		

£-21005

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Qu	1 Rules Date 5/23/86
O To Accordance in the Contraction of the Contracti	ed, subject to your rules and regulations, to infer the remains
() ares	Moust Andrewton
of	Apart Propries
in 8 Vault/Liner	Fooéral, date, time
Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:3	O p.m. of regular work day or an extra charge will be applied
and billed to undersigned. War time ve	rteren
115.4 1-2-3-45	= 1/
Lot/15 Grave How	Section Division/Blook
156 18 "	27500 419500
Grave space & Care Fund	7 790
Additional spaces and case fund	Tessar about
Opening/Closing & Setup	Jacob quarante
	at we -
Burial Container	- V
Handling Fees	23
Flower vases - Marker letting fee	
Recording and filing fe	
Sales vaces	10000
Bud of 11	Total Due
028246	Paid receipt number 33380 7400 -
	Belance due
	Balanca duo
Irea	SUPE of the above named decedent
I hereby certify I am the	osition of remains as above indicated. I certify and represent
a de la companya de la	
I hereby authorize the interment in lo hold under deed.	-
	Address
Signature of recorded holder of deed	State Zip Code
86	Talaphone
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
-	Invoice #
E 5918 .	100 VX 100 VX 1
Work Order # L JJJLO	· Acct. #
E is calleged designed in second	

PERCIAL RECEIPT TO CUSTOMER CANARY CENTERY PINK AUTOR GOLDENHOD RETAIN	CITY OF SAN DIEGO, CAUFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY 264-3151	NE 33380	.8k
Promited Tented Tented In Payment of 18 Lot 154-15-116 Grave	grave Span Pu grave Span Pu Sper Span agu	haed about the privilege of the privileg	Ź
Invoice No	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID: INTHIS SHOO	CREDIT 67007 790 20% Sales Cars 77184 80% Sales 100 of Lots 77184 Opanings & 100 Service Charges 72181 Surjai 700 Containers 73182	00
Pre-Need At Need O On Acct O	Sugar Stoler	Recording fees or misc. service fees 27 i 63 construction fees 27 i 63	<u> </u>

OFFICIAL RECEIPT	WHITE	MOUNT HOPE	IRCHASE CEMETERY	61235
		(619) 527	ALIA	per 14 .2008
- Ritty	K. Yuen	Address: 541 - 21844		Pieap Ca 9213
		Address:	026	dana ba
100 Inousar	a two nuna	red, twenty-five	e and a you - Dol	ars (\$ d d d d d d d
in_tou	_ Payment ofPayment of	erment of Sui Mo	Wong Services, 1	trion Vave, & Cano
Div 11	Sec 2	Blk/ Row —	Lot 156	Grave /
Invoice No. E-21	105		- 1,540 d.;	
Invoice No. E ZIV	11300	T VALID FOR PURPOSES STATED UN AMPED "PAID" IN THIS SPACE.		007
Acct. No.	31,	ANIFED FAID IN THIS SPACE.	20% Sales Care 77	184
24-00-00 EVET 1-1-4-00-0-		16 161		100
W.O.		100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 of Lots 77	184
w.o		10/12/12/12/11	Dperving/	100 533 00 0
suc/Air.der.O		10/15 15 15 10 1	Opening/ Closing 77 Burial	181 180 355,00
w.o		107 1 1 4 2003	Opening/ Closing 77 Burial Containers 77	100 533 00 0 181 355 00 182 263 00
W.OBALANCE DUE	rder	107 15 15 15 15 15 15 15 15 15 15 15 15 15	Opening/ Closing 77 Burial Containers 77 Handling Fee 77	100 533 00 0 181 355 00 182 363 00 183 65 71
W.OBALANCE DUE		10) IS US L. 3 W	Opening/ Closing 77 Burial Containers 77 Handling Fee 77 Recording &	100 533 00 0 181 355 00 182 363 00 183 45 71
W.OBALANCE DUEMoney O	rder AP 02 5 5 3 B	10) IS US L. 3 W L	Opening/ Closing 77 Burial Containers 77 Handling Fee 77 Recording & Coff Misc. Fees Sales Tax 60	100 533 00 0 181 355 00 182 363 00 182 363 00 183 45 71 183 4 98 1 00
W.OBALANCE DUE	AP 02553B	SUED BY DOUL STATE	Opening/ Closing 77 Burial Containers 77 Handling Fee 77 Recording & Coff Misc. Fees Sales Tax 60	100 533 00 0 181 355 00 182 363 00 182 363 00 183 45 71

E-21005

MOUNT HOPE CEMETERY

	GRAVE	BLIND C	HECK FOR	RM	
IN GRAVE WITH	0	٠			
Write in the name marked with "X". P the appropriate spanning of the container	lace the nar	ne's, lot # a are adjacer	and grave # o	f all ex Il space	isting marker's
		KENT	CAHEROS		
		X			
Flagged Y	es		No		
Blind check Initiate	d by:	10 W/01	<u> </u>	Date:)n(
nterment Date: <u>S</u>	it. 1011	8 Time	J	00 6	
Div:Se	-	Participate the ser			Glave. 1
Agrees with Legal Agrees with Map:	Card:	Yes		No No	
Blind Check & Veri	fied By:		Date		
Cremains were pla	ced at:	. 1	of gra	ave	

E-21005 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 IR MIDDLE TO LAST SUI MO WONG 3 DATE OF BIRTH (MONTH, DAY YEAR) 2 SEX 4. DATE OF DEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 06/24/1919 10/13/2008 M 84 CITY OF DEATH 58 COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE **EL CAJON** SAN DIEGO 74 NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT BA TYPED NAME AND ADDRESS OF CALIFORNIA-88. CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH...STREET NUMBER AND NAME. NUMBER-IF APPLICABLE YUK YEE WONG WIFE FD843 CITY STATE ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY STATE, ZIP CODE GREENWOOD MORTUARY 541 21ST STREET 4300 IMPERIAL AVENUE SAN DIEGO, CA 92102 SAN DIEGO, CA 92113 9A APPLICANT SIGNATUR ACKNOWLEDGEMENT OF APPLICANT-1 hereby acknowledge as applicant that I have the 9B DATE SIGNED right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 10/17/2008 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055 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 1DC. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 10/17/2008 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 BURIAL . 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128 DATE BURIED 12C. INTERMENT NUMBER-IF APPLICABLE **BURIAL OR** 10/18/08 SCATTERING IN MOUNT HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT) renne in 138 DATE CREMATED 13A NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C CREMATION NUMBER-IF APPLICABLE

CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 44. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED. SCIENTIFIC LISE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER. CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER 16B DATE OF DISPOSITION 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 16C. LICENSE NUMBER OF CREMATED SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE REMAINS DISPOSER—IF APPLICABLE SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 18D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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 ACCURRED AT SEA.*

WERE CATTERED 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 RETAINED BY PERSON IN CHARGE OF 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.

atneed

REA-104 (3-04)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_ 10/15/08

Avi	sh Bernice Cox	231921
B D. D. A " Type of Burlat Container.	Funeral, date, time TUES, OC	T21 @11:30
hurci Chapel, Graveside	: CA Burial	Mortuary.
Il Funeral cars must arrive before 3	00 p.m. of regular work day or arrextra charge	28/4
iil be applied and billed to undersign	ned	
ivision 12 Section 2		THE ROYAL COMPANY OF THE PARTY
rave space & Care Fund	1 11	2264.0
vertime/Late Arrival Fees	OCT 1 6 2008	583 0
pening/Closing & Setup		630 0
urlal Container	MOUNT HOPE CEMETERY	46/10
andling Fees	P (>P A)	179
IOMEL ASSES & MAINEL SETTING ICE	78.00	1 (0.0
ecording/Filing/Transfer Fees	1 65.06	_ 60.00
ales taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	41.17
	Paid receipt number R61238	1,67947
8	An au CIA	239530
hereby certify I am the SISTE	RG12 39 Balance di	2396 30
nd this is your authority to make di	sposition of remains as above indicated. I cer	tify and represent
ny liability on account of said author	norization and I agree to hold Mt. Hope Cernet rization and Interment. Pin: 2	31920
hereby authorize the interment in lo	* Dones Jean Cox	Meshook
old under deed	1 . × 2815 French	
Waris Pan Cay N	Rehad Address Dietec	92113
DL P 00 324 \$ 10-19-08	Flom) 255-3695	Zip Code
10-27-08	. Igvoice #	
E 21006		

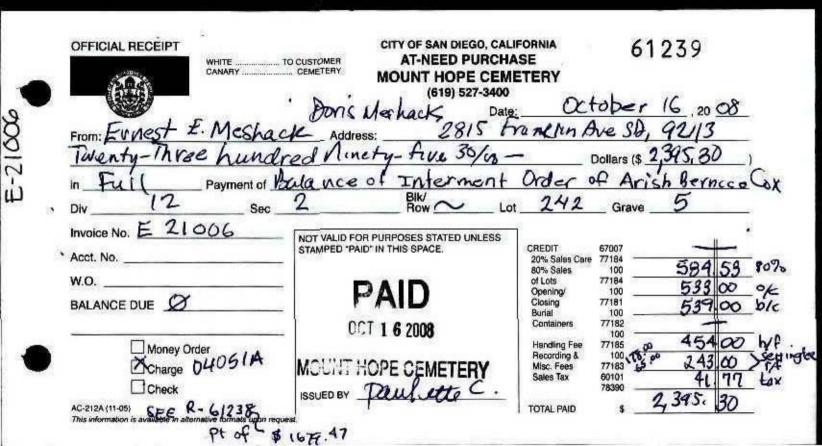
O Printed on recycled paper

This information is available in alternative formats upon request.

E-21006

MOUNT HOPE CEMETERY

	GRAVE E	LIND CH	IECK FO	RM	
IN GRAVE WITH	Ø				
Write in the name of marked with "X". Plathe appropriate space	ce the name ce (s) that ar	e's, lot # ar e adjacent	nd grave # o	of all exi	sting marker's in
Burial Container	DD	<u> </u>	ľ	ī	Y
		- 3			
		X	RALPH EVANS		
		WILLIAMS			
Flagged Ye	s		No		
Blind check Initiated Interment space for:		sh P	bernic	Date:	-
Interment Date: 10					- OA
Div: 17 Sec	200			242	- Grave: 5
Agrees with Legal C		Yes	U	No	
Agrees with Map:		Yes		No	
Blind Check & Verifi	ed By:	Kan & D	nve_Date	10/	16108
Cremains were place	ed at:	* .	of gr	ave	



87		E	-21996
		SITION OF HUMAN REMAINS 5, PHOTOCOPIES, OR OTHER ALTERATIONS	68
IRST	18. MIDDLE	1C. LAST	

ARISH	DENT-FIRST		18. MIDDLE BERNICE		1	COX		
**************************************	E OF BIRTH (MONTH, D/ 26/1940	AY, YEAR)	4. DATE OF DEATH 10/10/2008	Secure of the contract of the	EAR)	5. (FETAL	DEATH ONLY) DAT	E OF EVENT (MONTH, DAY, YEAR)
SAN DIEGO			2.0		SAN DIE		IDE OF CALIFORN	MA. ENTER STATE
7A. NAME OF INFO		¥.	78 RELATIONSHIP	TO DECEDENT	LICENSED FUNE	AND ADDRESS (RAL DIRECTOR O I—STREET NUM! CODE	R PERSON	88. CALIFORNIA LICENSE. NUMBER—IF APPLICABLE FD1689
3075 ISLAN		-STREET NUMBER AND	D NAME, CITY, STATE, ZI	PCODE	CALIFORI 2200 HIGH		ENUE	JRIAL CHAPEL
right to control dispos	IENT OF APPLICANT— lition pursuant to Health & if the dispositions authorize	Safety Code Section 7100	, and that the disposition	9A APPLICANT	SIGNATURE	12.11.11.11.21.21.21.21.21.21.21.21.21.2	omate instanta (a)	9B DATE SIGNED
			R—ANY CHANGE IN the and Sefety Code and is t					AL DISPOSITION . ghree no right of disposal outsi
10A AMOUNT OF F \$ 11.00	EE PAID	108. DATE PERMIT IS 10/16/2008	SSUED		E OF LOCAL REG WOOTEN,		PERMIT	≨ ⊕
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRIC COUNTY VITA CRANS ST D, CA 92110		OCCURRED IN CALIFOR	INIA 1DE. AD	DRESS OF REGIST	RAR OF DISTRIC	T OF DISPOSITIO	N—IF DIFFERENT FROM 100
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT. HOPE CE	SS OF CALIFORNIA CEI METERY, 3751 I DIEGO CA 92	MARKET		12B. DATE BURIE	08		ENT NUMBER—IF APPLICABLE
CREMATION	13A. NAME AND ADDRE	SS OF CALIFORNIA CRI	EMATORY		13B DATE CREM		i	TION NUMBER—IF APPLICABLE
SCIENTIFIC USE	14A: NAME AND ADORE	SS OF CALIFORNIA FAC	CILITY RECEIVING REMAI		14B DATE RECEI		HARGE OF FACILI	TY .
TRANSIT	15A. NAME AND ADDRE CREMATED REMAINS A		E OR COUNTRY WHERE	REMAINS OR	158, NAME AND A	DORESS OF PER	SON IN CHARGE (OF PLACING WITH THE CARRIE
					15C. SIGNATURE THE CARRIER	OF PERSON IN C	HARGE OF PLACI	NG WITH 15D: DATE SHIPPE
SCATTERING/ BURIAL AT SEA OR DISPOSITION	SUFFICIENT TO IDENTIF		NE, OR OTHER DESCRIPT ALIFORNIA DISTRICT OF D LONGITUDE		16B DATE OF DIS	POSITION		E NUMBER OF CREMATED POSER—IF APPLICABLE
OTHER THAN IN A CEMETERY					16D. SIGNATURE	OF PERSON IN CI	HARGE OF SCATT	ERING OR BURIAL
IDOM AUTHODIZAT	ON OF PERMIT, DISTRIE	TE CODICE AC FOLLO						

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 INTERMENT ORDER

came whel 37	City of San Diego Date 10 15 / 08
NS 100	ted, subject to your rules and regulations, to inter the remains
ine Liner	Funeral, date, time FRIDAYOT, 248
Church, Chapel) Graveside	: Anderson-Ragstale mortuary
\sim	00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersign	ed:
Division 6 Section 1	Bik/Row Lot 8 Grave 12
Grave space & Care Fund	4
Overtime/Late Arrival Fees	PAID 266 50
English with the second fields	135. co
Handling Fees	OCT 2 2 2008 103 00
Flower vases - Marker sett MOUN	T HOPE CEMETERY
Recording/Filing/Transfer Fees	
Sales taxes	10.41
and this is your authority to make distinct I have the right to make this authorized in a light of said authorized in the said authorized	Print Punt 201 OCECH VIEW BLVD Address AN DIEGO CA 92113 City 619 822-6175 Telephone
Work Order # <u>E</u> 21007	Acct. #
llan	
Por cheur	\$ 300 / of lar

E721007

OFFIC	IAL RECEIP	T
	38.00g	
		-

WHITE TO CUSTOMER
CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA AT-NEED PURCHASE MOUNT HOPE CEMETERY

61251

	(619) 527-3400 Date		rcr	20, 20 08 0 CA 9R139
From: Albert Miller Jr. TWO HUNDRED and in part Payment of = Div Sec_	09/00	dgers 8	Dollars (\$5 Crvice	200.00
Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID OCT 2 0 2008	CREDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers	67007 77184 — 100 77184 — 100 — 77181 100 — 77182 100 —	200 -
☐ Money Order ☐ Charge ☐ Check ↓ 496 AC:212A (11-05) This Information is available in elements upon requ	MOUNT HOPE CEMETERY ISSUED BY Paulett C.	Handling Fee Recording & Misc. Fees Sales Tax	77185 100 77183 60101 78390	200



Revised July 2008 21607

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 Dece	eased: beam of KOO	gers		
Address:	<u>4424 Ocean</u>	Weilly	BWD	
City:	San Dipgo	Stat	e <u>(A</u> _	Zip Code 92116
City of San Di	iego resident? (Circle)		YES	NO
Size of Family		35		
	Annual Income	1	I	Annual Income
(1) \$14,93		((4)/	\$41,459	
(2) \$24,46	3	(3)	\$48,926	
(3) \$33,58	8	(6)	\$57,222	
m Residency is the	aintain low administrative c	osts for thi	s progra	burial site of the deceased to multiplicate mail care facility, hospice, and/ or
I hereby certif above statemen		ınder the l	aws of th	ne State of California that the
				. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Mu	Muro		_/	0-15-08
Mu Signed Relation	onship	\mathcal{L}	_ /	0-15-08
Proof of Residency	r: Valid California Driver's License g: Current Utility Bill Current Me receipt property tax statement Other	onthly Checks	on card disp	laying City of San Diego address and
Proof of Residency one of the followin current month rent	v. Valid California Driver's License g: Current Utility Bill Current Mo	onthly Checks	on card disp	laying City of San Diego address and
Proof of Residency one of the followin	r: Valid California Driver's License g: Current Utility Bill Current Me receipt property tax statement Other	onthly Checks	on card disp	Date Slaying City of San Diego address and atement Rental/Lease Agreement and

Mt. Hope Cemetery

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)
- 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 I	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

- 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. <u>Valid</u> 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
- Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
- 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 <u>first burial</u>. 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.
- 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.



THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT "WE ENRICH LIVES THROUGH QUALITY PARKS AND PROGRAMS"

LOW INCOME PROGRAM SUPPLEMENTAL INFORMATION

All persons applying for this program are required to submit verification of income and proof of resid qualification.	ency as proof of
NAME OF APPLICANT: MAYU RODGEVS	
N. 547 (200 M. Acta) 11	1/1022-1-12
ADDRESS: 4424 OCEANVIEW BLDD SON DIEGO, CA PHONE: W	19,822-10175
() (2)112	
HOUSEHOLD RESIDENTS	
First Name Last Name Annual Inco	ome Locales Marconil S
. MAINI ROMANIC \$1210	0 00 4236/Morth-9111d S 0 00 4783/Morth-SS
1 1/14/4 14/4/4/4	7 185 MOVIN - 55
2 Bentrice RODONS \$12,000	ирркох. 12.276
3 Exuanna Oldens \$ 7008	· 00
Parlianda Toffakara # data	7 . 00
4 MUCHUMUM JETTELSON 99012	Acc
5	
6	
7	
8	10
440,5	12
I hereby certify that the information provided is true and that my family's economic situation qualify program, and that I reside in the City of San Diego.	for the Low Income
of Sall Diego.	
Mark Cel DATE: 0 18 18	
HEAD OF HOUSEHOLD SIGNATURE	
Proof of Residency: U Valid California Driver's License/Identification Card displaying City of San D	
of the following: \square current utility bill, \square current monthly checking statement, \square rental/lease agreem rent receipt, \square property tax statement, \square active duty military identification card, \square retired military identification.	
tent receipt, a property and statement, a service only infinitely incommended state, a resident	John Transport
DATE://_	Current IRS Tax Return verified on:
APPROVED BY	DATE://
* Since IRS tax returns contain personal identifying information, copies of the verifying	
documents should not be retained and should be disposed of properly to prevent loss.	Approved by
Revised 06/08	

for fire

SOCIAL SECURITY ADMINISTRATION

Date: March 21, 2007

Claim Number: 496-30-0813A

496-30-0813AI

MARY RODGERS FOR BEATRICE RODGERS 5211 CASTANA SAN DIEGO CA 92114-3717

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

Information About Current Social Security Benefits

Beginning December 2006, the full monthly Social Security benefit before any deductions is.....\$ 1023.50

We deduct \$93.50 for medical insurance premiums each month.

The regular monthly Social Security payment is......\$ 929.00 (We must round down to the whole dollar.)

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

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

Social Security Administration Retirement, Survivors and Disability Insurance

Important Information

Mid-America Program Service Center 601 East Twelfth Street Kansas City, Missouri 64106-2859 Date: September 3, 2007 Claim Number: 496-30-0813A

000044397 01 MB 0.360 T160 T2R M04,0827,PC6,N,KA,

MARY RODGERS FOR BEATRICE RODGERS 5211 CASTANA SAN DIEGO CA 92114-3717

Halandelan Handlalan Halandan Handlan Handlan

The State of California will pay BEATRICE RODGERS' Medicare medical insurance premium beginning July 2007.

What We Will Pay And When

- You will receive \$280.50 around September 11, 2007.
- This is the money due her for the Medicare insurance premiums that she already paid.
- You will receive \$1,023.00 for September 2007 around October 3, 2007.
- After that you will receive \$1,023.00 on or about the third of each month.

Your Benefits

We will no longer deduct the premium from her monthly payment. Later in this letter, we tell you what to do if you disagree with this change in the amount of her monthly payment.

If You Disagree With The Decision

If you disagree with the change we have made to BEATRICE RODGERS' monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive 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 if you wait more than 60 days to ask for an appeal.

Note: This notice relates ONLY to your Social Services. It does NOT affect your receipt of \$81/88P or Social Security. KEEP THIS NOTICE WITH YOUR IMPORTANT PAPERS.

YOUR HSS

COUNTY OF SAN DIEGO 780 BAY BLVD STE 200

CHULA VISTA, CA 91910-5260

IF REQUESTING A STATE HEARING, PLEASE SEND TO:

SAN DIEGO COUNTY D.P.S.S. APPEALS SECTION - W402 4990 VIEWRIDGE AVE SAN DIEGO, CA 92123-1661

RODGERS, SEATRICE 4424 OCEAN VIEW BLVD SAN DIEGO CA 92113-1918

Case Number	3710477583	2M
Date Malled	. 0 . 0	5/
. 0	or (0, 0	ð

YOUR AUTHORIZATION FOR IN-HOME SERVICES HAS BEEN CHANGED EFFECTIVE 07/01/2008.

four Countable Income:	NUW	s		026.00	Your Countable Income:	WAS	\$.026.00
tinus SSI/SSP Benefit Level:		\$		870.00	Minus SSI/SSP Benefit Level:		8	1000	870.00
JUDIO SENIOSE, ONE CASASSECONOSIO II	(8)			156.00	THE STATE OF THE S				156.00
lour Share of Cost:			7	3	Your Share of Cost:				
dinus Assessed IHSS Cost:		9	s	-	Minus Assessed IESS Costs		•		
ncome in Excess of Assessed Cost	W/8500	\$	CONTRACTOR OF THE	SECTION STORES	Income in Excess of Assessed Cost		\$	E1-08/9004	500000000000000000000000000000000000000
SERVICES	NOW	В	HOURS	(·) DECREASE	SERVICES	NOR	28	HOURS	() DECREASE OF
DOMESTIC SERVICES per month:	1.88	_3	1.88						
Clean floors, wash kitchen ou store food, supplies; take out change, make bed and miscellar	garbage				ACCOMPANIMENT SERVICES per Medical Appointments	21	3	.23	e
HRAFY CLEANING (one month only	×	_	-		To Alternative Resources:	-			
RELATED SERVICES per week:					YARD HAZARD ABATEMENT:				
* Prepare Meals:	7.00		7.00		Remove Grass, or Weeds,	275	_3		
** Meal Cleanup:	.44		.44		Rubbish (one month only): Remove Ice, Snow, per week:				N/W-58-10
Routine Laundry:	3.00	2.5	1.00	+ 2.00	PROTECTIVE SUPERVISION per week	u		42	
Shopping for Food:	:25		.25	-00-	MANAGES STREET, SPANSON STREET				
Other Shopping Errands:	.50		.50		TEACHING / DEMONSTRATION : weeks the most than three most be discussed		_,,,	-	
NON-MEDICAL PERSONAL SERV	ICES per v	veci	ic:		* PARAMEDICAL SERVICE per week	1.1	2	1.12	1
* Respiration Assistance:	SE-	-	22	-					
* Bowel, Bladder Care:	3.99		4.69	.70	TOTAL WEEKLY HOURS X 433:	107.7	2	98.02	+ 9.70
* Feeding	1.05		.63	+ .42	ADD DOMESTIC SERVICE HOURS	k 1.B	8	1.88	
* Routine Bed Baths:	-	-3	-		ADD HEAVY CLEANING:	S.		8	
* Dressing:	1.68	100	2.38	70	ADD REMOVE GRASS, ETC:	7.00		-	<u> </u>
* Menstrual Cares	2	_5			TOTAL MONTHLY HOURS:	109.6		99.9	+ 9.7
* Ambulation;	.70			+ .70	(rounded to the nearest tenth)	N	OW		WAS
• Move In/Out of Bed:	.70	-6	1.26	56	Restaurant Meal Allewance:	s		\$	- 1045-2
Bathe Oral Hygiene/Grouning	2.89	8	2.15	+ .74	T	_	Selson.		4.4
* Rub Skin, Repositioning, Help	.91		.56	+ .35	"Since you meet the criteria i	ent to pay	y you	r own provid	er. If you want
On/Off Seats, In/Out of Vehicles Care/Assistance with Bouthesi			.42		to get advance payment, control (") service is included in the i	O frouts of	ILLY W	ben assistanc	double starred e with feeding,

The above action(s) ported by Federal Law (Social Security Act.), State Law (Western Institutions Code.), Federal Regulations (Code of Federal Regulations) State Regulations (California Administrations Code and State Regulations) State Regulations (California Administrations Code and State Regulations).

*** REC 2008289 143948 H8AA17E0 DEYO CIPOYA1 POA1 (F-HJL) ***

SOCIAL SECURITY ADMINISTRATION

Date: October 15, 2008

Claim Number:

MARY RODGERS 4424 OCEANVIEW BLVD SAN DIEGO CA 92113-1918

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

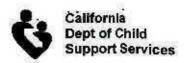
Beginning October 2008, the current Supplemental Security Income payment is.....\$ 783.00

This is after we have withheld 87.00 to recover an overpayment.

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.)

DEPARTMENT OF CHILD SUPPORT SERVICES
CALIFORNIA STATE DISBURSEMENT UNIT
P.O. BOX 989063 01CASWS-000006371930
WEST SACRAMENTO, CA 95798-9063



04988

MARY RODGERS 4424 OCEAN VIEW BLVD SAN DIEGO, CA 92113-1918 Pay to Order Of: M. RODGERS
Participant Number: 0730800642795
Check Number: 0002817257
Check Date: 10/07/2008
Check Amount: \$115.38

The attached check represents monies collected on your behalf for the specific Case ID(s) noted clow. Should you have any questions, please contact us through either our website www.casdu.com r by phone 1-866-325-1010.

RCPT DATE	COLLECTION RCPT ID	SOURCE	TYPE	CASE ID NUMBER	OBLIGOR NAME		AMOUNT
10062008	5100.0033.00001.00	INCWTH	SUPPORT	0730604531551	F OWENS	5	115.38
				ž		D#	

Have your payments deposited directly into your bank account. Enroll by going to www.casdu.com or call 1-866-325-1010.

DETACH AND RETAIN THIS STATEMENT DIRECT QUESTIONS TO: 1-866-325-1010

ORIGINAL CHECK HAS A COLORED BACKGROUND WITH A MICRO PRINTED WARNING BAND

Twice x month

SOCIAL SECURITY ADMINISTRATION

Date: October 15, 2008 Claim Number:

MARY RODGERS FOR BRYANNA MARIE OWENS 4424 OCEANVIEW BLVD SAN DIEGO CA 92113-1918

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.....\$ 584.00

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 ADMINISTRATION

Date: October 15, 2008 .

MARY RODGERS FOR RAYRANDA A JEFFERSON 4424 OCEANVIEW BLVD SAN DIEGO CA 92113-1918

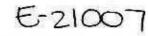
You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2008, the current Supplemental Security Income payment is.....\$ 756.00

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.)



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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of Californi	NT OF FEE PA		108. DATE PERMIT IS 10/16/2008	M200000 000	DC SIGNATUR		EGISTRAR IS	SUING PERMIT	emit gives n	right of disposit outside
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OTHER TH	ANINA.					16D: SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL				OR BURIAL

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.

- 4	OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALI	CONTRACTOR OF THE PARTY OF THE	21007
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A CONTRACTOR OF THE PARTY.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/15/08

ina Liner	<u>J</u>	ime MON, OCT	190 110
Type of Buriel Container	Funeral, date, t	A == .	rie na
Church, Chapel Graveside	;	ALTLAN	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work	day or an extra charge	of \$
will be applied and billed to undersigned.			
Division MASON Section M B	lk/Row	Lot Gre	ıve_15
Grave space & Care Fund	ted LOT	Per D. Lugo	<u> </u>
Overtime/Late Arrival Fees		MU	- - -
Opening/Closing & Setup			533.00
Burlal Container USED Liner	റ	T 1 6 2008	-0
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Flower vases - Marker setting fee	THUM	HOPE CEMETE	
Recording/Filing/Transfer Fees	MOON		65.00
Sales taxes	rmm (800)		
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raid	receipt number	Balance du	· D
hereby certify I am the S/S/Ey and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	n and I agree to	above indicated. I cert	named decedent ify and represent ery harmless from
hereby authorize the interment in lot I	Print Name	e loper.	231113
	209	man_mpi_m x	. APT 269
Some	San	Diego CA,	92113
•	(6/9) Telephone	607-696	-9
= 21008	Invoice #	·	

@ Printed on serviced paper

REA-104 (3-04)

This information is available in alternative formats upon request.

E-21008

MOUNT HOPE CEMETERY

GRAV	E BLIND CHEC	K FORM	
IN GRAVE WITH			
Write in the name of the dec marked with "X". Place the n the appropriate space (s) that	ame's, lot # and gr it are adjacent to the	ave # of all exi ne burial space	isting marker's in
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Interment space for:		llam	
Interment Date: 10/19/ Div: MASO Sect: M	Blk/Row:	Lot: 18	Grave 5
Grave Laid out by:	Y & PAVE		
Agrees with Legal Card:	Yes L	No	
Agrees with Map:	Yes	No	
Blind Check & Verified By:	Ken + Dav	₽ Date <u> 0 /</u>	16/05
Cremains were placed at:	Ö	of grave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 28

	USE BLACK INK ONLY - MAKE	NO ERASURES, V	VHITEOUTS,	PHOTOCOPI	ES, OR C	THER ALTERATIONS	3	
JOSE	DENT—FIRST	ANGEL 1C. LAST MADRID						
	e of Birth (Month, day, Year) 24/1970	4 DATE OF DEATH 10/13/2008	(MONTH, DAY, Y	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, D				
SAN DIEGO		22		SAN DIE		-IF OUTSIDE OF CALIFOR	NIA, ENTER STATE	
7A. NAME OF INFOR		78. RELATIONSHIP T SISTER	O DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCHSTREET NUMBER AND NAME, CITY, STATE, ZIP CODE			8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1658	
2090 MAIN	ULL MAILING ADDRESS—STREET NUMBER AND P ST APT#269), CA 92113	NAME, CITY, STATE, ZIF	CODE	FUNERA 7856 LA LA MESA	MESA		RY SVC	
right to control dispos stated herein is one of PERMIT AND AL	ENT OF APPLICANT—I hereby acknowledge as a ition pursuant to Health & Safety Code Section 7100, if the dispositions authorized by Health & Safety Code JTHORIZATION OF LOCAL REGISTRAR—	and that the disposition Section 103055. —ANY CHANGE IN		COL				
of California.	in accordance with provisions of the California Health	20 20000	200		Section with	A Transaction Interest	t gives no right of disposal outside	
\$ 11.00	108. DATE PERMIT ISS 10/16/2008	WED		WOOTEI		ISSUING PERMIT	E	
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF DEATH—IF DEATH OF COUNTY VITAL RECORDS CRANS ST. O, CA 92110	CCURRED IN CALIFOR	NIA 10E. ADI	DRESS OF REG	SISTRAR OF	DISTRICT OF DISPOSITION	ON—IF DIFFERENT FROM 10D	
11. AUTHORIZED D	SPOSITION(S)			FC	OR CORO	NER'S USE ONLY		
BU .	12A. NAME AND ADDRESS OF CALIFORNIA CEMI			12B. DATE BUR	20-0 .	(12C. INTERI	MENT NUMBER—IF APPLICABLE	
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OTHER THAN IN A CEMETERY				16D. SIGNATUR	RE OF PER	SON IN CHARGE OF SCAT	TERING OR BURIAL	
UPON AUTHORIZAT	ION OF PERMIT, DISTRIBUTE COPIES AS FOLLOW	VS:						

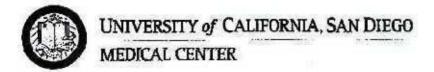
COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA."

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COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT."

^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



October 15, 2008

To Whom It May Concern:

Jose Madrid (birthdate 5/24/1970) expired in our hospital. His family is low income. Please give them consideration for discounted funeral services.

If you have any questions, please call Judith Nielsen, LCSW at 619-543-5730

Sincerely, Judia A. M

E-21007

MOUNT HOPE CEMETERY

GRAV	E BLIND CHE	CK FORM	-
IN GRAVE WITH	Θ		
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	x		
Flagged Yes		No	
Blind check Initiated by:	*	Date	
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Div: 6 Sect: 1			Grave: 12
Grave Laid out by: KE	N & DAV	E	
Agrees with Legal Card:	Yes 1	No	
Agrees with Map:	Yes	No	
Blind Check & Verified By:		Date	
Cremains were placed at:		of grave	

MT. HOPE CEMETERY

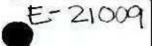
INTERMENT ORDER

at need

City of San Diego

Date_10[16[2008]

Makagoto 1	uulainde	2319=	37 11
na Liner	Funeral, date, time	Friday O	
Type of Burial Container Church) Chapel, Graveside			(al Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day o	r an extra charge o	f \$
will be applied and billed to undersigned.			
Division MAS Section N B	tk/Row	ot 9 Grav	e_8_
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Opening/Closing & Se Ip. 10000	e .,	אונה אוני	266.50
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Handling Fees OCI	ETERY	<u> </u>	103.00
Flower vases - Marker setting			
Recording/Filing Pro 1 Fees			32.50
Sales taxes N/A	***************************************		<u> </u>
963	Total	al Due	1,534.0
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	CHK#11723	Balance due	_0_
hereby certify I am the_ and this is your authority to make disposition that I have the right to make this authorizatio		e indicated. I certif	
any liability on account of said authorization a		ot l	r neimicss nom
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	Address		CAM
Signature	СНу	- Ask	Zip Code
	Telephone	Die	
04.000	Invoice #	1676 	
Mork Order # E 21009 .	740000000		



MOUNT HOPE CEMETERY

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Burial Container <u>U.S.</u>	De	<u>sex</u>			
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Grave Laid out by: <u>Ke</u>	w and	aul	-		0.755 2/6 -
Agrees with Legal Card:	Yes		No		
Agrees with Map:	Yes		No		
Blind Check-& Verified By:	2	Dat	te		
Cremains were placed at:	5±17	of g	grave		(P.17)

2000

E-21009

MT. HOPE CEMETERY

INTERMENT ORDER 26 need

City of San Diego

DOMO_10/16/2008

·	iner U	Funeral, dal	s, time	
murch, Chapel, C	e of Goden Conference		SDMen	Drial Montumy.
All Funeral cars m	nust arrive before 3	:00 p.m. of regular wo	rk day or an eidna cha	Set))4
will be applied an	d billed to undersign	ned		
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Recording/Filing/	Transfer Fees			32.50
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		Paid receipt numb		
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nareby authorize old under deed.	the interment in lo	Perfect Man	201-A PUE	AVOIDED BY MOVEY IS
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	DIAMINIO	MAKAGOTU		
BY		Invoice		
	71 5 A A A	70.00	5,000	
Nork Order # E	21009	Acct		

Altn: Laurie Bays FAX 858-694-2182 Public Administrator 800.777.9229 www.victimcompensation.co.gov



Revised July 2008

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

LOW INCOME ASSISTANCE PROGRAM FEE WAIVER

Cometery 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 cualification. qualification.

THE PARTY AND ADDRESS OF THE PARTY.	10 M	(V) VA (V)		
Name of Decease	4: Makic	agoto 1	Julian	de
X Address:	2102	183		Apt E
X City:	San C) lego state	<u>CA</u> zip C	ode 92104-5
City of San Dieg	resident? (Circle)		C25	NO
Size of Family (TOTAL STREET, COLOR STREET, CO		3E3	2
	anual Income		148 P P 22 P 2 P 1 T 2 P 7 P 6 P	Income
(1) \$14,933			11,459	
(2) \$24,463			8,926	*
(3) \$33,588		(6) \$5	7,222	
I understand the main	t Mt. Hope Staff wil tain low administrat	I respectfully choositive costs for this p	se the burial of the second of	ered part of that persons' RS) tax return, Health & ard/Benefit letter. ite of the deceased to initial facility, hospice, and/ or
shove statements		ury under the law		of California that the
Signed/ Relations			Date	120/08
current month rent rece	Valid California Driver's I Current Utility Bill Curr ipt property tax statement documents verified	Other	10	ty of San Diego address and Rental/Lease Agreement and
Approved by			Date	



ME (25 plif bill bill ben

SOCIAL SECURITY 1333 FRONT STREET SAN DIEGO CA 92101

Social Security Administration Supplemental Security Income

Notice of Change in Payment Date: November 25, 2007 Claim Number: 625-52-6082 DI

954 07S1116A92266

SAN DIEGO CA 92104-5544

B048,M4E,124

MAKOGOTO MUHINDE 2101 DALE STREET APT E

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 reised 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 need 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



- 1122 Broadway Suite 300
- · San Diego, California 92101-5612
- + 619-578-7777
- FAX: 619-578-7372
- www.sdhc.org

Section 8 Program Rent Portion Letter: Tenant

July 29, 2008

MAKOGOTO MUHINDE 2101 DALE ST E SAN DIEGO CA 92104

Account: 000031218

Effective: August 01, 2008

The total contract rent is:	950.00
The Housing Commission will pay:	713.00
Your portion of the rent is:	237.00

YOUR SHARE OF THE RENT WAS COMPUTED AS FOLLOWS:

Your total family gross annual income:	10.440.00
Minus HUD approved allowances and/or deductions:	400.00
Equals Adjusted Yearly Income	10,040.00

Your rent share is based on 30% of your income, less HUD approved family deductions and allowances (including utility allowance). If your rent and utility allowance exceed the payment standard, you will be responsible for paying more than 30% of your adjusted income.

If you have reason to believe that your income and/or HUD approved deductions and/or allowances have not been accurately calculated, you may request an Administrative Review. To begin the review process, you must submit a written request with appropriate supporting documentation to our office within 17 days of the date at the top of this notice.

Written responses to requests for an Administrative Review of your rent are completed within 60 days from the receipt of the request.

If you have a question, contact the Housing Assistant at: (619) 578-7777

Deborah Whitfield, TD 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 IC LAST MAKOGOTO MUHINDE 2 SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 05/02/1950 M 09/30/2008 6A CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO 7A. NAME OF INFORMANT 7B. RELATIONSHIP TO DECEDENT BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON 8B. CALIFORNIA LICENSE NUMBER-IF APPLICABLE FRIEND JOHN KWANGABA ACTING AS SUCH-STREET NUMBER AND NAME, FD1575 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE WMS SAN DIEGO MEMORIAL CHAPEL 620 N HICKORY ST #8 2441 UNIVERSITY AVENUE ESCONDIDO, CA 92025 SAN DIEGO, CA 92104 **9A. APPLICANT SIGNATURE** ACKNOWLEDGEMENT OF APPLICANT -- I hereby acknowledge as applicant that I have the OR DATE SIGNED 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. 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 10B. DATE PERMIT ISSUED 10A. AMOUNT OF FEE PAID 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 10/16/2008 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 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 12C. INTERMENT NUMBER-IF APPLICABLE 128 DATE BURIED BURIAL OR 1012412008 F-21004 MT HOPE CEMETERY, 3751 MARKET SCATTERING IN A CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIA OR SCATTERING ST, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT 130 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY TION NUMBER-IF APPLICABLE 13B. DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED SCIENTIFIC USE

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 11 CREMATED REMAINS ARE TO BE SHIPPED

158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ** THE CARRIER CARRIER CONTROL OF PLACING WITH THE CARRIER CAR

14C, SIGNATURE OF PERSON IN CHARGE OF FACILITY

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

TRANSIT

18A. 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

168. 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 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 WELLO

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

of 231910	esie da	ex contrator and an incident and an extensive and an extensive	
n a Type of Burlat Confiance	Funeral, date, ti	me 10/17/08	AVA
Church, Chapel, Graveside	1	RASSOME	Mortuary.
ull Funeral cars must arrive before 3:00 p.n	n. of regular work o	day or an extra charge of \$	·
vill be applied and billed to undersigned.			- 3
Division	Blk/Row	Lot 2250 Grave	_1
Grave space & Care Fund D5596			-
Overtime/Late Arrival Fees			+
Opening/Closing & Setup	VIAD		149.00
lurial Container	- 300	8	79.00
andling Fees	OCT 17 CO	· · · · · · · · · · · · · · · · · · ·	85,00
lower vases - Marker setting fee	OCT 17 CONTHOPE C	EMETERY	-
ecording/Filing/Transfer Fees	INT HOPE U		65.00
ales taxes			6,12
		Total Due	3801.12
Pai	d receipt number .	1261244	384.17
	and the second s	Balance due _	-0
hereby certify I am the * Coscondition of this is your authority to make disposition that I have the right to make this authorization is aid authorization.	on of remains as a ion and I agree to	above indicated. I certify a	ind represent
hereby authorize the interment in lot I old under deed.		udra Jacken	
A . O	×3165	5 Sweetwater !	springs Bl
Caspend free	× >60	ing Valley wa	91971
	v. 6 / 1 Telephone	470-5074	zp code
21010	Invoice #		
Nork Order # E 21010	Acct #		

O crimed an invaried paper

This information is available in alternative formats upon request.

E-21010

MOUNT HOPE CEMETERY

GRA	/E BLIND CHE	CK FORM	
Write in the name of the der marked with "X". Place the in the appropriate space (s) the	name's, lot # and	the grave is for grave # of all ex	in the block disting marker's in
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	- Rosevar	•	
Bung	ty x	2008	
	Imlay		
	COL		
Flagged Yes	N	No	
Blind check Initiated by:		Date:	3 (
Interment space for:	ssie Jam	168 Souce	SON
Interment Date: LYD	Time:		
Div: Sect:	Blk/Row:	Lot: <u>2240</u>	Grave:
Grave Laid out by:	avid Norie	ega	
Agrees with Legal Card:	Yes	No	
Agrees with Map:	Yes	No	
Blind Check & Verified By:		Date	
Cremains were placed at:		of grave	

16



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

I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division Section Lotzz40_ Grave (
My legal authority to the above property is based on the following
facts: am the dughter of Jesse Ja
Jaken and Rosie mae Jaken and
Rosswelt Jockson are his parents and
my Grand parents
·
I have presented the following evidence to support the above facts.
Death Curtification

200

Witnessed:						
12 p						
Signed on	10-	17-08,	in_	Soul	DIGAN	_
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Signature	57~	Print Full No	ame	treen	N	
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work of the state	1855 C 55 <u>2</u> 5					(4
Documents Preser	nted:					
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Processed by:						
100	X					
Transfer allowed:	Yes	No	1.7			
		Assorbe discussed Management				
Transfer fee paid	N	ew Deed Issu	ance Pai	ď		

FOR OFFICE USE ONLY

E-21010

STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

STATE FLA MILIMITY SERVICE MODEL TO SERVICE STATE STA	M 0146
SECURITY WORKER SECURITY WORKER SAN DIEGO	0148
O6/06/1928 80 - MATTER PLANT - SECURITY WORKER -	0148
LA 439-40-3795	0148 Via 1748 in Science
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A restrict ou constant generalizations. A rective formers on the constitute outdoor efficiency.	35 John Hamberton
ANDERSON-RAGSDALE MORTUARY FD1929 WILMA WOOTEN MD	09/05/2008
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Mightiani

County of San Diego - Department of Health Services - 3851 Resectants Strott. 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 MEALTH, SPRIVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED, Required (empoid.

DATE ISSUED: September 8, 2006

WILMA J. WOOTEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This above the valid unless prepared on engreved border displaying seel and signature of Registrer

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A. NAME OF DE		Y — MAKE NO ERASURES, 18. MIDDLE JAMES	WHITEOUTS,	PHOTOGOPI	IC LAST JACKSON			
- 175 (19)	ATE OF BIRTH (MONTH, DAY, YEAR) 6/06/1928	4 DATE OF DEATH 08/29/2008		EAR)	5, (FETAL	DEATH ONLY) DA	TE OF EVENT	(MONTH DAY, YEAR)
SAN DIEC	174			SAN DIE	OF DEATH—IF OUTS	IDE OF CALIFOR	NIA. ENTER	STATE
7A. NAME OF INF	ORMANT JACKSON	78 RELATIONSHIP WIFE	TO DECEDENT	LICENSED FUI	ME AND ADDRESS NERAL DIRECTOR O ICH—STREET NUMI ZIP CODE	R PERSON		ORNIA LICENSE HFAPPLICABLE 29
6585 REF	S FULL MAILING ADDRESS—STREET NU LECTION DRIVE #102 GO, CA 92124	MBER AND NAME, CITY, STATE, ZI	P CODE	5050 FE	ON-RAGSD DERAL BLVI GO, CA 921).	TUARY	3
right to control disp stated herein is on PERMIT AND	EMENT OF APPLICANT—I hereby ackno- costition pursuant to Health & Safety Code Si is of the dispositions authorized by Health & AUTHORIZATION OF LOCAL REC	action 7100, and that the disposition Safety Code Section 103055 GISTRAR—ANY CHANGE IN	DISPOSITION	LNN (Karry A NEW PERMIT	A) TO SHOW FIR	AL DISPO	98 DATE SIGNED 10/2/08 ISITION
of California. 10A. AMOUNT OF		PERMIT ISSUED	10C SIGNATUR		GISTRAR ISSUING	- 2	t gives no rig	ght of dispositi outside
SAN DIEG 3851 ROS	FREGISTRAR OF DISTRICT OF DEATH— GO COUNTY VITAL RECO SECRANS ST GO, CA 92110		NIA 10E. AD	ORESS OF REG	STRAR OF DISTRIC	T OF DISPOSITIO	N-IF DIFFE	RENT FROM 100
DIS/BU					R CORONER'S U	BE ONLY		
BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT)	STREET, SAN DIEGO,	Y: 3751 MARKET		128 DATE SUR 120 SIGNATUR	1	E-	2101	R-IF APPLICABLE
CREMATION	13A. NAME AND ADDRESS OF CALIFO	ORNIA CREMATORY		13B DATE CRE	MATED E OF PERSON IN C			R—IF APPLICABLE
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFO	ORNIA FACILITY RECEIVING REMA		148. DATE REC	EIVED E OF PERSON IN C	HARGE OF FACIL	пү	*
TRANSIT	15A, NAME AND ADDRESS IN RECEIV CREMATED REMAINS ARE TO BE SHI		REMAINS OR	158. NAME AND	ADDRESS OF PER	SON IN CHARGE	OF PLACING	WITH THE CARRIER
				15C SIGNATUR THE CARRIER	E OF PERSON IN C	HARGE OF PLACE	NG WITH	150. DATE SHIPPED*
SCATTERING/ BURIAL AT SEA O DISPOSITION	16A. ADDRESS, NEAREST POINT ON: SUFFICIENT TO IDENTIFY FINAL PLAC IF BURIAL AT SEA, ONLY ENTER LATI R	CE AND CALIFORNIA DISTRICT OF		16B DATE OF D	ISPOSITION			OF CREMATED APPLICABLE
OTHER THAN IN			1 1 1 1 1	16D SIGNATUR	E OF PERSON IN CI	HARGE OF SCAT	FERING OR E	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 - RETAINED BY PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

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-21010 80 4/0

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 12 (001-0

1A. NAME OF JESSE	DECEDENT—FIRST	18 MIDDLE JAMES		JA(ST CKSON	
2. SEX M	DATE OF BIRTH (MONTH, DAY, YEAR) 06/06/1928	4 DATE OF DEATH 08/29/2008		YEAR)	5. (FETAL DEATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR)
SAN DI		· ·	\$8	SAN DIEGO	H-IF OUTSIDE OF CALIFORN	NIA, ENTER STATE
7A NAME OF PARALI	INFORMANT EE JACKSON	78. RELATIONSHIP	TO DECEDENT	LICENSED FUNERAL C	ADDRESS OF CALIFORNIA- PRECTOR OR PERSON REET NUMBER AND NAME E	BB CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1329
6585 R	NT'S FULL MAILING ADDRESS—STREET NI EFLECTION DRIVE #102 EGO, CA 92124	UMBER AND NAME, CITY, STATE, 20	PCODE	ANDERSON-I 5050 FEDERA SAN DIEGO,		UARY
fight to control stated herein in PERMIT AN This permit is i	DGEMENT OF APPLICANT—I hereby acknowledge of the disposition pursuant to Health 8 Safety Code 9 one of the dispositions authorized by Health 8 ID AUTHORIZATION OF LOCAL Resuled in accordance with provisions of the Call	Section 7100, and that the disposition & Sefety Code Section 103055. GISTRAR—ANY CHANGE IN		NOULAS N REQUIRES A NEW		
of California. 10A. AMOUNT \$ 11.00		E PERMIT ISSUED 5/2008		RE OF LOCAL REGISTRA A WOOTEN, ME		50
SAN DI 3851 R	S OF REGISTRAR OF DISTRICT OF DEATH- EGO COUNTY VITAL RECO DSECRANS ST EGO, CA 92110		NIA 10E. AD	DRESS OF REGISTRAR	OF DISTRICT OF DISPOSITIO	N—IF DIFFERENT FROM 100
				1		
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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 ISSUINS THE PERMIT.*

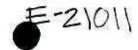
* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10/17/08

of	J	ermaine Salmond 2.	31922
n 8	Liner	Funeral, date, time TUES, OCT.	21 @ 11am
Church) Cha	Type of Burtal Container	ew Creations : Anderson-Rags	dale Mortuary
All Funeral c		3:00 p.m. of regular work day or an extra charge	V 06/3000-1
rill be applie	ed and billed to unders	igned.	
000 0000 TOURS P PU		0 01/1	1
ivision	Section	2 BIK/Row Lot 2/4_ Gr	ave
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vertime/La	te Arrival Fees	DAID	
	osing & Setup		<u>533.00</u>
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hereby cert	tify I am the	of the above disposition of remains as above indicated. I cer	e named decedent
hat I have t	he right to make this a	authorization and I agree to hold Mt. Hope Cemet horization and interment.	ery harmless from
화 13 (화 W 201 - 15		(hanse lih	100
hereby aut	horize the interment in	Pring Nagre / 10 Act	und he
Our	Mula	1 100	92376
gritture		The House	2 Zip Code
•		Telephone	2
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MOUNT HOPE CEMETERY

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	David	Nonso	Lynn			
	Stella	X				
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Interment Date: 10	121/08	Time:	llam			
Div: 12 Sec	t:_ <u>A</u>	Blk/Row:	Lot:	214	Grave:	6
Grave Laid out by:						
Agrees with Legal C	ard:	Yes		No		
Agrees with Map:		Yes		No		
Blind Check & Verifi	ied By:		Dat	e		
Cremains were place	ed at:		of g	rave		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-21011

_	USE BL	ACK INK ONLY N	AKE NO ERASURES,	WHITEOUTS,	PHOTOCOP	IES, OR OT	HER ALTERATIONS	ب ن	74
		18. MIDDLE				1C. LAST			
Jermai	Y		Dorlan		8	Salmond			
2. SEX	3. DATE OF BIRTH (MONTH) 09/14/1972	, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY 10/09/2008		YEAR)	YEAR) 5. (PETAL DEATH ONLY) DATE OF EVE		EOFEVEN	IT (MONTH, DAY, YEAR)
6A. CITY OF	DEATH			CC-8055	SE COUNTY	OF DEATH-I	OUTSIDE OF CALIFOR	NIA, ENTER	RISTATE
Oak Fo	prest				Illinois				
7A. NAME OF INFORMANT 7B. RELATIONSHIP TO DECEDENT			TO DECEDENT						
Connie	White		Mother		CITY, STATE,	ZIP CODE	, monachivana isime,	FD13	329
641 N. I	MANT'S FULL MAILING ADDRES Driftwood Avenue CA 92376	SS-STREET NUMBER	AND NAME, CITY, STATE, Z	P CODE		-Ragsdal	e Mortuary , San Diego, CA 9	2102	
ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the light to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition elated herein is one of the dispositions authorized by Health & Safety Code Section 103055. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITI				BA APPLICANT ► SIE DISPOSITIO	nnik	a B	TWO SHOW FIN	AL DISP	10/20/2008 OSITION
of California	s issued in accordance with prov a. NT OF FEE PAID	108: DATE PERMI		110C. SIGNATU	RE OF LOCAL RI			givea no i	nght of disposal outsid
\$ 11.00	Ì	10/20/	2008	▶ 280	1619				
10D. ADDRI	ESS ÓF REGISTRAR OF DISTR	ICT OF DEATH—IF DEA	TH OCCURRED IN CALIFOR	P.O.	oress of reg Box 85222 Diego, CA 9	Acomorphism (ISTRICT OF DISPOSITIO	N—IF DIFF	ERENT FROM 10D
EURIAL SCATTERIN CEMETI (INCLUS	OR HGINA SAN Diego, CA	RESS OF CALIFORNIA C		ALIFORNIA SIDE OF CALIF	12B. DATE BUR	4108	12C INTERM N IN CHARGE OF BURIA		ER-IFAPPLICABLE
ENTOMBA	MENT)				111 0 0 3. Calamata				
	13A. NAME AND ADD	RESS OF CALIFORNIA C	REMATORY		138. DATE CRE	MATED	13C CREMAT	ION NUMB	ER-IF APPLICABLE
CREMAT	TION				13D. SIGNATUR	RE OF PERSO	N IN CHARGE OF CREMA	MON	
6500000000	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE		NS .	14B DATE RECEIVED					
SCIENTIFIC				14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
15A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.		REMAINS OR	15B. NAME AND	ADDRESS O	FPERSON IN CHARGE (OF PLACIN	G WITH THE CARRIER		
TAXII G				1	16C SIGNATUR THE CARRIER	E OF PERSO	N IN CHARGE OF PLACE	KG WITH	15D DATE SHIPPED
DISPOSIT	164. ADDRESS, NEAREST POINT DN SHOREUNE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; ALATERING! ALATERING: ALATERING: SUPPLIFICATION		TION DISPOSITION;	188. DATE OF D	DISPOSITION			OF CREMATED F APPLICABLE	
OTHER THAN IN A CEMETERY			18D. 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

Only of Carr Chago		
	Cata	

You are hereby authorized and instructed, so of	CONTRACTOR OF THE PROPERTY OF	J. 17	
in a	Funeral, date, t	lme	
Type of Bunal Container		38	Mortuary
All Funeral cars must arrive before 3:00 p.m	- 1.200 - 2100 Market and 1400	NO MANUAL DISTRICT	To Children and Library
will be applied and billed to undersigned.	included a community		
Division Section E	Blk/Row	Lot	Grave
Grave space & Care Fund	.,		
Overtime/Late Arrival Fees			
Opening/Closing & Setup		erressamment over	······································
Burial Container			
Handling Fees			
Flower vases - Marker setting fee	1 1 1		
Recording/Filling/Transfer Fees	\ (\ \)		remanuonio <u> </u>
Sales taxes	1 1	Elenconstruction	
		(CONTRACTOR OF CONTRACT	manus L
Paid	receipt number	80	
			Salance due
I hereby certify I am the_ and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to	above indica	the above named decedent ited. I certify and represent be Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name		
	Address		
Signature	City		Zip Code
	Telephone	100	
Work Order # E 21012	Invoice #		

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date [0 20 08

	instructed, subject to your rules and regulations, to	inter the remains
of to	YNE L. MCKNIGHT	231942
ina Liner	Funeral, date, time 1005, OCT	28 @ llam
Church, Chapel, Graveside	Faith Chapel : CABURI	AL Mortuary.
All Funeral cars must arrive bet	fore 3:00 p.m. of regular work day or an extra charg	ge of \$
will be applied and billed to und	dersigned	
Division 12 Section	2 BIK/ROW Lot 222 G	Grave 5
Grave space & Care Fund	LIMIN	2264.0
Overtime/Late Arrival Fees	OCT 2 8 2008	
Opening/Closing & Setup	UC1 2 0 2000.	<u>555.00</u>
Burial Container		270.00
Handling Fees	MOUNT HOPE CEMETERY	206.00
Flower vases - Marker setting	fee	
Recording/Filing/Transfer Fees	.	65.00
Sales taxes		20.90
	Total Due	3358.93
UCC.	Paid receipt number 26127	3358.93
V = 2.22	Balance	due
I hereby certify I am the	of the above and disposition of remains as above indicated. I co	ve named decedent
that I have the right to make th any liability on account of said	is authorization and I agree to hold Mt. Hope Came	tery harmless from
I hereby authorize the intermer hold under deed.	ntin lot 1 19/1/19 White Print Name 4319 Cope 19nd	Mine Hot &
Marles Mittel	Address Dogo Ch	22105
Signature 0. 1315	San Drego, Ch	Zip Code
Signature NOON 3315	019-909-755 Tellephone	<u> </u>
W. Ori	Invoice #	
Work Order # E 210	13 Acct.#	

E-21013

MOUNT HOPE CEMETERY

GRAVE	BLIND CHECK FORM
marked with "X". Place the na the appropriate space (s) that	eased for which the grave is for in the block ame's, lot # and grave # of all existing marker's in are adjacent to the burial space.
L.T SCOTI	X CHILDS
0	Date: Date:
Div: Sect: 2 Grave Laid out by: KEA	Time: 1(:00 Blk/Row: Lot: 222 Grave: 5
Agrees with Legal Card:	Yes No
Agrees with Map:	Yes No
Blind Check & Verified By:	DAVID N Date 10 - 27 - 08
Cremains were placed at:	of grave



THE CITY OF SAN DIEGO

October 27, 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: Dwayne L. McKnight

Amount: \$\\\\3,358.93

Sincerely,

M. David Lugo Cemetery Manager



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 42013

DWAYNE	DENT—FIRST	18. MIDDLE	8	MC MC	KNIGHT		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E OF BIRTH (MONTH, DAY, YEAR) 10/1966	4. DATE OF DEATH (MONTH 10/16/2008	, DAY, YEAR)	S. (FETAL DEATHONLY) DATE OF EVENT (ATE OF EVENT (MONTH, DAY, YEAR)	
SAN DIEGO				OUNTY OF DEATH	-IF OUTSIDE OF CALIFOR	RNIA, ENTER STATE	
CONTRACTOR STREET, CARLOTTER, CARLOTTER, CARLOTTER, CARLOTTER, CARLOTTER, CARLOTTER, CARLOTTER, CARLOTTER, CAR	NAME OF INFORMANT IARLIN WHITELOWE BROTHER		LICE	ENT. BA. TYPED NAME AND ADDRESS OF CALIFORN LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND MAN CITY, STATE, ZIP CODE		NUMBER-IF APPLICABLE	
4319 COPE	INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 319 COPELAND AVE #8 IAN DIEGO, CO 92115						
ght to control dispose tated herein is one o PERMIT AND AL his permit is issued	ENT OF APPLICANT—I hereby acknowledge from pursuant to Health & Safety Code Section 7 if the dispositions authorized by Health & Safety O ITHORIZATION OF LOCAL REGISTR, in accordance with provisions of the California Ne	100, and that the disposition code Section 103055	SITION REC	CUIRES A NEW	PERMIT TO SHOW FI	98. DATE SIGNED D D NAL DISPOSITION It gives no right of disposal outs!	
OA AMOUNT OF FE	108 DATE PERMIT 10/21/200	Sherraen Silvenier		LOCAL REGISTRA	RISSUING PERMIT	<u> </u>	
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF DEATH—IF DEA COUNTY VITAL RECORDS CRANS ST CRA 92110	FEATURE AND MAINTENANCE OF A STATE OF THE PARTY OF THE PA	IOE. ADDRES	S OF REGISTRAR C	OF DISTRICT OF DISPOSITI	ON-IF DIFFERENT FROM 10D	
1. AUTHORIZED OF				1	ONER'S USE ONLY	***************************************	
BU ,	F (8 4 5)						
BU (SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRESS OF CALIFORNIA O MT HOPE CEMETERY 375 STREET SAN DIEGO CA 9	1 MARKET		DATE BURIED 10/28/3/	208 E	MENT NUMBER—IF APPLICABLE -2/0/3 al or scattering	
BURNAL CR SCATTERING IN A CEMETERY (INCLUDES	12A NAME AND ADDRESS OF CALIFORNIA OF MT HOPE CEMETERY 375	1 MARKET 2102	120 S	10128130 SIGNATURE OF PER SATE CREMATED	208 E RSON IN CHARGE OF BUR J. O. O.	-2/0/3 AL OR SCATTERING ATION NUMBER—IF APPLICABLE	
BURIAL CR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT HOPE CEMETERY 375 STREET SAN DIEGO CA 9	1 MARKET 2102 REMATORY	138. 0 138. 0	10128120 SIGNATURE OF PER MATE CREMATED SIGNATURE OF PER MATE RECEIVED	008 E RSON IN CHARGE OF BUR J. GREM	-2/013 ALOR SCATTERING ATION NUMBER—IF APPLICABLE MATRON	
BURIAL CR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRESS OF CALIFORNIA OF MT HOPE CEMETERY 375 STREET SAN DIEGO CA 90 13A NAME AND ADDRESS OF CALIFORNIA OF	1 MARKET 2102 CREMATORY CACILITY RECEIVING REMAINS	130 S 138 G 130 S 148 G 14C S 14C S 14C S 14C S 14C S	I O J 2 8 J J C SIGNATURE OF PEI	RSON IN CHARGE OF CRE	-2/0/3 ALOR SCATTERING ATION NUMBER—IF APPLICABLE MATION LITY OF PLACING WITH THE CARRIED	
BURIAL CR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	12A NAME AND ADDRESS OF CALIFORNIA OF STREET SAN DIEGO CA 9: 13A NAME AND ADDRESS OF CALIFORNIA OF CALIFORNIA PARTY AND ADDRESS OF CALIFORNIA PARTY ADDRESS OF CALIFORNIA PARTY AND ADDRESS OF CALIFORNIA PARTY AND ADDRESS OF CALIFORNIA PARTY ADDRESS OF CALIFORNIA PARTY ADDRESS OF CALIFORNIA PARTY ADDRESS OF CALIFORNIA PARTY ADDRESS OF CALIFORNIA PAR	1 MARKET 2102 CREMATORY CACLITY RECEIVING REMAINS ATE OR COUNTRY WHERE REMAIN CALIFORNIA DISTRICT OF DISPOS	138. 0 138. 0 130. 1 148. 0 148. 0 148. 0 148. 0	I O J 28 J J C SIGNATURE OF PEI DATE RECEIVED DISTRICT OF PEI DATE AND ADORES SIGNATURE OF PEI DISTRICT OF PEI DATE AND ADORES SIGNATURE OF PEI	RSON IN CHARGE OF FACE RSON IN CHARGE OF FACE RSON IN CHARGE OF FACE RSON IN CHARGE OF PLACE	-2/0/3 AL OR SCATTERING ATION NUMBER—IF APPLICABLE MATION LITY OF PLACING WITH THE CARRIER	

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 3 - 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 8E DISCARDED.*

COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

^{*} THE LOCAL REDISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/20/2008

You are hereby authorized and instructed, su of EZEQUIE	, , ,	231925
ins ASH VaulT	Funeral, date, time Wed, OCT	220100
Church Chapel, Graveside Sam Any	hony/vc. Aboth	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge	of \$
will be applied and billed to undersigned.		
Division	lk/Row Lot <u>282</u> Gra	ve
Grave space & Care Fund	<u></u>	426.00
Overtime/Late Arrival Fees	PAID	111000
Opening/Closing & Setup		17/
Burial Container	OCT 1 9 2008	9500
Handling Fees		85
lower vases - Marker setting fee MOL	INT HOPE CEMETERY	65.71
Recording/Filing/Transfer Fees	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	65.00
Sales taxes	ominamentiionen (1000)	6,12
	Total Due	8/3.83
	receipt number <u>K-6/250</u>	875.83
daught	OF Balance du	· <u>-0</u>
I hereby certify I am the On West	of the above	named decedent
and this is your authority to make disposition that I have the right to make this authorization	n of remains as above indicated. I certi	fy and represent ry harmless from
any liability on account of said authorization a	and interment.	231920
I hereby authorize the interment in lot I	Rosa Rojas	Terreiro
hold under deed.	1422 EUCLID	AV.
Branch Company	Address And City	91950
britisoldical leter	1 6191 472 - 9697 Telephone	Zip Code
101 NE	Investor #	
Work Order # E 21014	Invoice #	
VYORK Order #	Acct. #	

	GRAVE BL	ND CHEC	K FORM	
IN GRAVE WITH				***************************************
Write in the name omarked with "X". Plather appropriate spa	ace the name's	, lot # and gr	ave # of all e	xisting marker's in
Burial Container	ASH V	AULT	· · ·	
				- 15
	CEPLAND	X		
	STRE	ET		
	اربا		,	
Flagged Ye	es	2000	No	
Blind check Initiated	- 317.	PARIA		: 10-20-0.
Interment space for	EZE	DUIEL	ROJ	AS
Interment Date: 💯	- 22-08	Time:	10 Am	-
Div: <u>/2</u> Se	ct: <u> </u>	k/Row:	Lot: 282	Grave: /
Grave Laid out by:	DAVI	0		
Agrees with Legal (Card:	Yes V	Ď No	
Agrees with Map:		Yes 7	S No	
Blind Check & Verif	fied By: 🛮 💆	AVID	Date/	80-15-0
	ced at:			

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 18. MIDDLE 1C. LAST EZEQUIEL ROJAS 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, YEARL 04/10/1935 10/08/2008 M 6A. CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO 7A. NAME OF INFORMANT 7B. RELATIONSHIP TO DECEDENT BA. TYPED NAME AND ADDRESS OF CALIFORNIA-**BB. CALIFORNIA LICENSE** LICENSED FUNERAL DIRECTOR OR PERSON NUMBER-IF APPLICABLE ROSA BUSTAMONTE WIFE ACTING AS SLICH-STREET NUMBER AND NAME. FD807 CITY STATE, ZIP CODE 7C INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE HEATH FUNERAL HOME 1422 EUCLID AVE 611 HIGHLAND AVENUE NATIONAL CITY, CA 91950 NATIONAL CITY, CA 91950 9A. APPLICANT SIGNATURE 98 DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT-1 hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 10/22/2008 au stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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 Celifornia Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A AMOUNT OF FEE PAID 108 DATE PERMIT ISSUED \$ 11.00 10/22/2008 WILMA WOOTEN, MD 100 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH---IF DEATH OCCURRED IN CALIFORNIA 10E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 100 SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 11. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY DISINTERMENT/BU 12A, NAME AND ADDRESS OF CALIFORNIA CEMETERY 12B. DATE BURIED 12C INTERMENT BURIAL OR 11014 10/2408 SCATTERING IN A MOUNT HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT 13C CREMATION NUMBER-IF APPLICABLE 138 DATE CREMATED 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 148 DATE RECEIVED 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 1158 NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER CREMATED REMAINS ARE TO BE SHIPPED N/A TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D DATE SHIPPED THE CARRIER -18A. 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 168. DATE OF DISPOSITION 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER-IF APPLICABLE **SCATTERING/** BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 18D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

LIPON AUTHORIZATION OF PERMIT DISTRIBUTE COPIES AS FOLLOWS:

WITHIN 10 DAYS OF DISPOSITION 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 10 | 20/ 231939 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains W:00 Church) Chapel, Graveside V CV 43 + 10 0 al cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned Grave space & Care Fund Overtime/Late Arrival Fees. 708.00 Opening/Closing & Setup..... Burial Container. OCT 2 7 2008 Handling Fees 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 held under deed. Pont Name Zip Code Invoice # F 21015 Acct. # When I fixed mfo ive formats upon request. REA-104 (3-04)

for payment: They were to have fam.
Sign. I will see if they can get ...

E-21015 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT 61906 AT-NEED PURCHASE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY PINK FILE (619) 527-3400 Date: Dollars (\$ 178.00 Payment of 2000 Div Sac Lot Invoice No. # 210/85 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Cere 77184 80% Sales 100 W.O. of Lots 77184 Opening/ 100 BALANCE DUE Closing 77181 3 2009 100 Buriel Containers 77182 100 MOUNT HOPE CEMETERY Money Order Handling Fee 77185 Recording & 100 Charge / 9/2733 Misc. Fees 77183 Seles Tax 50101 ISSUED BY P.C 201 Check 78390 AC-212A (11-08) TOTAL PAID This information is available in alternative formals upon request.

IC	AL	RE	CE	IPT
	6		Total Co.	
	IC	ICIAL	ICIAL RE	FICIAL RECE

WHITE TO CUSTOMER CANARY TO CUSTOMER

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

61476

om: Elaine 2. Taylor 16HTY-SIX AND 94/00	Address:		~	ric Aven	Dollars (\$ _		
<u>Fu//</u> Payment of <u>Z</u> iv <u>/2</u> Sec_	galv. vase.	Blk/ Row_	- Lot	VI //10m-	Grave _	12	
voice No	NOT VALID FOR PU STAMPED "PAID" IN		D UNLESS	CREDIT 20% Salies Care	(10)(10)		-
O	NEG	E 1 V 1	3	80% Sales of Lots Opening/ Closing Burial	77184 — 100 — 77181 —		
☐ Money Order	∭ FE	B 2 0 2009		Containers Handling Fee Recording &	77182 100 — 77185 100 —	46	0
□ Charge Master card □ Check AP# 212A(11-05) 936/43	By	Davida	ζ.	Misc. Fees Sales Tax	77183 60101 78390 —	2. 86	94

	GRAVE	BLIND CHE	CK FORM	1	
IN GRAVE WITH	4	0			
Write in the name marked with "X". P the appropriate spendinger Burial Container	lace the nar	ne's, lot # and are adjacent to	grave # of a	ill exist	ting marker's in
		x			-
	-				
Flagged Y	es	- 12 - 13 - 13	No_		
Blind check Initiate	75			ate:	
Interment space fo	r. KIC	nama s	. Will	iam	25
Interment Date: 1	0/27/0	∑8 Time:	11:00	A.A	٨.
Div:S	ect: 2	Blk/Row: _	Lot: 1 <u>2</u>	D	Grave: 12
Grave Laid out by:	_KFI	V & DAV	E		
Agrees with Legal	Card:	Yes	N	o	
Agrees with Map:		Yes	N	0	
Blind Check & Ver	ified By:	JAVID	Date_/	6.2	3-08
Cremains were pla	ced at:		of grave	е	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

RICH	F DECEDENT—FIRST		DWAYNE		3.1.34.5463	LAST VILLIAMS	
2 SEX M	3 DATE OF BIRTH (MONTH, DAY 06/16/1982	(, YEAR)	4 DATE OF DEATH 10/18/2008		\$100 Mexico (1900). 150 Million (1900) 150 Million		
SAN E	A COUNTY OF THE COUNTY		*		SAN DIEGO	ATH—IF OUTSIDE OF CALIFOR	NIA, ENTER STATE
	A NAME OF INFORMANT ELAINE RENEE TAYLOR INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 7324 PACIFIC AVENUE LEMON GROVE, CA 91945			TO DECEDENT	BA. TYPED NAME AND ADDRESS OF CALIFORNIA- LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE ZIP CODE FD1329		
73241				ZIP CODE	A STATE OF THE STA		
nght to contract stated herein PERMIT	EDGEMENT OF APPLICANT—) of disposition pursuant to Health & So is one of the dispositions authorized UND AUTHORIZATION OF Let is issued in accordance with provision	efety Code Section 7100 by Health & Sefety Code DCAL REGISTRAR	end that the disposition Section 103055 —ANY CHANGE IN	DISPOSITION	mul	PANEW PERMIT O SHOW FIN	9B DATE SIGNED NAL DISPOSITION It gives no right of disposal outside
of California	NT OF FEE PAID	108 DATE PERMIT IS 10/22/2008	(3)	10C SIGNATUR	N N	RAR ISSUING PERMIT	:
SAN E 3851 F	SS OF REGISTRAR OF DISTRICT DIEGO COUNTY VITA ROSECRANS ST DIEGO, CA 92110		OCCURRED IN CALIFO	RNIA 10E. AD	DRESS OF REGISTRA	AR OF DISTRICT OF DISPOSITIO	ON—IF DIFFERENT FROM 100
20000	RIZED DISPOSITION(S)			4	FOR CO	DRONER'S USE ONLY	
BURIAL SCATTERI CEMET (INCLU	MT. HOPE CENTY SES STREET, SAN	METERY: 3751	MARKET		12B DATE BURGED, 10 JT/10 12D SIGNATURE OF	8 12C. INTERN PERSON IN CHARGE OF BURIA	MENT NUMBER—IF APPLICABLE - 2 10 15 AL OR SCATTERING
BURIAL SCATTERI CEMET (INCLU	OR 45 IN A FRY / STREET, SAN ARNT) 13A NAME AND ADDRES	METERY: 3751 DIEGO, CA 92	MARKET 102		10/27/0 12D SIGNATURE OF WILL 13B DATE CREMATE	S E PERSON IN CHARGE OF BURIL LO, Q-L	ALOR SCATTERING TION NUMBER—IF APPLICABLE
BURIAL SCATTERI CEMET (INCLU ENTOMBI	OR 45 IN A FRY / DES AENT) 13A NAME AND ADDRES 14A. NAME AND ADDRES	METERY: 3751 DIEGO, CA 92 s of california cre	MARKET 102 MATORY	AINS	10 27 (0) 12D SIGNATURE OF 13B DATE CREMATE 13D SIGNATURE OF 14B. DATE RECEIVED	PERSON IN CHARGE OF BURIL D 13C CREMA PERSON IN CHARGE OF CREM	TION NUMBER—IF APPLICABLE
BURIAL SCATTERI CEMET (INCLU ENTOMBI	OR 45 IN A FRY / DES AENT) 13A NAME AND ADDRES 14A. NAME AND ADDRES C USE 15A NAME AND ADDRES CREMATED REMAINS AR	METERY: 3751 DIEGO, CA 92 S OF CALIFORNIA CRE S OF CALIFORNIA FAC	MARKET 102 MATORY	AINS	10 27 0 12D SIGNATURE OF 13B DATE CREMATE 13D SIGNATURE OF 14B DATE RECEIVED	PERSON IN CHARGE OF BURIL D 13C CREMA PERSON IN CHARGE OF CREMA PERSON IN CHARGE OF FACIL	TION NUMBER—IF APPLICABLE
BURIAL SCATTERI CEMET (INCLU ENTOMBI CREMA	OR 45 IN A FRY / DES AENT) 13A NAME AND ADDRES 14A. NAME AND ADDRES C USE 15A NAME AND ADDRES CREMATED REMAINS AR	METERY: 3751 DIEGO, CA 92 S OF CALIFORNIA CRE S OF CALIFORNIA FAC	MARKET 102 MATORY	AINS E REMAINS OR	12D SIGNATURE OF 13B DATE CREMATE 13D SIGNATURE OF 14B DATE RECEIVED 14C SIGNATURE OF	PERSON IN CHARGE OF BURIL D 13C CREMA PERSON IN CHARGE OF CREMA PERSON IN CHARGE OF FACIL	TION NUMBER—IF APPLICABLE MATION OF PLACING WITH THE CARRIER
BURIAL SCATTERI CEMET (INCLU ENTOMBI CREMA	OR WO IN A MT. HOPE CE! STREET, SAN MENT) 13A NAME AND ADDRES 15A NAME AND ADDRES C USE 15A NAME AND ADDRES CREMATED REMAINS AR 16A ADDRESS, NEARES' SUFFICIENT TO IDENTIFING SEA OR	METERY: 3751 DIEGO, CA 92 S OF CALIFORNIA CRE S OF CALIFORNIA FAC S IN RECEIVING STATE E TO BE SHIPPED	MARKET 102 MATORY ILITY RECEIVING REMANDED TO THE PROPERTY WHERE	AINS E REMAINS OR	10 27 0 12D SIGNATURE OF 13B DATE CREMATE 13D SIGNATURE OF 14C SIGNATURE OF 15B NAME AND ACCO 15C SIGNATURE OF	PERSON IN CHARGE OF BURILD 13C CREMA PERSON IN CHARGE OF CREM PERSON IN CHARGE OF FACIL RESS OF PERSON IN CHARGE PERSON IN CHARGE OF PLACE SITION 16C LICENS	TION NUMBER—IF APPLICABLE MATION OF PLACING WITH THE CARRIER

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 3 - 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 NEGO

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	Date 10-20-0	3
You are hereby authorized and insti	ructed, subject to your rules and regulations, to inter the rem	nains
or RICHARD	D PENBERTHY # 2067	31
ina NCH	Funeral, date, time Hs. No. 10 -23 1	:00
Church, Chapel, Graveside		rtuary.
All Funeral cars must arrive before	3:00 p.m. of regular work day or an extra charge of \$	
will be applied and billed to undersi	igned.	
Division 8 Section	Bik/Row Lot	_
Grave space & Care Fund . E.G.	217 10.15-86	-
Overtime/Late Arrival Fees		
Opening/Closing & Setup	_146	3,00
Burial Container	_ 74	1.00
Handling Fees	DAID	5.00
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	OCT 2 1 2008	500
Sales taxes MOUN	THOSE SELECTION	2.12
MOUN	II HOPE CEMETERY 384	.12
0-425,055	Paid receipt number 12-61255 389	1.12
619-	Balanca due	>_
I hereby certify I am the page and this is your authority to make that I have the right to make this at any liability on account of said auth	of the above named dec disposition of remains as above indicated. I certify and rep uthorization and I agree to hold Mt. Hope Cemetery harmles norization and interment.	resent
I hereby authorize the interment in hold under deed.	1001 Mary Zeigler 2 Savantage Drin	
May Enty	A PHS Ford NY 14	634
. 🗡	705 85 - 269 -0976 Telephone	- 100
- 01017	Invoice #	
Work Order # E 21016	Acct. #	

MT. HOPE CEMETERY

THE STATE OF THE PARTY OF THE STATE OF THE S

INTERMENT ORDER

City of San Diego

Date 10-15-86

	aya Penderthy	
na Billell	New Funeral, date, time	- The 191
Church, Chapel, Graveside	0 0 //	hrey Mortua
APIA AL	before 3:30 p.m. of regular work day or an ex	1
and billed to undersigned. V	ayaman yang ang Maran 1974 N	100
, ,	vai timo vateran	0
ot 606 Grave	Row Section D	vision/Block
M2 80	5	ror
Grave space & Care Fund .	<u></u>	DD
Additional spaces and care t	fund	
Opening/Closing & Setup .	IPAIDI	3200
		117)
Burial Container	OCT 1 5 1986 1	115
landling Fees	10 10年 12日	/70
Tower vases - Marker settin	no fee MT. HOPE CEMETERY	
Recording and filing fee		<u> 35°</u>
		60
Sales tayes		
Sales taxes	T18	12015
	Total Due - 3 ライン	1201
-/5-86	Total Due Paid receipt number 3384	1201
	Paid receipt number 3384	/2015 12015 alance due — 0
-15-86	Paid receipt number 3384	201- 1201- alance due
-/5-86 heraby certify I am the	Paid receipt number 3384 B of ti	alance due
hereby certify I am the and this is your authority to that I have the right to make	Paid receipt number 3389 B of the make disposition of remains as above indicate this authorization and agree to hold Mt. Hope	alance due
hereby certify I am the and this is your authority to that I have the right to make	Paid receipt number 3384 B of ti	alance due
hereby certify I am the	Paid receipt number 3389 B of the make disposition of remains as above indicate this authorization and lagrae to hold Mt. Hope aid authorization and interment.	alance due
hereby certify I am the and this is your authority to that I have the right to make any liability on account of si	Paid receipt number 3389 B make disposition of remains as above indicated this authorization and lagrante hold Mt. Hope aid authorization and interment.	alance due
hereby certify I am the and this is your authority to that I have the right to make any liability on account of si hereby authorize the internold under deed.	Paid receipt number 3384 B of the make disposition of remains as above indicate this authorization and lagranto hold Mt. Hope aid authorization and interment ment in lot I	alance due
hereby certify I am the and this is your authority to that I have the right to make	Paid receipt number 3389 B of the make disposition of remains as above indicate this authorization and lagrante hold Mt. Hope aid authorization and interment ment in lot I Significant Agreem State St	alance due — O alance due — O ne above named decede ed. I certify and represe cemetery harmless fro alance due — O CA GAII 9
hereby certify I am the	Paid receipt number 3384 B of the make disposition of remains as above indicate this authorization and lagranto hold Mt. Hope aid authorization and interment ment in lot I	alance due — O alance due — O ne above named decede ed. I certify and represe cemetery harmless fro alance due — O CA GAII 9
hereby certify I am the	Paid receipt number 3389 B of the make disposition of remains as above indicate this authorization and lagrante hold Mt. Hope aid authorization and interment ment in lot I Significant Agreem State St	alance due — O alance due — O ne above named decede ed. I certify and represe cemetery harmless fro alance due — O CA GAII 9
hereby certify I am the	Paid receipt number B of the make disposition of remains as above indicate this authorization and lagranto hold Mt. Hope aid authorization and interment ment in lot I Significant Authorization Total I I I I I I I I I I I I I I I I I I I	alance due — O alance due — O ne above named decede ed. I certify and represe cemetery harmless fro alance due — O CA GAII 9

GRA	VE BLIND CHECK FORM
Write in the name of the de marked with "X". Place the	re (Toya Penberthy) Full foot eceased for which the grave is for in the block name's, lot # and grave # of all existing marker's in that are adjacent to the burial space.
Burial Container	ISH VAULT
	x
	A
Flagged Yes	No
Blind check initiated by:	Date:
Interment space for:	ionard Penberthy.00
Interment Date:	Time: 1:00 6.5,
	Blk/Row: V Lot: 606 Grave: 1
Grave Laid out by:	(0)
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 1A. NAME OF DECEDENT-FIRST 1C. LAST 18 MIDDLE ROOT PENBERTHY RICHARD 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) 08/31/1921 м 10/17/2008 68 COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SA CITY OF DEATH SPRING VALLEY SAN DIEGO BA TYPED NAME AND ADDRESS OF CALIFORNIA. BB. CALIFORNIA LICENSE 7A NAME OF INFORMANT 7B RELATIONSHIP TO DECEDENT LICENSED FUNERAL DIRECTOR OR PERSO NUMBER - F APPLICABLE MARY E. ZEIGLER DPOA ACTING AS SUCH-STREET NUMBER AND NAME. FD964 CITY STATE ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE HUMPHREY MORTUARY 2 VANTAGE DRIVE 753 BROADWAY PITTSFORD, NY 14534 CHULA VISTA, CA 91910 SA APPLICANT SIGNATURE 98. DATE SIGNED 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 10/21/2008 stated herein is one of the dispositions authorized by Health & Sefety Code Section 103055 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. 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A AMOUNT OF FEE PAID 108 DATE PERMIT ISSUED \$ 11.00 10/21/2008 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 STREET SAN DIEGO, CA 92110 11. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY CR/BU . . . 12C INTERMENT NUMBER-IF APPLICABLE 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128 DATE BURIED BURNAL OR 10.23-08 1919511 MOUNT HOPE CEMETERY SCATTERING IN A CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING 3751 MARKET STREET /NO LIDES ENTOMBMENT) SAN DIEGO, CA 92102 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 138 DATE GREMATED BURICA 13C. CREMATION NUMBER-IF APPLICABLE 23-08 GREENWOOD CREMATORY. CREMATION 13D SIGNATURE OF PERSON IN CHARGE OF CREMATION 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

15D. DATE SHIPPED 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH

158 NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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.

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

LIPON 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 TO DAYS OF DISPOSITION 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 CARRIER

16B DATE OF DISPOSITION

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."

TRANSIT

SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A

^{*} 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
AT TIME	Date 10-21-08
	Din: 218520
You are hereby authorized and instruc	ted, subject to your rules and regulations, to inter the remains
of FLORA ST	HEAFFER & PCIDAY 2:3
ina ASH	Funeral, date, time NOV 7 th 2008
Type of Burlal Container Church, Chapet Graveside	CYPROSI (IGH) Mortuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigns	ed
	1/0
Division 2 Section 5	5_/Blk/Row Lot 49_ Grave 18
Grave space & Care Fund C -370	086-15593
Overtime/Late Arrival Fees	Hertinal Saponted (austernal Constant C
Opening/Closing & Setup	mentioned and onter a
Burial Container NOVV	Ster as our
Handling Fees.	(anough motor)
Flower vases - Marker setting fee	Wo. 20 Pro.
Recording/Filing/Transfer Fees	700
Sales taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0.2 1/01/	Total Due
Manager of	Paid receipt number
Mc Coffee Day	Balance due
I hereby certify I am the	SON of the above named decedent
and this is your authority to make dis-	position of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authoriz	zation and interment.
I hereby authorize the interment in lot	* ACT Sheaver
hold under deed.	X 12405 MAPLEVIEW
NO CONTROL OF THE CON	
<i>X</i>	
Bignakire	- LAKESILE LA PLOMO
	- LAKESILE LA 92040

This information is available in alternative formats upon request.

	. (RÂVE BI	IND CH	ECK FO	RM	
marked with the approp	e name of t	ne decease e the name' (s) that are	d for whice s, lot # and adjacent	nd grave # to the bur	e is for in of all exis	ting marker's
- y .					2 -	-
	3°.		35	4.		
	H. FRAMA	R ESTELLA	X			S 20 A
2 2 3	THE WAY	Luciona				
-	7.	2 1				
Flagged	Yes	N		N	0 +	
Interment I Interment I Div: 2 Grave Laid	k Initiated by space for: Date: // Sect: out by: h Legal Car	Flore 1108 5 = KENO	Time:	2:30 Lot	0	Grave: R
Agrees with	h Map:	1	Yes	V	No	
Blind Chec	k & Verified	Ву:	DAVII) Dat	e	5-08
Cremains v	were placed	at: _			rave	

E-2101-

Ru-hul trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_ 3.6.00

You are hereby authorized and instructed, s	subject to your rul	es and re	gulations, to in	ter the remains
lina ast would	Funeral, date, th	me	4-15/4-2/4	
Type of Burlet Container Church, Chapel, Graveside				Mortuary.
All Funeral cars must arrive before 3:30 p.m	. of regular work	day or an	extra charge	of \$
will be applied and billed to undersigned	03-3-01/05384-200-5-0-90-01	AT-928 ASSA (58.6)	esensorum an d em	166
Lot 49 Grave 18 Row_	Section	_5	Division/Bi	50k
Grave space & Care Fund	DIAG			-
Additional spaces and care fund				
Opening/Closing & Setup	R 0 6 2000			105.00
Burial Container	ODE PERET	ATD		
Handling FeesCITY C	ESAN DIEGO	0. C		60.00
Flower vases Marker setting fee				
Recording and filing fee				55.03
Sales taxes	***********	·····		4.26
Pak	I receipt number	Total Du	2187	404.29
	LI.		Balance due	-0
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to	above ind	cated. I certify	
I hereby authorize the interment in lot I hold under deed.	Signature C.	DOF	2436	
Signature of recorded holder of deed	Cay 6 / 6	1) q	70-63	9/903 20 Code
Work Order # E 15593	Invoice #			

WHITE TO CUSTY CANARY CEME	DITOR MOUNT HOPE CEMI	White the U	521 8
som burned care les	In Jan Deeps 3027	15 th 12 Days: 3-	92105
E Sudan from	my " Too -	Dolle	404.59
In Payment of	market littles	for show 3	Sheffer
- www	1 4 4 4 4 4		
49	rave 18 Row_	Section_ 5	Division 2
49	PAID IN THIS SPACE.	SSSTAMPED CREDIT 65	Division 2 Block
Invoice No.		SBSTAMPED CREDIT 57 20% Sales Care 77 80% Sales of Lots 77	Division 2 7007 7184 100 100 100 100 100 100 100 100 100 10
Lot 49 G Invoice No		SBSTAMPED CREDIT 20% Sales Care 71 80% Sales of Lots 77 Closing 77 Burlal Containers 77	Division 2 Division 2 Division 3 Divi
Invoice No.		SSSTAMPED CREDIT 20% Sales Care 77 80% Sales of Lots 77 Opening/ Closing 77 Surial Containers 77 Handling Fee 77	Division 2 7007 7184 100 100 100 100 100 100 100 100 100 10
Invoice No. Acct. No. W.O. E - 15593 BALANGE DUE -	NOT VALID FOR PURPOSE STATED UNLE	SSSTAMPED CREDIT 20% Sales Care 77 80% Sales of Lots 77 Opening/ Closing 77 Surial Containers 77 Handling Fee 77 Recording 8 Misc. Fees 77 Pre-Need 8	Division 2
Invoice No. Acct. No. W.O. E - 15593 BALANGE DUE -	NOT VALID FOR PURPOSE STATED UNLE	SSSTAMPED CREDIT 20% Sales Care 77 80% Sales Care 77 80% Sales of Lots 76 Opening/ Closing 77 Burial Containers 77 Recording 8 Milec. Fee 77 Pre-Need 8 Trust 5 Sales Tax 86	Division 2 Coordinate Coor

OWNERCCO, Odd	ult)
ADDRESS		
WORTUARY		
LOT 49 GR 18 ROW SEC 5 DIV 2		
OPENING TIME 10 here DAY DATE 10-21-66	50	00
VAULT BOX SIZE		
REMOVAL OR FOUNDATION		
	\$	
TOTAL	150	ov
PAID RECEIPT NUMBER		-
BALANCE		
3		-
HE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION O		
. HE CITY CHARTER WAKES NO PROVISIONS FOR THE EXTENSION (F CREDIT	

ORDER



MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

INVOICE

WHITE-CUSTOMER.
YELLOW-TREAS.-AUD:
PINK-AUD.-ORIG.DEF
BLUE-RETAIN

DATE 10/21/1366

NO.

DEPT. REF. NO.

69326

Came bery

0-3708

Lewis Colonial Mortuary 3051 El Cajon Blvd., San Diego, California 92104

MAKE REMITTANCE PAYABLE TO CITY TREASURER, CITY ADMINISTRATION BUILDING. COMMUNITY CONCOURSE SAN DIEGO. CALIFORNIA 92101

DETACH AND FORWARD WITH REMITTANCE

Andrew Lloyd Sheaffer Services

Lot 49 Gr 18 Sec 5 Div 2

Opening (County adult)

DESCRIPTION OF CHARGE

50.00

AMOUNT

PAID NOV14 1966

M.S.C

	FOR ACCOUNTING USE O	INV. PREPARED BY	
FUND	REVENUE ACCOUNT	AMOUNT	
100	7761	\$ 50.00	dop
###	Control of the Section (Section 1987)		
2000年 新疆	at decays the Residence of S	班拉克的 编一种的	يرازهن بيدا
5-17-14-14 S	The Control of the Control	5 17	1. 元·1. 基本公司等

2011/08	APPLICATION AND					
1A. NAME OF DECE	USE BLACK INK ONLY — MAI DENT-FIRST	18. MIDDLE	WHITEOUTS,	1C. L/	ST	
FLORA	E OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH	(MONTH, DAY,	\$7.00A	EAFFER 15. (FETAL DEATH ONLY) DAT	E OF EVENT (MONTH, DAY, YEAR)
F 12/16/1939 10/06/2008			(m. 136.)			
SAN DIEGO				SAN DIEGO	H-IF OUTSIDE OF CALIFORN	WA ENTER STATE
7A NAME OF INFORMANT 78. RELATION ARTHUR SHEAFFER SON		78. RELATIONSHIP SON	TO DECEDENT	8A, TYPED NAME AND ADDRESS OF CALIFORN LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAM CITY, STATE, ZIP CODE		88. CALIFORNIA UCENSE NUMBER - IF APPLICABLE FD-670
	FULL MAILING ADDRESS—STREET NUMBER AN PLEVIEW ST #94 CA 92040	D NAME, CITY, STATE, 2	OP CODE	EL CAMINO I 3953 IMPERI SAN DIEGO,		IAL AVE
right to control dispos stated herein is one o	ENT OF APPLICANT—I hereby acknowledge as illon pursuant to Health & Safety Code Section 7100 If the dispositions authorized by Health & Safety Cod ITHORIZATION OF LOCAL REGISTRAL), and that the disposition te Section 103055.	9A. APPLICANT	Lisa	Casto	98. DATE SIGNED
	in accordance with provisions of the Celtiomia Heet					
10A AMOUNT OF FI \$ 11.00	EE PAID 108, DATE PERMIT I 10/14/2008	SSUED		RE OF LOCAL REGISTRA WOOTEN, MI	PROFESSORS WITH AND CO.	E ⊕
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF DEATH—IF DEATH COUNTY VITAL RECORDS CRANS ST COUNTY OF THE DEATH COUNTY VITAL RECORDS	OCCURRED IN CALIFO	RNIA 10E AD	DRESS OF REGISTRAR	OF DISTRICT OF DISPOSITIO	N—IF DIFFERENT FROM 100
CR/BU	SPOSITION(S)			FOR COR	ONER'S USE ONLY	
SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT HOPE CEMETERY 3751 SAN DIEGO CA 92102	Marian Transport		12B. DATE BURIED 1107120 12D. SIGNATURE OF P	28 12C. INTERN ERSON IN CHARGE OF GURLA	ENT NUMBER—IF APPLICABLE -21017 LL OR SCATTERING
CREMATION	13A NAME AND ADDRESS OF CALIFORNIA CR CYPRESS VIEW CREMATO IMPERIAL AVE SAN DIEGO	RY 3953	1, 2	13B. DATE CREMATED OCT 17 13D. SIGNATURE OF P	2008 PRSON INCHASE OF CREM	TION HUMBER—IF APPLICABLE ATION
SCIENTIFIC USE	14A, NAME AND ADDRESS OF CALIFORNIA FA	CILITY RECEIVING REM	AINS	14B. DATE RECEIVED	ERSON IN CHARGE OF FACIL	nv .
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STAT CREMATED REMAINS ARE TO BE SHIPPED	TE OR COUNTRY WHER	E REMAINS OR	15C. SIGNATURE OF P	ESS OF PERSON IN CHARGE ERSON IN CHARGE OF PLACE	OF PLACING WITH THE CARRIER NG WITH 15D. DATE SHIPPED
-	16A. ADDRESS, NEAREST POINT ON SHORELI	NE, OR OTHER DESCRIP	TION	THE CARRIER 188. DATE OF DISPOSI	TION 16C, LICENS	E NUMBER OF CREMATED
SCATTERING/ BURIAL AT SEA OR DISPOSITION	SUFFICIENT TO IDENTIFY FINAL PLACE AND O IF BURIAL AT SEA, ONLY ENTER LATITUDE AN	ALIFORNIA DISTRICT OF				SPOSER—IF APPLICABLE
DISPOSITION OTHER THAN IN A CEMETERY				16D. SIGNATURE OF P	ERSON IN CHARGE OF SCAT	CERING 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.*

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

RECTO OCT 1 5 2008 VS See Rev. 01/01/2008

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

REA-104 (3-04)

Date 10/21/2008

	The state
ie Liner	Funeral, date, time Widay 2724 200
Church, Chapel, Graveside	i Mortuary
Il Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
ill be applied and billed to undersigned.	_ X
Division 12 Section 2 B	IK/Row Lot 288 gray 11
Brave space & Care Fund	1 1 13,011.0
vertime/Late Arrival Fees	
pening/Closing & Setup	708.0
turial Container USED DONAT	
ESTATE PROPERTY OF SUBSCIENCE OF SUBSCIENCE OF THE SUBSCIENCE OF T	711 / 275.0
andling Fees	14
	85.0
tecording/Filing/Transfer Fees	<u> </u>
Paid	receipt number4,079.
	Balance due
	of the above named decedent of remains as above indicated. I certify and represent and I agree to hold Mt. Hope Cemetery harmless from and interment.
ny liability on account of said authorization s	and the state of t
ny liability on account of said authorization a hereby authorize the interment in lot i	Print Name
ny liability on account of said authorization a heceby authorize the interment in lot i	88.00
ny liability on account of said authorization a haceby authorize the interment in lot i old under deed.	Print Name Address
ny liability on account of said authorization a haceby authorize the interment in lot i old under deed.	Print Name Address
ny liability on account of said authorization a haceby authorize the interment in lot i old under deed.	Print Name Address City Zip Cod Telephone
	Print Name Address City Zip Co.

@ Printed on serviced paper

huner to so with per MT. HOPE CEMETERY INTERMENT ORDER AT NEED City of San Diego You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church Chapel Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Division Grave space & Care Fund . Overtime/Late Arrival Fees Opening/Closing & Setup. Burial Container..... Flower vages - Marker setting fee .. Recording/Filing/Transfer Fees.........................JAN 2 1 2009 MOUNT HOPE CEMET Paid receipt number K - G128 I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery mless from any liability on account of said authorization and interment. I hereby authorize the interment in I holdwinder des Invoice: Work Order # E 21019 Acct #

This information is available in alternative formats upon request.

6 = 21019

	GRA	VE BLIND C	HECK FO	RM	-
IN GRAVE WI	тн	Ø			
marked with "	X*. Place the	eceased for wh name's, lot # hat are adjace	and grave # nt to the buri	of all exi al space	sting marker's i
Burial Contain	ner		top so	ar v	and
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. 3		Wallac	9 BUSA	-	ļ
Flagged	Yes U	713	D No		1
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nterment spa	ce for: D	orothy			
nterment Dat	e: 10/28	108 Time	1:00	Chap	æl
Div: 11	_Sect:	2Blk/Row	\simeq Lot:	63	Grave:
Grave Laid ou	ıt by:	AVID &	Kon	Vi. 8	
Agrees with L	egal Card:	Yes		No	
Agrees with M	lap:	Yes	\Box	No	
Blind Check 8	Verified By:	KEN	Date	e_ <i>[[</i>]	123/08
Cremains wer	e placed at:		of g	rave	

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 18 MIDDLE 1C. LAST DOROTHY **JEAN** MEADORS 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) 10/19/2008 F 06/11/1952 6A CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA. ENTER STATE SAN DIEGO SAN DIEGO 7A. NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT BA TYPED NAME AND ADDRESS OF CALIFORNIA-BR. CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH...STREET NUMBER AND NAME. DIASHON MEADORS DAUGHTER FD1329 CITY, STATE ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 5807 DULUTH AVENUE 5050 FEDERAL BLVD SAN DIEGO, CA 92114 SAN DIEGO, CA 92102 84 APPLICANT SIGNATURE 98 DATE-SIGNE 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 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION with provisions of the California ealth and Safety Code and is the authority for the disposition spr of California. 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A AMOUNT OF FEE PAID 10B DATE PERMIT ISSUED \$ 11.00 10/21/2008 WILMA WOOTEN, MD 100 ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 100 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 CAUFORNIA CEMETERY 128 DATE BURIED 12C INTERMENT NUMBER-IF APPLICABLE 10/28/2008 BURIAL OR SCATTERING IN E-21019 MT. HOPE CEMETERY: 3751 MARKET CEMETERY (INCLUDES 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 ENTOMBMENT 3C CREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY. 138 DATE CREMATED CREMATION 130. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER 16A ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 168, DATE OF DISPOSITION 16C. LICENSE NUMBER OF CREMATED SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE REMAINS DISPOSER-IF APPLICABLE SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 180 SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURNAL

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 2 - 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 Contract Entry Verification

11/03/2008

Contract Number: E-21019-A

Contract Date: 10/22/2008

1.00

Purchaser: Meadors, Diashon N.

5807 Duluth Avenue

Purchaser Number: 231957

Phone: 619-264-8069

San Diego ,CA 92114

Counselors: PA	ULETTE CR.	AWFO	RD				
Qty Category	Description	on of C	ontract Items	Price	Tax Allo	owance Addl. De	sc.
1Graves-Resident	Div 11-2(U) SD F	tesident	2,264.00	0.00		747
10/C Resident AN	Single O/C	SD Re	sident	533.00	0.00		
1OBC - Resid AN	#5 T/S Var	alt SD I	Resident	355.00	27.51		
1Hndl Fee Res AN	#5 T/S Hn	di SD R	tesident	263.00	0.00		*
IMisc -Resid AN	Recording	Fee SD	Resident	65.00	0.00		
Property	A						
Divis		ction	Blk / Row	Lot	Grave	Depth	
Division	11	2		63	1	A	
BASE PRICE			3,480.00	500	사람들은 아내를 만드게 되었다.	NSTALLMENTS	
SALES TAX			27.51	RE	GULAR PAY	MENT OF	0.
TOTAL CASH PRICE			3,507.51	OI	DD PAYMEN	r of	148.58
DOWNPAYMENT			3,358.93-	DA	TE FIRST PA	AYMENT DUE	11/22/2008
REFERENCE #			R-61285	PA	YMENT PLA	N: MONTHLY	
TRANSFER ALLOWANCE			0.00-				
DISCOUNT OR ALLOWA	NCE		0.00-	so	URCE:	Family Member Her	re
FINANCE CHARGE			0.00@	0.000% A	MORTIZE	25.540.0491.0492.0000045.25.559.0	
TOTAL OF PAYMENTS			148.58			(2) 2	
DEFERRED PAYMENT PE	UCE		3,507.51				
ACCOUNT CONTRIBUTIO	ONS		AMOUNT FR.	ACTION			
R L Perp. Care			452.80				
R S Equity			3,027.20				
A Interest			0.00				
R S Tax Recovery			27.51				
R V Late Charge			0.00				Obs
CONTRACT ENTERED BY	/:						
A SACRAMAN CONTRACTOR OF SECURITION OF SECUR							

114 Maikeldaughter an invoice to pay

Mt Hope Cemetery 3751 Market Street San Diego, CA 92102



INVOICE

Date: 10/22/2008

Invoice: E-21019

MRS. Diashon N. Meadors 5807 Duluth Avenue San Diego, CA 92114

Beneficiary:	Counselor: PAULETTE CRAWFORD
The state of the s	

Item(s) Purchased	Category	Quantity	Price	Tax	Extended Price
#5 T/S Hndl SD Resident	Hndl Fee Res AN	1	263.00	0.00	263.00
Recording Fee SD Resident	Misc -Resid AN	Ĩ.	65.00	0.00	65.00
#5 T/S Vault SD Resident	OBC - Resid AN	1	355.00	27.51	355.00
Div 11-2(U) SD Resident	Graves-Resident	1	2,264.00	0.00	2264.00
Single O/C SD Resident	O/C Resident AN	E	533.00	0.00	533.00

 Sub-Total:
 3480.00

 Tax
 27.51

 Downpayment
 -3,358.93

 Total:
 \$148.58

Please call or FAX for answers to questions about this invoice. Thank you.

Phone: 619-527-3400 Original Copy

Fax: 619-527-3403



THE CITY OF SAN DIEGO

December 30, 2008

Reference:

E-21019

Dear Diashon N. Meadors,

Subject:

Delinquent Balance on Interment

The current status of your account is delinquent. Our records indicate you have a balance due of \$148.58 on the interment order of Dorothy Meadors. The original contract contains the following information: Contract number E-21019, dated 10/21/2008, cemetery location Division 11, Section 2, Lot 63, Grave 1.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400. This will be your last notification. If a payment is not received by the 30 days your account will be referred to collections.

Sincerely,

David Lugo

Cemetery Manager

DL/pbg

cc:

file



Chad from 1/2	MT. HOPE CEMETERY	
family request	MY HOOF OFMETERY	
11.42.	INTERMENT ORDER	
A IFF A		
AT NEED	City of San Diego	
	Date 10 21 2000	•
You are hereby authorized and	d instructed, subject to your rules and regulations, to inter the remains	
of DOROTHY	Y MEADORS 23/94/ 1	00
ine_Top Seal 1	Jault Funeral, date, time TUBS . OCT 28, 2008	3
Church Chapel Sraveside	RASOALE Mortuary	
All Funeral cars must arrive be	efore 3:00 p.m. of regular work day or an extra charge of \$	6 -
will be applied and billed to un	xdersigned.	25 25
91		
Division Section	2_ BIK/Row Lot _63. Grave _1	
Grave space & Care Fund	2,864.	00
Overtime/Late Arrival Fees	<u> </u>	
Opening/Closing & Setup		26
Burial Container	3.550	20
Handling Fees	263,0	Co
Flower vases - Marker setting	fee	
Recording/Filling/Transfer Feet	<u>66.00</u>)
Sales taxes	_ 275	[-
went .	Total Oue	Ľ
Much	Paid receipt number K - G1285 3,358.93	3
LONGUCIEN Longuc	Balanca due 148, 5	3
	QUANTET of the above named decedent	
and this is your authority form that I have the right to make it any liability on account of said	nake disposition of remains as above indicated. I certify and represent his authorization and I agree to hold Mt. Hope Cemetery harmless from	t 1
any habitry on account of said	201001	_
I hereby authorize the intermed hold/under deed.	mynique / Diashon N Mendor	7
11.2	5807 Duroth Ave	_ (1
Bours 1	Dan Diago 92114	
	(619) 634-4892	_ [
	Home # (1019) 244-804	46
F 240	19 Invoice#	-

This information is available in alternative form

as upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

4	nu-	Res.	FOR
N	OII-	KE 2	*66

REA-104 (3-04)

City of San Diego

Date_ 10[23]08

201 M 122 W W 101 W 102 W 127	
	ct to your rules and regulations, to inter the remains 60MERY 231932 1100
	neral, date, time OCT 24,2008 - FRIM
Type of Burial Container Church Chape Graveside	CA BURIAL Mortuary
RETHROOTS TO THE PROPERTY OF THE PROPERTY OF	Jeannone
All Funeral cars must arrive before 3:00 p.m. of r will be applied and billed to undersigned.	agular work day or an extra charge of \$
Division 12 Section 2 Blk/R	ow Lot _71 _ Grave _ []
Grave space & Care Fund Do na	ted Plot N/A
Overtime/Late Arrival Fees	
Opening/Closing & Setup	<u>7080</u> 0
Burial Container	717.00
Handling Fees	88.72 237.00 604.00
Flower vases (Marker setting fee) (GROUP)	
Recording/Filingst and Accommodified 85.	00 / 85.00 170.00
OCT 2 3 2008	55.72
	Total Due 2,380.44
MOUNT HOPE CEMETERY	eipt number <u>V-612G3</u> <u>2000.00</u> Af 093.22A 580.44
I hereby certify I am the Adulation	R-61264 580 44 of the above named decedent remains as above indicated. I certify and represent
that I have the right to make this authorization are any liability on account of said authorization and	nd I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under/deed.	THESA A WILLIAMS
Signature & Williams	Spring Valley CA 91977
	1 (19) 723-8(019
Paulette _ 00000	Invoice#
Work Order # E 21020 -	Acct. #

@ Princeton on Wiles paper*

This information is available in alternative formats upon request.



	GRAVE BLIND	CHECK FORM	
IN GRAVE WITH	0		=======================================
Write in the name of marked with "X". Plathe appropriate space	ce the name's, lot e (s) that are adja	# and grave # of all cent to the burial sp	existing marker's in
Burial Container		YY (A)	
	Whom for	MATERIAL VIOLEN	James J
	X	geninow	Hene
		faste.	
Flagged Yes		No	
Blind check Initiated	by:	Da	te:
Interment space for:	Edith 1	M. Montgo	necy
Interment Date: 0	T 24 Ti	me:():00	chapel
Div: 12 Sect	: 2 Blk/Ro	w:Lot: _7	Crave: 1
Grave Laid out by:	KEN P	DAVID	
Agrees with Legal C	ard: Yes	No	
Agrees with Map:	Yes	No.	
Blind Check & Verific	ed By: <u>Ken</u>	CollinsDate 1	0/23/08
Cremains were place	ed at:	of grave	

OFFICIAL RECEIPT	- 1 C C C C C C C C C C C C C C C C C C
	WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY

61264 1020

rom Ca Burial M Five Hundred	ortualyaddre		Date:_		ber 2	3_200 580 44	
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voice No. E - 21020 ct. No O	STAMPED *PAI	PAID	(ACC-001000000000000000000000000000000000	CREDIT 20% Sales Care 80% Sales of Lots Opening/	67007 77184 ————————————————————————————————————		
□ Money Order Scharge Αρε	9322 A-MOUNT	HOPE CEME	TERY	Burial Containers Handling Fee Recording & Misc. Fees Sales Tax	100 —— 77182 100 —— 77185 100 — 77183 —— 60101	580	44
Check See a 212A (11-05) Information is available in allemative format		enfette	<u></u>	TOTAL PAID	78390	580	44

		ATION AND					REMAINS	(0)	02(2)
1A. NAME OF DEC	Communication of the Party of t	INCORLY — MAK	18. MIDDLE MAE	WINTEOOTS,	PHOTOCOPII	IC LAST	=082.80V07.9		
2 SEX 3. DA	DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, 12/13/1946 10/15/2008			(EAR)		LOEATHONLY) DA	TE OF EVENT (MC	INTH, DAY, YEAR)	
SAN DIEGO					BB. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO				
7A. NAME OF INFORMANY JOANNE WILLIAMS DAUGHTER				T 8A. TYPED NAME AND ADDRESS OF CALIFORNIA- LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME. CITY, STATE, ZIP CODE			APPLICABLE		
4184 NOR	FULL MAILING ADDRESS— DICA ST O, CA 92113	STREET NUMBER AND	NAME, CITY, STATE, ZI	PCODE	5880 EL	RNIA CREM CAJON BLY GO, CA 92		JRIAL	50
right to control dispo- stated herein is one PERMIT AND A	MENT OF APPLICANT—I) sition pursuant to Health & Si of the Grapositions authorized UTHORIZATION OF LO if in accordance with provision	efety Code Section 7100, by Health & Sefety Code OCAL REGISTRAR	end that the disposition Section 103055. —ANY CHANGE IN	DISPOSITION the authority for the	REQUIRES	A NEW PERMI	T TO SHOW FIN	IAL DISPOSI	DATE SIGNED O A Y C
10A AMOUNT OF I \$ 11.00	THE VOID DE LANGE OF THE PARTY	108. DATE PERMIT IS: 10/24/2008	ALID-ALIMENTARIN TACAMARANAN IN	10C. SIGNATUR	Service and the control of the control	GISTRAR ISSUING	200 (175-8) (2.100 (45-05)		
SAN DIEG 3851 ROS	REGISTRAR OF DISTRICT O COUNTY VITA ECRANS ST O, CA 92110		OCCURRED IN CALIFOR	RNIA 1DE AD	DRESS OF REGI	STRAR OF DISTR	ICT OF DISPOSITIO	N-4F DIFFERE	NT FROM 100
BU BU	ASPECIALISM (S)	7				R CORONER'S	ISE ONLY		*
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRES MT HOPE CEN STREET SAN I	ETERY 3751 M	MARKET		128. DATE BURI 10/24 120. SIGNATUR	108	CHARGE OF BURD	21020	HF APPLICABLE
CREMATION	13A NAME AND ADDRESS OF CALIFORNIA CREMATORY REMATION				13B. DATE CREMATED TOC. CREMATION NUMBER—IF APPLICABLE 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION				HF APPLICABLE
14A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 15A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OF CREMATED REMAINS ARE TO BE SHIPPED			uns	148. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
			REMAINS OR					TH THE CARRIER	
	16A. ADDRESS, NEAREST	FPOINT ON SHORE IN	OR OTHER DESCRIP	TION	16C. SIGNATURI THE CARRIER 18B. DATE OF D		19C. LICENS	E NUMBER OF	D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OF DISPOSITION	SUFFICIENT TO IDENTIFY IF BURIAL AT SEA, ONLY	Y FINAL PLACE AND CA	LIFORNIA DISTRICT OF				REMAINS DI	SPOSER—IF AP	PLICABLE
CEMETERY					18D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OF BURIAL				RIAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 - ACCOMPANIE'S 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 CREMATERY, 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

	1/6	city of San Diego			_
240h	air		DateL	0-20-	08
You are hereby author	rized and instructed	subject to your ru	les and regulation	s, to inter the	remains
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ina	SSHES _		time WED'S	OCT 29	th Hiz
Type or Bu Church, Chapel, Grav	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FAMILY		Mortuary:
All Funeral cars must	arrive before 3:00 p	m. of regular work	day or an extra o	harge of \$ _	
will be applied and bill	led to undersigned.		8		
Division 12	Section3	BlidRow	_ w_41_	Grave	3
Grave space & Care F	and (500092	1 12/10/20)			•
Overtime/Late Arrival				3	35 -
Opening/Closing & Se		the state of the s		10	19
Burial Container	12.			10	14
Handling Fees)	11	u
Flower vases - Marke)	·····	
Recording/Filipgi Trans	HUNGS AND SERVICE STREET	OCT 2 7 200	8		25-
		***************************************	AND DESCRIPTION OF THE PARTY OF THE PARTY.		8.00
Sales taxes	MOUN	THOPE CE	METERY	E	9500
		aid receipt number	R61270) 5	95.06
	E C	aru receipt number	rah		B
	- dau	abter		nce due	
I hereby certify I am the and this is your autho that I have the right to	rity to make disposi make this authoriza	tion of remains as	above indicated	above named I certify and emetery harr	represent
any liability on accoun	t of said authorization	on and interment.			23/94
I hereby authorize the	Interment in lot I	7 30	enda 1	CRUG.	492 A 68
hold under deed.		2 1	654 Mal	larca	Dr
Bigratus	- 3 3-	≯ \	Vista.	CA 9	12081
		× 76	0-598-145	4	Zip Code
	11001	Invoice	*		
Work Order # E 2	1021	Acct.#			
REA-104 (3-04)		ormation is availa	bie infaltemetive	formats upo	n request.

@ Printed on recreied paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

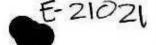
NANCY LOUIS			18. MIDDLE LOUISE		1C LA SC	st HULDT			
2 SEX	11 000000000000000000000000000000000000	E OF BIRTH (MONTH, DAY, YEAR) 11/1918	4. DATE OF DEATH 10/23/2008		YEAR)	5. (FETAL DEATH ONLY) DA	ITE OF EVENT (MONTH, DAY, YEAR)		
6A CITY OF					88. COUNTY OF DEATH—IF OUTSIDE OF CAUFORNIA, ENTER STATE SAN DIEGO				
7A NAME OF INFORMANT 78 RELATIONSHIP TO DECE BRENDA KRUG DAUGHTER					LICENSED FUNERAL	ADDRESS OF CALIFORNIA- DIRECTOR OR PERSON REET NUMBER AND NAME E	6B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1618		
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE. 1554 MALLORCA DR. VISTA, CA 92081				P COOE	CREMATION 2570 FORTUI VISTA, CA 92				
Subsequence of the Subsequence o				DISPOSITION	98. DATE SIGNE				
of California 10A AMOU \$ 11.00	NT OF FE	in accordance with provisions of the Celifornia F E PAID 108, DATE PERM 10/28/200	IT ISSUED	10C SIGNATUI	RE OF LOCAL REGISTRA A WOOTEN, ME	AR ISSUING PERMIT	FCA		
SAN E 3851 F	ROSE	EGISTRAR OF DISTRICT OF DEATH—IF DE COUNTY VITAL RECORDS CRANS ST CA 92110	S	RNIA 10E.AD	ODRESS OF REGISTRAR	OF DISTRICT OF DISPOSITI	ON-IF DIFFERENT FROM 10D		
CR/BL		SPÓSITION(S)			FOR COR	ONER'S USE ONLY			
	OR NG IN A ERY	12A. NAME AND ADDRESS OF CALIFORNIA MOUNT HOPE CEMETER STREET SAN DIEGO, CA	Y 3751 MARKET	100 mm	128. DATE BURIED 10/29/20	12C INTERI DOS E ERSON IN CHARGE OF FORI	MENT NUMBER—IF APPLICABLE - 21021 AL OR SCATTERING		
BURIAL SCATTERII GEMET	OR NG IN A ERY DES MENT)	12A. NAME AND ADDRESS OF CALIFORNIA MOUNT HOPE CEMETER	Y 3751 MARKET 92101 CREMATORY NC 2570		128. DATE BURBED 10/29/20 1.D. SIGNATURE OF PI W. J.	12C. INTER 2008 E ERSON IN CHARGE OF JUDI	ALOR SCATTERING ATION NUMBER—IF APPLICABLE		
BURIAL SCATTERII CEMET BINCLU ENTOMBI	OR NG IN A ERY DES MENT)	12A. NAME AND ADDRESS OF CALIFORNIA MOUNT HOPE CEMETER' STREET SAN DIEGO, CA 13A. NAME AND ADDRESS OF CALIFORNIA CREMATION SERVICES II	Y 3751 MARKET 92101 CREMATORY NC 2570 A 92081		128. DATE BURIED 10/29/21 1.D. SIGNATURE OF PI 138. DATE CREMATED 16/28 13D. SIGNATURE OF PI 14B. DATE RECEIVED	12C INTERIOR DOS ERSON IN CHARGE OF FORE	ALOR SCATTERING ATION NUMBER—IF APPLICABLE		
BURIAL SCATTERII CEMET ENCOU ENTOMBI	OR NG IN A ERY DES MENT)	12A. NAME AND ADDRESS OF CALIFORNIA MOUNT HOPE CEMETER STREET SAN DIEGO, CA 13A. NAME AND ADDRESS OF CALIFORNIA CREMATION SERVICES II FORTUNE WAY VISTA, CA	Y 3751 MARKET 92101 CREMATORY NC 2570 A 92081 FACILITY RECEIVING REMA	NINS	12B. DATE BURIED 10 29 24 1.D. SIGNATURE OF PI 13B. DATE CREMATED 13D. SIGNATURE OF PI 14C. SIGNATURE OF PI 15B. NAME AND ADDRE	12C. INTERIORS ERSON IN CHARGE OF FIDE 13C. OREMA 13C.	ATION NUMBER—IF APPLICABLE MATION LITY OF PLACING WITH THE CARRIER		

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 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



	GRAVE BI	LIND CI	HECK FO	RM	
IN GRAVE WITH Write in the name of marked with "X". Plat the appropriate space Burial Container	ce the name' e (s) that are	s, lot#a	nd grave # o t to the buris	of all exis	sting marker's in
	KMA CECL I FLOYD SCHWOT		H. LEE SUTTON		
Flagged Yes Blind check Initiated Interment space for:	by:	ru S	no Chuld	Date:	
Interment Date: / Div: 12 Sect	0 <u>/29/08</u> : <u>3</u> _B	Time:	11:00	am	Grave:3
Grave Laid out by: Agrees with Legal Ca		Yes	u,	No	
Agrees with Map: Blind Check & Verifie					[28/08
Cremains were place	dat: ∧∆	IDALE	of gr	ave	

MT. HOPE CEMETERY

INTERMENT ORDER

at Need

City of San Diego

Date 10/23/2008

You are hereby authorized and instructed,	subject to your rule	es and regulations, to	inter the remains
or CarylE	Hewi		085&2 11:3
ina Liner	_ Funeral, date, ti	me_ 10/29	log weds
Type of Burial Container Church, Chapel, Graveside		Beards	4 Machinery
All Funeral cars must arrive before 3:00 p.	m. of regular work	day or an extra charg	exts
will be applied and billed to undersigned.		COSTOCIONES CONTRACTORISTO	A4000000000000000000000000000000000000
10			Ÿ
Division Section		_ Lot <u>267</u> . G	rave
Grave space & Care Fund	3450	1973	<u>+</u>
Overtime/Late Arrival Fees		- taan	
Opening/Closing & Setup	4535	1914	<u> </u>
Burdal Container	1		
Handling Fees NO INTEX	fund trans	sfer	
Flower vases - Marker setting fee	rior to 10	186	-74
Recording/Filing/Transfer Fees			MA
Sales taxes			
		Total Due	-
Pa	aid receipt number		5
		Balance o	lue
hereby certify I am the			e named decedent
and this is your authority to make disposit that I have the right to make this authoriza	tion and I agree to		
any liability on account of said authorizatio	n and interment.	0710111	
hereby authorize the interment in lot i	Print Marine	23)946	doea
*	Address		the dred
Signature 918	City	hall	Zip Code
223-1182	Telephone		
14 223	(cooperatio	J	
F 21022	Invoice #	l	
Work Order # E Z I U Z Z	Acct.#_		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 86

CARY		DENT—FIRST		EVELYN			HEWITT		
F. SEX		OF BIRTH (MONTH, DAY, VE 15/1921	AR)	4. DATE OF DEATH 10/20/2008		YEAR)	5 (FET	AL DEATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR)
SAN I	F DEATH DIEGO)		24		SAN DI		ITSIDE OF CALIFORI	NIA, ENTER STATE
BERL				78 RELATIONSHIP BROTHER	TO DECEDENT	LICENSED FU	INERAL DIRECTO UCH-STREET N	SS OF CALIFORNIA- R OR PERSON IMBER AND NAME,	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD816
3901	GRAN	ULL MAILING ADDRESS—STR D AVENUE STE 20 CA 94610		NAME, CITY, STATE, ZI	IP CODE	1818 SL	SLEY-MITO INSET CLIF EGO, CA 92		RAL HOME
nght to cont stated herei	rol disposi in is one of	ENT OF APPLICANT—I here tron pursuant to Health & Safety the dispositions authorized by t	Code Section 7100, leath & Safety Code	and that the disposition Section 103055	DA APPLICANT	in Bu	rulu	*	98. DATE SIGNED 10/27/2008
PERMIT This permit of Californi	is issued i	THORIZATION OF LOC/ n accordance with provisions of	AL REGISTRAR- the California Health	—ANY CHANGE IN and Safety Code and is	DISPOSITION the authority for the	N REQUIRES ne disposition sp	A NEW PERM ecified in this perm	IT TO SHOW FIN IL NOTE: This permit	IAL DISPOSITION I gives no right of disposal quit
10A AMOU \$ 11.00	1910 YES P167	\$255 (MAS)	B DATE PERMIT ISS 10/27/2008	SUED		RE OF LOCAL R	EGISTRAR ISSUII	NG PERMIT	E
3851 SAN I	ROSE	COUNTY VITAL F CRANS STREET O, CA 92110	RECORDS		_	Te	OR CORONER'S	HSP ONLY	
	POZED DI	SPOSITION(S)					OR CORONER S	OUL OHE!	
	AL.	853					ON CORONER S		
BURIA	AL.	12A. NAME AND ADDRESS O		ETERY		128. DATE BU	RIED	12C INTERN	IENT NUMBER—IF APPLICABLE
BURI	AL.	2.00 2.00	EMETERY TREET	ETERY		128. DATE BU	RIED 912008	12C INTERN	-21022
BURIA SCATTER CEME (INCLL ENTOME	AL • . L OR ING IN A TERY IDES SMENT)	12A NAME AND ADDRESS O MOUNT HOPE C 3751 MARKET ST	EMETERY TREET 92102			128. DATE BU	RIED 917008 RE OF PERSON II	12C INTERA E N CHARGE OF BURIA	-21022
BURIA SCATTER CEME*	AL • . L OR ING IN A TERY IDES SMENT)	12A NAME AND ADDRESS O MOUNT HOPE C 3751 MARKET ST SÂN DIEGO, CA	EMETERY TREET 92102			128, DATE BU 10/2 120, SIGNATU 138, MATE CR	RIED 91700 8 RE OF PERSON I 0	12C INTERA E N CHARGE OF BURIA	- Z102Z nl or scattering tion number—if applicable
BURIA SCATTER CEME (INCLL ENTOME	AL • . L OR ING IN A TERY IDES SMENT)	12A NAME AND ADDRESS O MOUNT HOPE C 3751 MARKET ST SÂN DIEGO, CA	EMETERY FREET 92102 F CALIFORNIA CREI	MATORY	AINS	128, DATE BU 10/2 120, SIGNATU 138, MATE CR	RIED 91700 8 RE OF PERSON II EMATED RE OF PERSON I	12C INTERA E N CHARGE OF BURU 13C, CREMA	- Z102Z nl or scattering tion number—if applicable
BURIA BURIA SCATTER CEME (INCLL ENTOME	AL	12A NAME AND ADDRESS O MOUNT HOPE C 3751 MARKET ST SÂN DIEGO, CA 13A, NAME AND ADDRESS O	EMETERY FREET 92102 F CALIFORNIA CREI	MATORY	ains	128. DATE BUILD 2 120. SIGNATU 138. BATE CR 130. SIGNATU 148. DATE RE	RIED 9/2008 RE OF PERSON I RE OF PERSON I	12C INTERA E N CHARGE OF BURU 13C, CREMA	- Z102Z al or scattering tion number—if applicable nation
BURIA SCATTER CEME (INCLL ENTOME	AL	12A NAME AND ADDRESS O MOUNT HOPE C 3751 MARKET ST SÂN DIEGO, CA 13A, NAME AND ADDRESS O	EMETERY FREET 92102 F CALIFORNIA CREI	MATORY ILITY RECEIVING REMA		128. DATE BUILD OF THE PROPERTY OF THE PROPERT	RIED 91200 8 RE OF PERSON I CEIVED RE OF PERSON II	12C INTERA CHARGE OF BURU 13C, CREMA N CHARGE OF CREM	- Z102Z al or scattering tion number—if applicable nation
BURIA SCATTER CEME (INCLL ENTOME	AL OR ING IN A TERY IDES SMENT)	12A NAME AND ADDRESS OF MOUNT HOPE CONTROL OF STANDING	EMETERY FREET 92102 F CALIFORNIA CREI	MATORY ILITY RECEIVING REMA		12B. DATE BUILD 2 12D. SIGNATU 13B. BATE CR 13D. SIGNATU 14B. DATE RE 14C. SIGNATU	RIED 91700 8 RE OF PERSON I CEIVED RE OF PERSON II D ADDRESS OF F	12C INTERA CHARGE OF BURU 13C, CREMA N CHARGE OF CREM	- Z102Z AL OR SCATTERING TION NUMBER—IF APPLICABLE NATION OF PLACING WITH THE CARRIE
BURIA SCATTER CEME (INCLL ENTOME CREMA	AL OR ING IN A TERY IDES SMENT) ATION RICUSE RING! SEA OR	12A NAME AND ADDRESS OF MOUNT HOPE CONTROL OF STANDING	EMETERY FREET 92102 F CALIFORNIA CREI F CALIFORNIA FACI RECEIVING STATE 0 BE SHIPPED DINT ON SHORELINE NAL PLACE AND CA	MATORY ILITY RECEIVING REMANDED TO THE PROPERTY WHERE	E REMAINS OR	128. DATE BUILD AND SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE CARRIER	RIED 917008 RE OF PERSON II CEIVED RE OF PERSON II D ADDRESS OF F	12C INTERA CHARGE OF BURU 13C, CREMA CHARGE OF CREM CHARGE OF FACE ERSON IN CHARGE CHARGE OF PLAC	- Z102Z AL OR SCATTERING TION NUMBER—IF APPLICABLE NATION OF PLACING WITH THE CARRIE

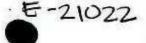
WITHIN 10 DAYS OF DISPOSITION TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 3 - RETAINED BY PERSON IN CHARGE OF THE 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



G	RAVE BLIND	CHECK FORM	А
IN GRAVE WITH			
Write in the name of the marked with "X". Place the appropriate space (the name's, lot #	and grave # of	all existing marker's i
Burial Container	LINER	_	
	FRANK X	COLEMAN	
	INA ITEVITI		
Flagged Yes_		No_	
Blind check Initiated by	- A	16.	Date:
Interment space for:	A STATE OF THE STA	74	11.11
Interment Date: 10/2	88		
Div: <u>10</u> Sect:	170	16 To 17 C 17	67 Grave: 1
Agrees with Legal Card			。
Agrees with Map:	Yes	Z N	。
Blind Check & Verified	Ву:	Date	
Cremains were placed	at:	of grave	9

Arrang. Appt 10/24@ 10:30

Initial Notification

ineral Home Name: Beardoley M		Loc. #: 7056
ill received by: Brien	Date: 10	73 06 Time: 1:20 AMPS
ame of Decedent: Mr Mrs Miss / Ms H	ewitt, Cor	ryl Evelyn
reet Address: 4660 Del Mar Auc.	ALAsi	SSN#: 534-12-9859
ity, State, Zip: Son Diego	92107	Date of Birth: 12(15 1921
ate of death: 10/20/08 Tim	ne of death: 1155	ANOPM County: 5.D-
lace of Death: UCSD - Morg	(ve) Singa	tient DER D Nursing Home D Residence*
treet Address: 200 W. Arbor D	N. (6) 543-1	6792 - Rm Fir
ity, State, Zip: 5 on Diego	92103	
Decedent presently at this location? > Yes N *If at Residence, have local authorities been contact		edent been released? Yes o No
iame of person calling: Berl Hewitt		Relationship: brother
treet Address: 3ame as above		Phone: (H(6) 222-466
City, State, Zip:		Phone: (C)
lext of Kin: Ber Hewith		Relationship:
Street Address:		Phone: (H)
City, State, Zip:		Phone: (C)
s this the person to contact for making arrangeme If No, then who?	entsī 🗴 Yes 🗆 No	
Name of person authorizing removal of Decedent:	Ber Hew	it
Relationship: brother	Date: 1	0/23/08 Time: 1:25 AMPM
Funeral Home Representative obtaining permission:	Bries	
Name of Physician/ME/Coroner: 7.	N. 9253	Autopsy: D Yes No D Pending
City, State, Zip: 7.	9 -3	Phone:
Oral* permission to embalm (Obtained from the ne *The standard embalming authorization form must be Authorized by: Ber Lewitt	Service Annual Control of the Contro	actical and faxed to the Central Care Center.
Funeral Home Representative obtaining permission:	Drivo	
Name of Removal Co.:		Date;
The Property of the Control of the C		Time contacted: AM (P)
Street Address:	A Comment of the Comm	
Street Address: City, State, Zip; Removal Company received Initial Notification?	Phane: (H) Yes Q No Time	Phone: (C)

CHARGE Caryl Hewe	En, Sand		19 <u>73</u> 92107	2050	Sa. B.	
NAME OF DECEASED			-	260	100 V	
ADDRESS					3	
MORTUARY			- 32		94	2.
LOT		/65	0-0	SAN DIEGO, CALIFORNIA LIC WORKS BEPARTNENT NT. HOPE, CEMETERY	Lais and	- 0001
PAID RECEIPT NUMBER 2050 Y	TOTAL	165	(S-ats	CITY OF	705	B
Flush marker	anly BALANCE	<u> </u>	<u> </u>		Court	MENT OF
AUG 2 6 1973 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.				RECEIPT MATE TO COS MATE TO CO		j
THE CITY CHARTER MAKES NO PROVISIONS FOR AGREE TO ABIDE BY THE RULES AND REGULA		PE CEMETE				

65

TOTAL PAID \$

SSUEDE BY

HALF SALES 100
OF LOTS 7784
100
OPENINGS 7781
100
80XES 100
FEMOVALS 100
FOUNDATIONS 7783

CITY AUDITOR

CREDIT SALES CARE HALF SALES OF LOTS

(THU) OGT 28 2008 15:49/87. 15:49/No. 7500000044 P

MT. HOPE CEMETERY

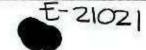
INTERMENT ORDER

atheed

City of San Diego

" Caryl	
n a	Funeral, date, time
Church, Chepel, Gravesida	1380Vastey Mortuan
III Funeral care must errive before 3:0	00 pure, of reguler work day or an autra charge of \$
rill be epolied and billed to undersign	ed.
	74
(Vision Section	Bild/Row Lot Lot Creve
)- 3450 -
rave space & Care Fund	
venime/Lata Antval Pees	· 4
pening/Closing & Setup	· 4
uriel Conteiner	11
	206.0
over yests - Marker setting fee	
A STATE OF THE PARTY OF THE PAR	
scording/FilingsTrensfer Food	650
ecording/Filing Trensfer Food	65.0 5.7
scording/Filing)Trensfer Fees	
scording/Filing)Trensfer Fees	
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oles taxes	Total Due
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nereby certify I am the Buth of this is your sutherity to make die at I have the right to make this such	Paid receipt number
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sereby certify i am the Book of this is your suthority to make dis act i have the right to make this suthority (ability on account of said authority (ability on account of said authority)	Paid receipt number
tereby certify i am the British and this is your authority to make the suther light to make this suther light to make the property authorize the interment in lot lid under dead.	Paid receipt number Balance due of the above named decoder position of remains as above indicated, I certify and represent orization and I agree to hold Mt. Hope Cernesery harmioss from the state of the second
tereby certify i am the British and this is your authority to make the suther light to make this suther light to make the property authorize the interment in lot lid under dead.	Paid receipt number Balance due of the above named decader position of remains as above indicated, I certify and represent orization and I agree to Hold Mt. Hope Cernesery harmtons from particular and interment. Ber Hewitt Annual Control Control Control Advance Ontological Control Advance Ontological Control April 1000
tereby certify i am the British and this is your authority to make the suther light to make this suther light to make the property authorize the interment in lot lid under dead.	Paid receipt number Balance due of the above named decoder position of remains as above indicated, I certify and represent orization and I agree to hold Mt. Hope Cernesery harmioss from the state of the second
sereby certify I am the British and this is your authority to make the suther light to make this authority liability on account of said authority liability on account of said authoritish under disert.	Paid receipt number Balance due of the above named decader position of remains as above indicated, I certify and represent orization and I agree to Hold Mt. Hope Cernesery harmtons from particular and interment. Ber Hewitt Annual Control Control Control Advance Ontological Control Advance Ontological Control April 1000
hereby certify I am the Bond this is your sutherity to make dis at I have the right to make this suther y lability on account of said authority to make the suther the sutherity lability on account of said authority.	Paid receipt number Balance due of the above named decader position of remains as above indicated, I certify and represent orization and I agree to Hold Mt. Hope Cernesery harmtons from particular and interment. Ber Hewitt Annual Control Control Control Advance Ontological Control Advance Ontological Control April 1000

(Compares months paper



BLIND CHE	CK FURM	
me's, lot # and	grave # of all e	existing marker's in
x		
9	No	
umu Sc	huldt	e:
_ Time:_	11:00 a	m T 2
Blk/Row:	Lot:	Grave:
Yes	No	
Yes	No	
25	Date	
	of grave	
	ased for which me's, lot # and are adjacent to X X Time: Blk/Row:	No

•	CITY	ORD	Ó, CALIFOR		HOPE	CEMETE
CHARGE Dan	eyx	Scho	eldt	12-	10	19.
ADDRESS 25/6	lano	Ho C	nefor	Dr.	32	25
NAME OF DECEASED_	6-10-8	nee	20		1 244	
OWNER SA	ne	-		-		-
ADDRESS					With a second	
MORTUARY						
Ø					0	
LOT 41	_ @ <u>3</u>		SEC 3	_01V/2	210	00
OPENING TIME		DAY				
VAULT BOX		_ SIZE	17			
REMOVAL OR FOUNDATI	ON VET.					
	8	7.002=5- Hr				
				TOTAL	210	00
PAID RECEIPT NUMBE	27	854				
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AGREE TO ABIDE			Ou Black Confidence	温 级	STATE.	, .
UTHORIZED	•	20	ORDER	0	- 1)
			CHOIDER	111	1- 16	200
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N PERSON	921	20	_ TAKEN BY	NO.	ach.	۰

10/23/08 E-21021

Paulette,

Thank you for all your help.

Here's a check for burial services

for Nancy Schuldt on 10/29/08

at 11:00. This is to include a

Canopy and 24 chairs. Call me
(960) 598-1454 or cell (760) 8220703
if This is incorrect.

Sincerely
Brenda Krug

1354 Malloria Dr.

Vista, Ca 92081

PAID

OCT 2 7 2008

LEET FOOT

MOTHER'S THUMBPRINT Left Hand MOTHER'S THUMBPRINT Right Hand

Sex of Child Female Weight at Birth 7 lbs. 11 ozs.

This Contificate of Birth should be carefully presented as record of rates for future use:

- 1 To establish age so enter school.
- 2 To establish age when applying for working papers.
- 3 To establish legal age for rights of franchise.
- 4 For jury or military service.
- 5 To prove citizenship.
- 6 To obtain passports for travel to foreign countries.
- 7 To prove right to inheritance of property.

Official esgistration at San Diego County, San Diego, California

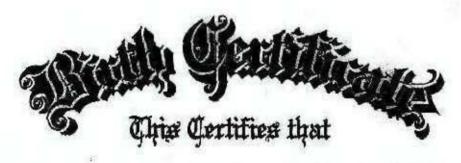
Family Offistory

Father's Full Name Floyd Ransome Schmidt

Birthplace California Date

Mother's Maiden Name Nancy Louise Baker

Birthplace Arksnsas Date



KAREN LEE SCHULDT

was born in Balbon Mospital San Diego, California

at 8:15 a m Tuesday

the Second

day of __ March

A.D. 19.34

In Witness Whereof the said Hospital has caused this certificate to be signed by its duly authorized officer and its Corporate Seal to be hereunto affixed



FOR OFFICE USE ONLY Witnessed: Signed on (Date) Signature Print Full Name Documents Presented: Birth Certificates Current 10 Processed by: Approved by Cemetery Manager:_ Transfer allowed: Yes If no, reason: Resident Fee Transfer fee paid (\$65.00) New Deed Issuance Paid (\$65.00) Transfer Fee Non-Resident (\$85.00) New Deed Issuance Paid Non-Resident (\$85.00) CLERT 3089 The Board of burneys

DL

COL E045 67,50





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

PRINCE OF STREET	al authority to	the above	property is	based on	the following	g
facts:_	Dauge	tu of	Floyd	and	Nancy	Schul
3	4			1/4		76
112			#	84		Pa - 08a
	V	y - y -				
	10	-				logia n
	189		<u> </u>			
			4	14		1000
100	presented the	following o		support th	ne above fac	ts.
Bi	TVI CPI					

			ect.	lifornia that the
Signe	ements before mentione ad on 9/10/08 (Dat uture Kaumh, 17/and			
1000	, , (Dat	(e)		(City)
Signs	ture Kount Marc	Print Full No	me Karenlen	Marcus
	To have deed sent to	you, fill in your ma	iling address here:	
23	Address			
	City, State & Zip Code	е		9.0
4.	(2) Sign this form in fr bottom of this pag 92102. (3) Enclose a check of	the Mt. Hope Cemeter ront of a Notary Public e and mail to: Mt. Hope	y Administrative Office; the same of the same of the Notary fill in the Cemetery, 3751 Marketon of the Same of the	OR n the notarization at the t Street, San Diego, CA
	· ·			5
5.		nly if you do NOT fi	e the declaration wi	th Mt. Hope Staff
	Notarization: Use or	-985 DRV	e the declaration wi	th Mt. Hope Staff
State of	Notarization: Use or	_	e the declaration wi	th Mt. Hope Staff
State of	Notarization: Use or	_	e the declaration wi	th Mt. Hope Staff
State of County	Notarization: Use or	ss		th Mt. Hope Staff
State of County	Notarization: Use or	ss		
State of County On this	Notarization: Use or ofday of	ssin the year	, before me	, personally known to
On this persona me (or p	Notarization: Use or	ssin the year	, before me	, personally known to

MT. HOPE CEMETERY INTERMENT ORDER

REA-104 (3-04)

JOE (na D.D. CRYPT "B"		231947 me OCTOBER 2	1000
Type of Burial Container Church, Chapel, Graveside			
All Funeral cars must arrive before will be applied and billed to unders		ay or an extra cha	rge of \$
Division 12 Section 2	Blk/Row	Lot 241	Grave 6
Grave space & Care FundEr	-19615		0
Overtime/Late Arrival Fees			
Opening/Closing & Setup	SE E-21024		0-
Burial Container	DATE	\ a.a	\$539.00 \$454.00
	PAII	J	\$454.00
Flower vases – Marker setting fee Recording/Filing/Transfer Fees	OCT 2 8 2	008	\$ 65.00
Sales taxes	MOUNT HOPE C	EMETERY	\$ 41.77
Paulette	MOUNT HUPE C	Total Due	\$1,099.77
	Paid receipt number	14100	1099171
hereby certify I am the	sthorization and I some to	above indicated. I	ove named decedent certify and represent netery harmless from
hereby authorize the interment in old under deed.	3.(())	50839 10808	RMZCHA IN QUE#IC A. 78 II

O Proced on marched paper

This information is available in alternative formats upon request.

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 IR MIDDLE 1C LAST JOEL BERNARD CARMICHAEL 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) 05/28/1988 10/20/2008 M SA CITY OF DEATH 88. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA ENTER STATE NATIONAL CITY SAN DIEGO 7A. NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT BA. TYPED NAME AND ADDRESS OF CALIFORNIA-BB. CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, NUMBER-IF APPLICABLE JACQUELINE CARMICHAEL SISTER FD1329 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 4812 LOGAN AVENUE #104 5050 FEDERAL BLVD. SAN DIEGO, CA 92113 SAN DIEGO, CA 92102 PALICANT SIGNATURE ACKNOWLEDGEMENT OF APPLICANT-I hereby acknowledge as applicant that I have the 98. DATE SIGN right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition unny stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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 MOTE: This permit gives no right of disposition specified in this permit. 10A AMOUNT OF FEE PAID 108 DATE DEPMIT ISSUED 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 10/24/2008 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 100 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 12C. INTERMENT NUMBER-IF APPLICABLE 128. DATE BURIED BURIAL OR SCATTERING IN 29 MT. HOPE CEMETERY: 3751 MARKET CEMETERY 120 SIGNATURE PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 ENTOMBMENT 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B DATE CREMATED 13C CREMATION NUMBER-IF APPLICABLE CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150. DATE SHIPPED THE CARRIER 16A, ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 168 DATE OF DISPOSITION 16C. LICENSE NUMBER OF CREMATED SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE REMAINS DISPOSER-IF APPLICABLE SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

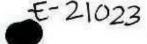
UPON AUTHORIZATION OF PERMIT DISTRIBUTE COPIES AS FOLLOWS:

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



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IN GRAVE WITH	•			
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Flagged Yes		No	<u> </u>	
Blind check Initiated by: Downter Fe Inter Interment space for:	r of Alt		Date:	-
Interment Date: 1 UES	10/28 Time			
Div: <u>12</u> Sect: <u>7</u>	Blk/Row:	Lot:	241	Grave:
Grave Laid out by:	KEN			
Agrees with Legal Card:	Yes	C	No	
Agrees with Map:	Yes		No	
Blind Check & Verified By		Date	·	
Cremains were placed at:		of gr	ave	

FROM



THE CITY OF SAN DIEGO

fe send

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 1024 08	From: Paulette
To: Joseph Anderson-Ragodale	Telephone #: (619) 527-3400
Telephone No.: 619-263-3141	Fax #: (619) 527-3403
Fax No. 619-263-1507	Pages (including this cover sheet):
Subject: Information to be filled in	by Mortuary 10 /67/08 10:25 Am
Date and time faxed to Mortuary:	10/44/08 = 3:30 PDa
Burial fee amount due:	\$ 258377
Burial service fee for:	Alton Gilbert & Soc Carmicheal
Date and time of burial service:	10/28/08 Disinterment /10/09 Burgi
Due date of burial fee to Mt Hope Cemetery:	HOMETHOS MONDON ASAP
그렇게 되었는 그리고 하는 사람은 사람들이 되었다면서 하는 이 사람들이 되었다면서 하는 사람들이 얼마나 없었다.	
Prepared by:	
Signature:	Howele == == == == == == == == == == == == ==
Signature: THE AREA BELOW IS TO BE FILL TO CONFIRM DATE AND TIME. IF MORTUARY IS PAYING FOR I	Edulate ED BY MORTUARY PERSONNEL WINAL, YOUR SIGNATURE BELOW PAY FOR SERVICES REQUESTED.
Signature: THE AREA BELOW IS TO BE FILL TO CONFIRM DATE AND TIME. IF MORTUARY IS PAYING FOR E REPRESENTS AN AGREEMENT TO	Educate ED BY MORTUARY PERSONNEL WINAL, YOUR SIGNATURE BELOW PAY FOR SERVICES REQUESTED. DEMETERY ASAP. THANK YOU
Signature: THE AREA BELOW IS TO BE FILL TO CONFIRM DATE AND TIME. IF MORTUARY IS PAYING FOR D REPRESENTS AN AGREEMENT TO PLEASE FAX BACK TO MT HOPE	Pulate ED BY MORTUARY PERSONNEL DIVIAL, YOUR SIGNATURE BELOW PAY FOR SERVICES REQUESTED. DEMETERY ASAP. THANK YOU SIGNAL YOUR
Signature: THE AREA BELOW IS TO BE FILL TO CONFIRM DATE AND TIME. IF MORTUARY IS PAYING FOR D REPRESENTS AN AGREEMENT TO PLEASE FAX BACK TO MT HOPE (Mortuary Approval (print name):	Educate ED BY MORTUARY PERSONNEL WINAL, YOUR SIGNATURE BELOW PAY FOR SERVICES REQUESTED. DEMETERY ASAP. THANK YOU



MT. HOPE CEMETERY

DISINTERMENT

RE-INTERMENT

INTERMENT ORDER

City of San Diego

Date 10/24/2008

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of	(C) -				MON	day	7
in a	LINER	TO D.D.	CRYPT ^{NA} Funeral	, date, time _	TUESDA	Y, OCTOBE	28,20
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will be a	pplied and b	illed to unders	igned				
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Opening	/Closing & S	Setup	p	AID		0-	
		**********************		AID		0-	
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2012 - 2024 OEE

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WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61274

	(619) 527-3400			esw
	Date		10-28,20	08
From: ANDERSON RARED	ALE Address: 5050 Februar	AL BLUD	SID 9211	22
	WORGO - EIGHTY THREE :			7 1 14
In Full Payment of	DIGINTERNEST DE-LUCE	A COUT NO	out value on a	GIVERENT
rayment or	DISINTERMENT RE-INTER	VENT !!	DOE CHEMIC	HAELLES
Div Sec	Z Row Lot		Grave _ 6	
Invoice No.	NOT VALID FOR PURPOSES STATED UNLESS	II.		0
Acct. No. C21023/E21024	STAMPED "PAID" IN THIS SPACE.	20000000000000000000000000000000000000	7007 7184	
W.O	PAID		100 7184	
BALANCE DUE -0	- FAID	Opening/	100	
BALANCE DUE	OCT 2 8 2008	Burial	7181 539	- BIL
	_ 001 2 0 2000	101 Ge 1945 G	100	- RIF-F
Money Order	HOURT HODE OFFICERS	Recording &	7185 454	- 1Z/F
☐ Charge	MOUNT HOPE CEMETERY		7183	77
Ø Check 16968	ISSUED BY	76	8390	
AC-212A (11-05) This information is available in alternative formats upon n	equest.	TOTAL PAID	s _ Z-X5	1/_

MT. HOPE CEMETERY

INTERMENT ORDER

At need

City of San Diego

Date_3/2/06

a Alton Gilbert	2300	707	
in a Liner	_ Funeral, date, time	Ri. ma	C.3 123
Church Chapel Graveside .	:B	acedal	C Mortuary.
All Funeral cars must arrive before 3:00 p.	m. of regular work day o	r an extra char	ge of \$
will be applied and billed to undersigned.			00-
Division 12 Section 2	Blk/RowL	1 <u>241</u>	
Grave space & Care Fund			2264.00
Overtime/Late Arrival Fees		000000	
Opening/Closing & Setup		moressame	<u>533.</u> w
Burial Container	13	man and a substantial of	
Handling Fees.	L9		_ 206_a
Flower vases - Marker setting AR - 3	2006		65. VD
Sales taxes MOUNT HOPE C	EMETERY		2013
	TOTAL TOTAL	Due	33 57.9
Pa	id receipt number 1	-5945	1 3358,90
4 4 5		Balance	due
I hereby certify I am the NOT and this is your authority to make dispositional I have the right to make this authorization of the same of	on of remains as above ion and i agree to hold in and interment. Man Mark 1900 Phys Remains 5162	indicated 1 or Mr. Hope Come y Carn ne Cr Thin	nicheal nicheal owel dad CA 9214
Work Order # E-19615	* Acct.#		200 11112 1211

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CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

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JACQUELINE CARMICHAEL	DAUGHTER 4	812LOGAN	AVE AP	#104, 8	AN DEGO	CA 92	13°
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DATE ISSUED FORMER SE SOME

WILMA J. WOOTEN, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diago





THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF ALTON WILLIAM GILBERT

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Alton W.Gilberhave 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 Alton W.—and all expenses of investigating and defending against same; provided, however, that the tindersigned'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 Alton W. is identified as:

Lot 241 Grave 6 Section 2 Division 12

We acknowledge that we have been advised that the remains of $_{\rm ALTON}$ w. $_{\rm GILBERT}$ may not be present and/or intact.

Foulth Care Paulth Care Paulth Care of Witnessed by

10/24/2008

DATE

Mt. Hope Cemetery

MT. HOPE CEMETERY INTERMENT ORDER

City	of San Diego	
. محد	Date :	
You are hereby authorized and instructed, su	bject to your rules and regulation	s, to inter the remains
ol		-17
Type of Burel Contener	Funeral, date, time	
Church, Chapel, Graveside	1	Mortuary
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra c	harge of \$
will be applied and billed to undersigned.		
Division Section B	k/RowLot	_ Grave
Grave space & Care Fund	1	\
Overtime/Late Arrival Fees		
Opening/Closing & Setup		
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees	\	onionoir -
Sales taxes		WWX s/Aprox
V		
Paid	receipt number	
	Balar	nce due
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization:	n of remains as above indicated, n and I agree to hold Mt. Hope C	above named deceden I certify and represen emetery harmless from
I hereby authorize the interment in lot I hold under deed.	Frint Name	
	Address	
Bignature	City	Zip Code
	Telephone	
- 2102E	Invoice #	
Work Order # E 21025	Acct. #	

REA-104 (3-04)

This information is available in alternative formats upon request.

mother of Lawrence MT. HOPE CEMETERY INTERMENT ORDER City of San Diego Date 10/27/2008 1 only You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 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. 101 190 Grave 3 Grave space & Care Fund Overtime/Late Arrival Fees Burial Container Handling Fees NOV 2.5.2008 Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY Balance due / 5011 I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of sald authorization and interment. I hereby authorize the interment in lot I hold under deed. Invoice # Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

MULICA COURT To CAUGING TO CHIRAGE

	TO CUSTOMER PRE-NEED	IEGO, CALIFORNIA D PURCHASE	P01504	
CANARY		PE CEMETERY 527-3400 Date: Octo	ber 27th, 20	08
From: Willie Maef		dwoodst, so,		
	nd ninety clotlars	Willie Mae	Dollars (\$ 1,090. c)
Div12	Sec 2 Blk/ —	Lot 190	Grave 5	
Invoice No. <u>E - 21026</u> Acct. No	NOT VALID FOR PURPOSES STATED STAMPED "PAID" IN THIS SPACE	CREDIT 20% Sales Care	67007 77184 452 .	80
W.O	OCT 2 7 2008	Pre-Need	100 77184 <u> </u>	20
349763 QPre-Need Lot	MOUNT HOPE CEM	ETERY Trust	P. 27186	00
☐ Pre-Need Trust ☐ Cha AC-212 (2-08) ☐ Che	Daniel and A	TOTAL PAID	1080	00

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Acct. No.

Pre-Need Lat

WHITE TO CUSTOMER CANARY CEMETERY

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

P01504

452.

DISI DATE OF

From: Willie M	10 Eurola	5319	NAME OF THE OWNER OW	Green.	SanDie	1 2 2
one thousar	d and ni	Address:	NE OU	00000	-	1090.00
in part	Boument of Pre-	-need lot	for Wi	lie M		
Div 12	Sec 2	Bik	d _	Lot 190	Grave	0.000

W.O. BALANCE DUE \$ 1264 00 349768 00

OCT 2 7 2008

STAMPED "PAID" IN THIS SPACE

NOT VALID FOR PURPOSES STATED UNLESS

MOUNT HOPE CEMETERY

WHE.

67007

77184

100

77184

63033

77186

CREDIT

20% Sales Care

80% Sales

Pre-Need

of Lots

Trust

Pre-Need Trust Charge

Money Order

ISSUED BY Day State C. ☐ Check

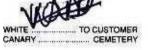
AC-212 (2-08) SEE 61867

1080,00 TOTAL PAID

)	OFFICIAL RECEIPT Lidards 4 WHITE CANARY From CAPOLYN F. Richards	MOUNT HOPE CEME (619) 527-3400 Date:	ASE TERY		モー: 1520 520	2 1024 08
	in Part Payment of 1		190	Dollars (\$ _	53.00)
Ĭ	Div Sec Sec Invoice No Sec Acct. No W.O BALANCE DUE #1211.00	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE PAID NOV 5 2008	CREDIT 20% Sales Care 80% Sales of Lots Pre-Need Trust	67007	55,	90
•	Pre-Need Lot ☐ Money Order ☐ Pre-Need Trust ☐ Charge AC-212 (2-08) ☐ Check	MOUNT HOPE CEMETERY ISSUED BY Paulette C.	TOTAL PAID	\$	53	×

OFFICIAL RECEIPT WHITE		CHASE METERY	P0154	
From: Willie Maz Find Twelve hundre in Full Payment of	ch Address: 5319 Rec dand eleven an fre-need let paid	ate: Novem Iwood Str	ober 25, 20 eet., 5.D. Collars (\$ 1,211.)	CERCIFICATION CONTRACTOR OF THE
Div12	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE. PAID	CREDIT 20% Sales Care 7 80% Sales of Lots 7 Pre-Need 6	Grave 5 67007 77184 100 77184 83033 1,211	.00
Pre-Need Lot Money Orde Pre-Need Trust Charge AC-212 (2-06) 5 63 6 9 8 0 2 4 1	MOUNT HOPE CEMETER ISSUED BY PALL (LETCE (L.) 2 81,000.00		s 1211	.00

OFFI	CIAL	RE	CEI	PT-
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AT-NEED PURCHASE
MOUNT HOPE CEMETERY

61267 E-21026

		(619) 527-34	00 late: Oa-	tober 27	th 20	OP
From: Willie mae	Finch Address:	5319 Red	wood St	SD (A92	2105	
Minety and	00/00		اا	Dollars (\$ 98),00	
n <u>Full</u> Payme	nt of Transfer fe	e from Lowre	NSF FAR FOR	Willie N	las Fir	ch toback
Div 12 prvoice No. E-21026	Sec	Row	Lot 190	Grave	3	
nvoice No. <u>E-21026</u> Acct, No.	NOT VALID FOR PE STAMPED "PAID" II	JRPOSES STATED UNLES I THIS SPACE.	CREDIT	67007	li	
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ALANCE DUE		AID , ma	Opening/ Closing Burial	77181 100		
•	OCT 2	7 2008	Containers	77182 100		
Money Order 3⊿ ☐ Charge	97 83 MOUNT HO?	E CLIVIL TERY	Handling Fee Recording & Misc. Fees	77185 100 77183	90.	00
☐ Check	ISSUED BY \mathcal{P}	ulette C.	Sales Tax	78390	90	00
C-212A (11-05) (SEE) P-01504 This information is available in allemative format	s upon request.		TOTAL PAID	\$	10	

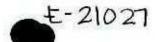
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_10/27/08

You are hereby authorized and instru of Hamela	cted, subject to your rules and regulations, the commandation of t	to inter the remains 23 (952
na DOCTUPT	Funeral, date, time Friday, C	ct3101pm
Church, Chapel, Graveside	rim Baptist : CA Buria I	Mortuary.
All Funeral cars must arrive before 3:	, 00 p.m. of regular work day or an extra chai	rge of \$
will be applied and billed to undersign	ned.	
Division Section	Lot_ <u>55</u>	Grave
Grave space & Care Fund	МОИИТ НОРЕ СЕМЕТЕ	2/d64.ª
Opening/Closing & Setup		533.°°
Burial Container	8000 9 5 130	539.∞
Handling Fees		454.00
Flower vases - Marker setting fee	GIA9	
Recording/Filing/Transfer Fees		6500
Sales taxes		41.77
	Total Due	3,896,7
	Paid receipt number	0 0,896.1
ho. t	7 . Balance	due
hereby certify I am the 1100	sposition of remains as above indicated. I p	ove named decedent
hat I have the right to make this author any liability on account of said author	norization and I agree to hold Mt. Hope Cert	netery harmless from 23195
hereby authorize the interment in lo	I KoseMARY T. WR	igHT
nole neder deed.	4104 DRO ADWA	451
Joseman J. Chegh	5ANDiego 619-262-8761	12102 2000
04.007	Invoice #	
Nork Order # E 21027	Acct.#	



GRAVE	BLIND CHE	CK FORM	
IN GRAVE WITH			-
Write in the name of the decea marked with "X". Place the nar the appropriate space (s) that	me's, lot # and g	rave # of all ex	isting marker's in
Burial Container DV	Crypt 4	<i>f</i> .,	
			-
	x		
994X 975 NESS			
Flagged Yes	=8;	No	
Blind check Initiated by:	200 010 /	Date:	200
Interment space for:	meia c	TUNOM	<u>us</u>
Interment Date: 10/31/08		1 pm ==	: 1
Div:Sect:	Blk/Row:	_Lot: <u>55</u>	Grave:/
Grave Laid out by:	UID & K	EN.	
'Agrees with Legal Card:	Yes	No	
Agrees with Map:	Yes] No	
Blind Check & Verified By:	KEN	Date	12908
Cremains were placed at:		of grave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

PAMELA	USE BLACK INK ONLY — MAKE NO ERASURES, WHITECOME OF DECEDENT—FIRST MELA USE BLACK INK ONLY — MAKE NO ERASURES, WHITECOME 18. MIDDLE CHERRELLE		1C LAST THOMAS		
	ATE OF BIRTH (MONTH, DAY, YEAR) 12/27/1955	4. DATE OF DEATH (MONTH, DAY, 10/24/2008	YEAR)	5. (FETAL DEATH ONLY) DA	TE OF EVENT (MONTH, DAY, YEAR)
SAN DIE			SAN DIEGO	TH-IF OUTSIDE OF CALIFOR	INIA, ENTER STATE
78. RELATIONSHIP TO DECEDENT SON			BA. TYPED NAME AND ADDRESS OF CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME CITY, STATE, ZIP CODE TO 1357		
4104 BRO	S FULL MAILING ADDRESS—STREET NUMBER DADWAY GO, CA 92102	AND NAME, CITY, STATE, ZIP CODE	CALIFORNIA 5880 EL CAJ SAN DIEGO,		URIAL
ight to control dis listed herein is or PERMIT AND	EMENT OF APPLICANT—I hereby acknowledgesison pursuant to Health & Selfety Code Section to the dispositions authorized by Health & Selfety AUTHORIZATION OF LOCAL REGIST	7100, and that the disposition Code Section 103055	N REQUIRES A NEV	A CO V PERMIT TO SHOW FIR	98. DATE SIGNED 10/08/ NAL DISPOSITION
Celifornia.	FEE PAID 108. DATE PER 10/28/20	MIT ISSUED 10C SIGNATU	RE OF LOCAL REGISTR A WOOTEN, MI	AR ISSUING PERMIT	r gives no right of disposal butsion
SAN DIEG 3851 ROS	FREGISTRAR OF DISTRICT OF DEATH—IF DE GO COUNTY VITAL RECORD SECRANS ST GO, CA 92110	A COLUMN TO THE PROPERTY OF TH	DDRESS OF REGISTRAA	OF DISTRICT OF DISPOSITIO	ON-IF DIFFERENT FROM 100
	DISPOSITION(S)		FOR COR	RONER'S USE ONLY	
BU , BURIAL OR SCATTERING IN CEMETAL OR (INCLUDES ENTOMBMENT	STREET SAN DIEGO CA	51 MARKET	128. DATE BURIED 10/3/1/200	08 12C INTERN	MENT NUMBER—IF APPLICABLE 21027 AUFOR SCATTERING
BURIAL OR SCATTERING IN CEMETERY (INCLUDES	MT HOPE CEMETERY 37 STREET SAN DIEGO CA	51 MARKET 92102	10/3/1/200 12D SIGNATURE OF P W 13B DATE GREMATED	08 E ERSON IN CHARGE OF BURIL 3. OF	ALFOR SCATTERING
BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT	MT HOPE CEMETERY 37 STREET SAN DIEGO CA 13A. NAME AND ADDRESS OF CALIFORNIA 14A. NAME AND ADDRESS OF CALIFORNIA	51 MARKET 92102 CREMATORY	10/3/1/200 12D SIGNATURE OF PI 13B DATE GREMATED 13D SIGNATURE OF PI 14B, DATE RECEIVED	28 E ERSON IN CHARGE OF BURIL 13C CREMA	21027 suppr scattering TOON NUMBER—IF APPLICABLE
BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT	MT HOPE CEMETERY 37 STREET SAN DIEGO CA 13A. NAME AND ADDRESS OF CALIFORNIA 14A. NAME AND ADDRESS OF CALIFORNIA	51 MARKET 92102 CREMATORY FACILITY RECEIVING REMAINS	10/3/1/200 12D SIGNATURE OF PI 13B DATE GREMATED 13D SIGNATURE OF PI 14B, DATE RECEIVED 14C SIGNATURE OF PI 15B. NAME AND ADDRE	ERSON IN CHARGE OF BURIL 13C CREMA ERSON IN CHARGE OF CREM	TON NUMBER—IF APPLICABLE MATION OF PLACING WITH THE CARRIER

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 1 - 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.

MI NOGO OF WING 1PW PING 2103

REA-104 (3-04)

MT. HOPE CEMETERY INTERMENT ORDER

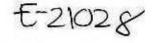
City of San Diego

Date 10-27-08

of	ALICS	E CRITTE	ENDEN A	00116
in a	Asit		ma SAT 11-8-08	
SOME THE STREET WAS A PROPERTY.	Burial Container		TRITICANT SAS	200
Church, Chapel, Gra				
All Funeral cars mus	t arrive before 3:00	p.m. of regular work of	lay or an extra charge of	\$
vill be applied and b	illed to undersigned	(
Division M&S	Section 3	_ Blk/Row	_ Lot _ <u>26 _</u> Grave	_5
Grave space & Care	Fund			
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				100 0
Opening/Closing & S				1000 CO. 100 CO. 100
Burial Container	••••••	Pr. 146		104.00
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lower vases - Mark	er setting fee		MEIL	
Recording/Filing/Trai	nsfer Fees	Or. "C	6 0'	85100
Sales taxes	anticon vicini anticon a comu	HOPE		8.00
**************************************		OCT 2 7.7008 OCT 2 7.7008 OUNT HOPE CO	Total Due	906,06
		raid receipt number .	R1017/04	906011
		raio receipt number .	Balance due	0
hereby certify I am			of the above na	
hat I have the right of any liability on accept hereby authorize the hold under deed	to make this authoriza	zation and I agree to	34388 Flores	harmless from 23196 RNOLU Le Ot
Bignature /	9	Cey C ZO Telephone	6 325-673	7.87 (E Zap Code

O France on recorded paper

This information is available in alternative formats upon request.



APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

			RENNEY P	EACOCK	CAMPBE	ELL CRITT	ENDEN	
	re of Birth (Month, Day, Year) 4 Date of Death (Month, Day) /12/1912 10/22/2008		Carrows announcement and those	YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY YEAR		TE OF EVENT (MONTH, DAY YEAR)	
SAN DIEG			. 400		LICENSESSES SAL	Y OF DEATH—IF	OUTSIDE OF CALIFOR	NIA, ENTER STATE
7A. NAME OF INFO ROBERT (CRITTENDEN		78 RELATIONSHIP SON	TO DECEDENT	ACTING AS	FUNERAL DIREC	RESS OF CALIFORNIA- TOR OR PERSON NUMBER AND NAME,	8B CALIFORNIALICENSE NUMBER—IF APPLICABLE FD1921
3438 EAS	FULL MAILING ADDRESS F FLORENCE CO WA 98112		NAME, CITY, STATE, ZI	P CODE	8690 A	NT SOCIE ERO DRIV IEGO, CA	E, SUITE 107	
right to control dispe	MENT OF APPLICANT— sition pursuant to Health & s of the dispositions authorize	Safety Code Section 7100,	, and that the disposition	BA. APPLICAN	SIGNATURE		auis	98, DATE SIGNED 4 10/24/2008
This permit is issue of California.	WALL STATE OF THE	OCAL REGISTRAR ns of the California Health	N-ANY CHANGE IN h and Safety Code and is	the authority for t	he disposition	specified in this pi	ermit. NOTE: This permi	NAL DISPOSITION It gives no right of disposal outside
\$ 11.00	FEE PAID	108. DATE PERMIT IS 10/24/2008	SSUED	► WILM		REGISTRARISS EN, MD	UING PERMIT	F
SAN DIEG 3851 ROS	REGISTRAR OF DISTRICT O COUNTY VITA ECRANS ST O, CA 92110		OCCURRED IN CALIFOR	RNIA 10E AC	ORESS OF R	EGISTRAR OF D	STRICT OF DISPOSITIO	ON—IF DIFFERENT FROM 10D
	SELE DE IDEAL							
BURIAL OR SCATTERING IN	12A NAME AND ADDRE	85 OF CALIFORNIA CEM E CEMETERY 3	3751 MARKET		128. DATE 8	9-0	8 E	MENT NUMBER—IF APPLICABLE
BURIAL OR	12A NAME AND ADDRE		3751 MARKET		11-	9-0	75.00 Mg 10 Mg	-21028 AL OR SCATTERING
BURIAL OR SCATTERING IN CEMETERY (INCLUDES)	12A NAME AND ADDRE MOUNT HOPE STREET, SAN 13A NAME AND ADDRE CREMATION:	CEMETERY 3	3751 MARKET 2102 EMATORY 2 2570		120. SIGNAT 138. DATE 6	9-00 LUBE OF PERSO REMATED 27/68	N IN CHARGE OF BURIN	21028 AL OR SCATTERING FROM NUMBER—IF APPLICABLE 2 8 19
BURIAL OR SCATTERING IN CEMETERY (INCLUDES' ENTOMOMENT)	12A NAME AND ADDRES MOUNT HOPE STREET, SAN 13A NAME AND ADDRE CREMATION : FORTUNE WA	E CEMETERY 3 I DIEGO, CA 92 SS OF CALIFORNIA CRE SERVICES INC	3751 MARKET 2102 EMATORY 5: 2570 92081	UNS	120. SIGNAT 138. DATE C 130. SIGNAT 148. DATE R	9-0 CUBE OF PERSO PEMATED 27/63 URE OF PERSO WE SELVED	N IN CHARGE OF BURIN	AL OR SCATTERING MON NUMBER—IF APPLICABLE 2 8 1 9 MATION
BURIAL OR SCATTERING IN. CEMETERY (INCLUDES ENTOMOMENT) CREMATION	12A NAME AND ADDRESTREET, SAN 13A NAME AND ADDRESTREMATION SECREMATION SECREMA	E CEMETERY 3 I DIEGO, CA 92 SS OF CALIFORNIA CRE SERVICES INC AY, VISTA, CA 9 SS OF CALIFORNIA FAC	B751 MARKET 2102 EMATORY C. 2570 92081 CILITY RECEIVING REMA	2000	120. SIGNAT 138. DATE C 139. SIGNAT 148. DATE R 146. SIGNAT	PECEIVED URE OF PERSON URE OF PERSON	N IN CHARGE OF BURING 19C CREMENT OF CHARGE OF FACIL	JIDJ8 AL OR SCATTERING JON NUMBER—IF APPLICABLE 2 8 19 MATION OF PLACING WITH THE CARRIER
BURIAL OR SCATTERING IN CEMETERY (INCLUDES' ENTOMOMENT) CREMATION	12A NAME AND ADDRESS MOUNT HOPE STREET, SAN 13A NAME AND ADDRESS NEARES OF THE STREET	E CEMETERY 3 I DIEGO, CA 92 SS OF CALIFORNIA CRE SERVICES INC AY, VISTA, CA 9 SS OF CALIFORNIA FAC	B751 MARKET 2102 EMATORY 5. 2570 92081 CILITY RECEIVING REMA	E REMAINS OR	120. SIGNAT 138. DATE C 160. SIGNAT 148. DATE R 140. SIGNAT 150. NAME A 150. SIGNAT THE CARRIE	PECEIVED URE OF PERSON URE OF PERSON	N IN CHARGE OF BURING ASC CREMA N IN CHARGE OF FACIL F PERSON IN CHARGE N IN CHARGE OF PLACE 16C, LICENS	JIDJ8 AL OR SCATTERING JON NUMBER—IF APPLICABLE 2 8 19 MATION OF PLACING WITH THE CARRIER

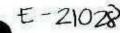
COPY 1—CCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 — RETAINED BY PERSON IN CHARGE OF THE DEMETERY, 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.



GRA	VE BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place the	ceased for which the grave is for in the block name's, lot # and grave # of all existing marker's lat are adjacent to the burial space.
Burial Container	
r n siepole – pol	BERNES.
	HOWARD ALBERTA
	X HOMARD JR
6.	PHILIP
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for: AL	ICF CRITTENDEN
Interment Date:	NEST THE STATE OF THE PROPERTY
Div: MASONIC Sect: B	Blk/Row:Lot: <u>26</u> Grave: <u>5</u>
Grave Laid out by:	EN
Agrees with Legal Card:	Yes No .
Agrees with Map:	Yes No
Blind Check & Verified By:	DAVID Date 11-6-08
Cremains were placed at:	MIDDLE of grave

CHARGE Alice C.	Crityenden -	4-24 wife	
IAME OF DECEASED Phili	o crimenden	8	
WNER			
DDRESS	5		
DRTUARY PACIFIC BE	ach Montunny		
			I
26 60 5 80	SEC MASDIV	B -	-
OT 26 GR 5 ROPENING/	UTBAY WES 2-8	4 75	00
		85	10
AULT INER ASN	_ size	No.	00
EC. FEB/REMOVAL/FOUNDATION	ON	35	00
	то	TAL 200	10
AID RECEIPT NUMBER	31645	200	10
	BALAN	NCE &	
PAI	D Conte.	of 64	40
APR 24 1	984		
MT. HOPE CEMI CITY of SAN DIEGO	LTERY CAUR		
HE CITY CHARTER MAKES NO	PROVISIONS FOR THE EXTENS	ION OF CREDI	Τ.
AGREE TO ABIDE BY THE RU	LES AND REGULATIONS OF MI	. HOPE CEMET	ERY.
positive and the second		11	
UTHOR I ZED N PERSON	ORDER TAKEN BY	1. uc	

PIN TO INTERMENT ORDER

10 Chairs City	of San Diego	ate_10 [27]	280
You are hereby authorized and instructed, sul		egulations, to inter t	he remains
	Funeral, date, time MC	who Do	10th 0
Type of Burel Contener Church, Chapel, Graveside	ארט אוני אוני אוני אוני אוני אוני אוני אוני	munity	Mortuary.
and the same of th		7 1	MORGANY
All Funeral cars must arrive before 3:00 p.m. will be applied and billed to undersigned.	of regular work day or all	extra charge or a	
Division 3 Section 8 Bi	/Row Lot 2	23 Grave_	1
Grave space & Care Fund B-19	37		0
Overtime/Late Arrival Fees	8192	······································	
Burial Container		mudos/	
Hendling Fees 10128 08 1	bointerfund t	ionsior -	1
Handling Fees	HALL HODOGICE	200000000000000000000000000000000000000	
A make the first the same of t	a. masaaan amaa		
	Total D	oue	
Paid	receipt number		~
		Balance due	10_
hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	and agree to hold Mt	of the above namedicated. I certify a Hope Cemetery has	nd represent
I hereby authorize the interment in lot I hold under deed.	Print Name	# 1.00	
Signatura	Address	Macion	Zip Code
on David \$408441 Work Order # E 21029.	Telephone		
619 E 21029	Invoice #		
Work Order #	Acct.#		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-21029

USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A NAME OF DECEDENT-FIRST 18 MIDDLE IC LAST MARY LOUISE 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) 09/03/1926 10/26/2008 SA CITY OF DEATH 8B. 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-8B. CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSO NUMBER-IF APPLICABLE DAVID MILLER SON ACTING AS SUCH-STREET NUMBER AND NAME, FD1682 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE COMMUNITY MORTUARY 9409 RIVERVIEW AVENUE 855 BROADWAY LAKESIDE, CA 92040 CHULA VISTA, CA 91911 9A APPLICAN GNATURE 98. DATE SIGNE 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. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAUDISPOSITION.
This permit is issued in 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 10A AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 10/30/2008 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 CR/BU 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 12B. DATE BURIED 12C. INTERMENT NUMBER-IF APPLICABLE BURIAL OR 2008 SCATTERING IN A MOUNT HOPE CEMETERY SAN DIEGO. CEMETERY SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING CA 92102 **MINCLUDES** ENTOMBMENT 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 138. DATE CREMATED 13C. CREMATION NUMBER-IF APPLICABLE 10 CREMATION SERVICES INC. 2570 CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION FORTUNE WAY VISTA CA 92083 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER -16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; 18B. DATE OF DISPOSITION 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE SCATTERING! BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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-21029

Up right w/voses Mount Hope CEMETERY

GRAVE	E BLIND CHE	CK FOR	RM	
IN GRAVE WITH	aara	BO	RKIC	ond
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	1 aux	_		
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ago, Joan	\ \N ser!		S.	
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interment Date 10/08 /	IDIL · Time: _	10:00	22	
Div: 3 Sect: 8	Blk/Row: <	Lot:	2,5	Grave: \
Grave Laid out by:	N N DF	AV E		
Agrees with Legal Card:	Yes		No	
Agrees with Map:	Yes	V	No	
Blind Check & Verified By:	-	Date		70 YU
Cremains were placed at:		of gra		

Work Order # 18192	I hereby authorize the interment in loci i model under deed. A IT With A Report 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I hereby certify I am the and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and	Sales taxes	Handling Fees	a a	Lot of 3 Grave / Row Brill	All Funeral cars must arrive before 3:30 p will be applied and billed to undersigned.	Type of Burst Consuler Church, Chapel, Graveside	of Barthars of Laterson	The mond towar INTE
1 2 Accl. 8 This Information is available in alternative formats upon request.	108 1St Dies 18.54 108 1St Dies 10.91910 619-691-9018	Balance due of the above n of the above n ndouted. I certifi d agree to hold Mt. Hope Cemeter freement.	Total Due 6	METE: 100.00	I T I I	1937 Section 8 Division/Bleek 3	All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$	Funeral, date, time Mortuary.	2	City of San Diego Date 12/17/03
OFFICI From:	AL RECEIPT	WHITE TO TO THE PINK	AUDITOR AUDITOR Add Arec 19	CITY OF MOUN	SAN DIEGO, C T HOPE CE (619) 527-34	emetery oo pate: Dac a De	enbo (a)	er I Mes Dollars	7 0 (4) \$89;	
In fur Lot 23 Invoice Acct. No W.O	No. E-1819	Payment of As Grave AQ/E-181	112	F	Hand, Mary	Section S	alles Care alles 100/ 11	67007 77184 100 77184 100 77181 100 77182 100 77182 100	JP-te Divisio Block	183 08 19 19 19 19 19 19 19 19 19 19 19 19 19

893.19

TOTAL PAID

AC-212 (Rev. 10-02) This information is availab

ISSUED BY LIVETTO

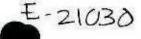
MT. HOPE CEMETERY

NTERMENT ORDER

City of San Diego 10/28/2008 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Division Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup...... Burial Container..... Flower vases - Marker setting fee Recording/Filing/Transfer Fees 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. hereby authorize the interment in lot I Invoice #

REA-104 (3-04)

This information is available in alternative formats upon request.



MOUNT HOPE CEMETERY

		GRAVE	BLIND C	HECK FO	RM	N
IN GRAVE W	HTTN					W-1
Write in the in marked with he appropris	"X". Plac	e the nam	ne's, lot # a	nd grave # o	of all exis	sting marker's
Burial Conta	iner	Lin	er	-		
			Parraz Steve			
			Shogte Andre	Dorothy		
		Salazar Daniel	X	70.00		
	gran.	Jordan Cednick	Gordon	Janos Wanen Pawaz	-	1
	200			141142	L	
Flagged	Yes	-	·	No		
Blind check I	nitiated t	ру:	MFD	<u> </u>	Date:	10/28
Interment sp	ace for:	<u> Pa</u>	rricia	Mille	er	
Interment Da	te: 10)	31/08	Time	1		
Div: 12	Sect:	2	Blk/Row:	Lot:	154	Grave: 8
Ġrave Laid o	ut by:	DAV	DE	KEN		
Agrees with I			Yes		No	
Agrees with I	Map:		Yes	\Box	No	
Blind Check	& Verified	d By:	KEN	Date	10	129/08

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

58E-21030

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST 18 MIDOLE 1C. LAST **PATRICIA** ROSE MILLER 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY YEAR) 2 SEX 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH DAY, YEAR) F 10/07/1950 10/24/2008 FND 6B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SA CITY OF DEATH VISTA SAN DIEGO 7A. NAME OF INFORMANT BA. TYPED NAME AND ADDRESS OF CALIFORNIA. LICENSED FUNERAL DIRECTOR OR PERSON 78 RELATIONSHIP TO DECEDENT 8B CALIFORNIA LICENSE NUMBER-IF APPLICABLE JULIA ROBILLARD DAUGHTER ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE FD-1083 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE FEATHERINGILL MORT COLL CHAPEL 10640 WOODHAVEN LANE 6322 EL CAJON BLVD. BELLEVUE, WA 98004 M. Donninguez SAN DIEGO, CA 92115 ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the 9A. APPLICANT SIGNATURE 98 DATE SIGNED right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition In 10/30/2008 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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. MOTE: 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 10/30/2008 \$ 11.00 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 128 DATE BURIED 12A NAME AND ADDRESS OF CALIFORNIA CEMETERY 12C INTERMENT NUMBER-IF APPLICABLE BURIAL OR 10/3/108 F-21030 SCATTERING IN MT. HOPE CEMETERY: 3751 MARKET CEMETERY 120 SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST., SAN DIEGO, CA 92102 ENTOMBMENT 138 DATE CREMATED 13C CREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 115D. DATE SHIPPED THE CARRIER 18A. 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 168 DATE OF DISPOSITION 16C LICENSE NUMBER OF CREMATED REMAINS DISPOSER-IF APPLICABLE SCATTERING BURIAL AT SEA OF DISPOSITION OTHER THAN IN A 160. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY 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."

WERE SCATTERED AT SEA.

COPY 3 RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR 8Y 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 8E 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. HOPÉ CEMÉTERY

INTERMENT ORDER

At need

City of San Diego

Date 10/29/08

Version to the second s	na di cardata an hali ciama a	. To a second or a state of the second	Testa v Alexa Version III.a.
You are hereby authorized and instruct	D. FOU	nto in	231959
in a Double Depth Crupt	A Funeral, date	time Nov. 3, 2	008 11:004
Church Chapel, Graveside		Greenwa	The state of the s
All Funeral cars must arrive before 3:0		rk day or an extra charg	e of \$
will be applied and billed to undersigne	JQ		
Division 12 Section 2	Blk/Row	_ Lot 204 G	rave_(O
Grave space & Care Fund		ay. 100 100 100 100 100 100 100 100 100 10	2,264.00
Overtime/Late Arrival Fees		DAID	
Overtime/Late Arrival Fees Opening/Closing & Setup 220	\$ 533.00	LVID	1,066.00
Burial Container		CT 31 2008	<u>539.00</u>
Handling Fees			454.00
Flower vases - Marker setting fee	MOUNT	HOPE CEMET	RY
Recording/Filing/Transfer Fees 29			130.00
Sales taxes	· · · · · · · · · · · · · · · · · · ·	24	41.77
(4)		Total Due	4494.77
(PO, 01 4/	Paid receipt numb	er R-61277	-3,896.77
W -2754	2nd opc for	- P- 01513 Balance o	- 598.00
I hereby certify I am the	pouse	of the abov	e named deceard
and this is your authority to make dis- that I have the right to make this authority any liability on account of said authority	orization and I agree	to hold Mt. Hope Ceme	ertify and represent itery harmless from 0 2 1950
18		anes 70	contain
I hereby authorize the interment in lot hold under deed.	Pront Hell	Little 10	
Junes Louis	City_	7016 MEZ	in wy
	Telephor	19-263-7	C99244
E 01071	Invoic		or notice
Work Order # E 21031	Acct.	#	35

E-21031

MOUNT HOPE CEMETERY

GR	AVE BLIND CH	HECK FOR	RM	
IN GRAVE WITH	0			
Write in the name of the marked with "X". Place the the appropriate space (s)	ne name's, lot # ar	nd grave # o	f all exis	
	_	MC taxes	Œ	
Markey	X			
Flagged Yes		No		
Blind check Initiated by:	lelen D.	— Fount	Date:)
nterment Date: Nov.	3 Mon Time:	. Woo	A.A	
Div: <u>[2</u> Sect: 2	192	1	China Control	Grave <u>IO</u>
Agrees with Legal Card:	Yes	\Box	No	
Agrees with Map: Blind Check & Verified By	Yes y: Ken	Date	No //	31/08
Cremains were placed at	(of gra	B34 77 - 17 - 17	

E-21031

Greenwood Memorial Park & Mortuary (4615) 4306 Imperial Avenue San Diego CA 92113

15) Gelco Chack Number

2748872

freelonj 10/30/2008

NOT WALD AFTER SIX ID MONTHS FROM USU

Design of the

PAY TO THE

Mt Hope Cemetery 3751 Märket St. San Diego CA 92102

Four Thousand Four Hundred Ninety Four Dollars And Seventy Seven Cents***

\$4,494.77

D'S AUTHORIZED BOORESENVATOR

PAYABLE THROUGH First PREMIER Bank SIOUX FALLS, SO

78-858

Daniel Williams

By allying the amount on the alemagness assistant that the instrument has been different in accordance with the distinctly belond by Galos Intermedian National, Inc. is any

12748872

#0127488726# C091408585# 2500000655#

Daniel Williams freelonj

2748872

DESCRIPTION

Mt Hope Cemetery 3751 Market St. San Diego CA 92102

DATE	LOCATION NUMBER	GL COPES	CONTRACT NUMBER	NAME / DESCRIPTION	AMOUNT
10/30/20	008 4615	8405-0	461500218942	Interment of Helen Fountain	\$****4,494.7
			(9)		
		4			
		15			
			Y	15	
9					
					120

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11/2/03		F-7	107
	111	L 2	.105

THE RESERVE	DENT-FIRST	1B. MIDDLE	- 3	1C. LAST		
HELEN		DELOIS	FOUNTAIN			
10000	e of birth (month, day, year): 24/1941	4 DATE OF DEATH (MONTH, DAY 10/28/2008	YEAR)	5. (FETAL DEATH ONLY) D	ATE OF EVENT (MONTH, DAY, YEAR)	
FOWAY			SAN DIE	F DEATH—IF OUTSIDE OF CALIFO	ORNIA, ENTER STATE	
7A. NAME OF INFO	RMANT	7B. RELATIONSHIP TO DECEDEN		ME AND ADDRESS OF CALIFORNIA	4- 8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE	
JAMES FO	JNTAIN SR.	HUSBAND		CH-STREET NUMBER AND NAME		
	ULL MAILING ADDRESS-STREET NUMB	ER AND NAME, CITY, STATE, ZIP CODE		VOOD MORTUARY		
6770 MEZII SAN DIEGO	O, CA 92114			PERIAL AVENUE GO, CA 92113		
night to control dispo- stated herein is one of PERMIT AND A	IENT OF APPLICANT—I hereby acknowledge of the dispositions authorized by Health & Safety Code Sect of the dispositions authorized by Health & Safety Code REGIS in accordance with provisions of the Californ	on 7100 and that the disposition	ON REQUIRES	A NEW PERMIT TO SHOW F	98. DATE SIGNED 10/30/2008 INAL DISPOSITION mit gives no right of disposal putsi	
of California.		302 C 100 C	BOOKS COMOZIONO	GISTRAR ISSUING PERMIT		
\$ 11.00	10/30/2		MA WOOTEN	Tanking a supplication of the con-	E	
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF DEATH—IF D COUNTY VITAL RECOR ECRANS ST D, CA 92110		ADDRESS OF REGI	ISTRAR OF DISTRICT OF DISPOSE	TION—IF DIFFERENT FROM 100	
11. AUTHORIZED D	ISPOSITION(S)		Teo			
	state .		1	OR CORONER'S USE ONLY		
BURIAL OR SCATTERING IN A CEMETERY	12A. NAME AND ADDRESS OF CALIFOR	RY, 3751 MARKET	128. DATE BURI	IED 12C INTE	RMENT NUMBER—IF APPLICABLE 7 2103/ RIAL OR SCATTERING	
BURIAL OR SCATTERING IN A	12A. NAME AND ADDRESS OF CALIFOR	RY, 3751 MARKET	128. DATE BURI	12C INTE	- 21031	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES	12A. NAME AND ADDRESS OF CALIFOR	RY, 3751 MARKET CA 92102	128. DATE BURI	IED 12C INTE	- 21031	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES	12A, NAME AND ADDRESS OF CALIFOR MOUNT HOPE CEMETE STREET, SAN DIEGO, O	RY, 3751 MARKET CA 92102	128. DATE BURI 11/03 12D SIGNATURI 13B. DATE CREE	IED 12C INTE	F - 21031 RIAL OR SCATTERING MATION NUMBER—IF APPLICABLE	
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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 ACCOPY 2 PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS COPY 1 - 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

ARLIVAL 3:18 Mailed 11-10-08 atherd

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 10 30 12008

Outrai Container	120		2085	CONTRACTOR STATES	obert C.	*
Church, Chapel, Grayeside Will Funeral cars 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 Bik/Row Lot Grave Grave space & Care Fund Fees Divertime/Late Arrival Fees Divertime/Late Arrival Fees Divertime/Losing & Setup Fees Divertime/Losing & Setup Fees Divertime/Late Arrival Fees Divertime/Late	10V. 5	an-saay	late, time Wa	Funer	al Vault	
Serve Space & Care Fund	- Morbian	in extra charge of \$	work day or ar	3:00 p.m. of regi	1 124 Dt 194	Dethe
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ppening/Closing & Setup. Jurial Container Jandling Fees Jower vases – Marker setting fee MOUNT HOPE CEMETERY Jales taxes Paid receipt number Paid receipt number And this is your authority to make disposition of remains as above indicated. I certify an at I have the right to make this authorization and I agree to hold Mt. Hope Cemetery have a liability on account of said authorization and interment. Print Name Print Name Addiress City	1	8 Grave	Lot_	Blk/Row	Section	livision
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landling Fees. NOV - 4 2008 Z			II)	B	ival Fees	vertime/Late An
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gnature Pin #	d represer rmless from	ndicated. I certify a . Hope Cemetery h	ree to hold Mt.	thorization and	authority to make d that to make this aut	nd this is your a nat I have the rig
onetire Pin #	ĮQ_	attach	Name X00	lot i X		
CHy	011	D'a #	1955			
Telephone:	7 11 Zip Cox			2		gnature
			phone			
Jork Order # E 21032 - Invoice #			oice#		(900): 10 J. (10	

MARKER ON GRAVE MOUNT HOPE CEMETERY

	GRAVE B	LIND C	HECK FO	RM	
IN GRAVE WITH Write in the name of marked with "X". Plathe appropriate space	ce the name e (s) that are	's, lot # a e adjacer	and grave #	of all exist	
burian Container			1	op:	
1 011/5	a. dies	v	QUK!NO	Filinas	shovs
1000	KYILO	-porge	12. W.	MM	111
	 	5	Seg	-	
Flagged Yes			l No		
Blind check initiated	by:	Paul	ette C.	Date:	11/3/08
Interment space for:					
Interment Date: We					dervice
Div:Sect				TANKE	
Grave Laid out by:	DAV		8 KER		<u> </u>
Agrees with Legal Ca	ard:	Yes		No	
Agrees with Map:		Yes	M	No	
Blind Check & Verifie	ed By:	DAVI	Date	11-3	3-08
Cremains were place	ed at:	•	of gr	rave	

E-21032

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS (2)

USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST 18. MIDDLE 1C. LAST HOBERT CORNELIOUS HICKS 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 03/21/1915 10/29/2008 6A CITY OF DEATH 6B COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO 74 NAME OF INFORMANT 7B. RELATIONSHIP TO DECEDENT 8A TYPED NAME AND ADDRESS OF CALIFORNIA. LICENSED FUNERAL DIRECTOR OR PERSON 8B CALIFORNIA LICENSE NUMBER-IF APPLICABLE SON NORMAN HICKS ACTING AS SUCH-STREET NUMBER AND NAME FD1329 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 3921 HEMLOCK STREET 5050 FEDERAL BLVD. SAN DIEGO, CA 92103 SAN DIEGO, CA 92102 BA. APPLICANT SIGNATURE 9B DATE SIGNED 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. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITI ON northy for the disposition specified in this permit. NOTE: This permit gives This permit is issued in accordance with provisions of the California Health and Safety Code and is the au of California. 10A. AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 11/03/2008 WILMA WOOTEN, MD 100. 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 124 NAME AND ADDRESS OF CALIFORNIA CEMETERY 128 DATE BURIED 12C INTERMENT NUMBER-IF APPLICABLE BURIAL OR 21032 105/2008 SCATTERING IN MT. HOPE CEMETERY: 3751 MARKET CEMETERY (INCLUDES ENTOMBMENT) 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 13A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 138 DATE CREMATED 13C CREMATION NUMBER-JE APPLICABLE CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED SCIENTIFIC USE 14C, SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER 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 18B DATE OF DISPOSITION 16C LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE SCATTERING BURIAL AT SEA OF DISPOSITION OTHER THAN IN A 18D 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

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 *

CEMETERY

^{*} 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_ 11 - 03 - 08

of	V IAU	LUALO, TU		1974 10:00 am
ina	TS VAULT	Funeral, da	ate, time 11-17-05	MON 12130
Church, Chapel,	Graveside		EL CAMIN 474 USGS	U N ← Mortuary.
WT (6/2/00/2007) (9/2/00/	must arrive before :		vork day or an extra cha	arge of \$
Division	Section	Blk/Row	Lot_ ~0.	Grave
Grave space & (Care Fund			3011.
	rrival Fees	PA	ID	708
Burial Container		NOV 1	3 2008	472-
Handling Fees			O 2000	350-
lower vases –	Marker setting fee	MOUNT HOPE	CEMETERY	
				85 -
Sales taxes		·	wassa - gamantina de mu	36.58
			Total Due	4662,58
		Paid receipt num	nber <u>R6/281</u>	4662.58
	Da.	uluar	Carry Balance	SECURE ASSESSMENT ASSESSMENT ASSESSMENT
hat I have the r	authority to make a	disposition of remains thorization and I agre orization and interme	s as above indicated. I se to hold Mt. Hope Cer	certify and represent metery harmless from 23 973
hereby authorized	ze the interment in I	lot 1	Sinira N I	aulualo_ Pl
ignature (when the interment in the color of the color	6 45	Pring Valle	A STATE OF THE PARTY OF THE PAR
	14.840	(ethe	urbe.	678 1/1.619.51 MIKE 9217
1000	11.			
w.a.	رر · = 21033	Invo	rice#	

■E-21033

MOUNT HOPE CEMETERY

GRAV	E BLIND CHECK	FORM	
IN GRAVE WITH	0		
Write in the name of the dec marked with "X". Place the n the appropriate space (s) tha	ame's, lot # and gravit are adjacent to the	ve # of all exi	sting marker's in
Burial Container 15	VAULT		
	X		
Flagged Yes	_	No	
Blind check Initiated by:	50	Date:	
Interment space for:	IULualo T	viafono)
Interment Date: 11/17/08	Fe1	00-12:3	30
Div: 1 Sect: /	Blk/Row:	Carrier Co.	
Grave Laid out by: KE	mat contrate and which is	2.0	Glave/_
		C VZ-SEC	
Agrees with Legal Card:	Yes V	No	
Agrees with Map:	Yes V	No	
Blind Check & Verified By:	DAVID	Date <u>//-/</u>	3-08
Cremains were placed at:		of grave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

TUIAF	OF DECEMENT—PIRST FONO		18. MIDDLE			IAULU	IALO JR	
. SEX	3. DATE OF BIRTH (MONTH, 0 10/22/1956	AY, YEAR)	4. DATE OF DEATH 10/31/2008		YEAR)	5. (FETAL DEATH CHLY) DATE OF EVENT (MONTH, DAY		TE OF EVENT (MONTH, DAY, YEAR)
NATIC	DNAL CITY				SAN DIE		OUTSIDE OF CALIFOR	NIA ENTER STATE
	OF INFORMANT A IAULUALO		78 RELATIONSHIP WIFE	TO DECEDENT	LICENSED FUN	ERAL DIREC	RESS OF CALIFORNIA- CTOR OR PERSON T NUMBER AND NAME,	88. CALIFORNA LICENSE NUMBER—IF APPLICABLE FD-670
229 T	MANT'S FULL MAILING ADDRESS ARANGO PL NG VALLEY, CA 919		D NAME, CITY, STATE, ZI	PCODE	EL CAMII 607 NATI	NO MEN	MORIAL - NC CITY BLVD , CA 91950	
right to contr stated herei	LEDGEMENT OF APPLICANT- troi disposition pursuant to Health & n is one of the dispositions suthoriz	Safety Code Section 710 ad by Health & Safety Co	00, and that the disposition de Section 103055	9A APPLICANT	SIGNATURE	isai (Casto	98. DATE SIGNED 1115/1-00
PERMIT A This permit in of California	AND AUTHORIZATION OF is issued in accordance with provisita.	LOCAL REGISTRA ions of the California Hea	R—ANY CHANGE IN th and Safety Code and is	DISPOSITION the authority for the	N REQUIRES / ne disposition spec	A NEW PE	RMIT TO SHOW FIF ermit. NOTE: This perm	VAL DISPOSITION It gives no right of disposal outsi
10A AMOU \$ 11.00	INT OF FEE PAID)	108. DATE PERMIT 11/05/2008			RE OF LOCAL RE		SUING PERMIT	₽
SAN E 3851 I	ESS OF REGISTRAR OF DISTRIC DIEGO COUNTY VIT ROSECRANS ST DIEGO, CA 92110		HOCCURRED IN CALIFOR	10E. AD	ORESS OF REGI	STRAR OF C	DISTRICT OF DISPOSITION	ON—IF DIFFERENT FROM 100
BURIAL SCATTERI CEMET	ING IN A MT HOPE CE	ESS OF CALIFORNIA CE				2008		MENT NUMBER—IF APPLICABLE - 21033 AL OR SCATTERING
ENTOMB	HAENT)				- W.	20	J.90	<u>`</u>
CREMA	A CONTRACTOR OF THE PARTY OF TH	ess of California Ci	REMATORY		138. DATE CREM		IN IN CHARGE OF CREA	NTION NUMBER—IF APPLICABLE
SCIENTIF	CASANCES	ESS OF CALIFORNIA FA	ICILITY RECEIVING REMA	ins:	148. DATE RECE		IN IN CHARGE OF FACIL	urv
GI.	15A. NAME AND ADDR CREMATED REMAINS		TE OR COUNTRY WHERE	REMAINS OR	15B. NAME AND	ADDRESS (OF PERSON IN CHARGE	OF PLACING WITH THE CARRIER
TRAN	SIT .				15C. SIGNATURE THE CARRIER	E OF PERSO	IN IN CHARGE OF PLAC	ING WITH 15D. DATE SHIPPED
SCATTE BURIAL AT DISPOSI	SUFFICIENT TO DENT FIND/ IF BURBAL AT SEA, ON SEA OR		INE, OR OTHER DESCRIP CALIFORNIA DISTRICT OF ID LONGITUDE		16B, DATE OF D	ISPOSITION		SE NUMBER OF CREMATED SPOSER—IF APPLICABLE
OTHER TH	MINA				16D. SIGNATURE	E OF PERSO	IN IN CHARGE OF SCAT	TERING 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.*

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At Need

VA SECTION

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11 3 2008

of Tyrone	Wheelis	23196	10:0
ina Liner	Funeral, date, time	WEB NO	y. 5,2008
Church Chapel Graveside	(Care 1) (Care	gstale	Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day o	or an extra charge	of \$
will be applied and billed to undersigne	d,	_	
Division Section	Blk/Row L	ot 115 Gra	ve_10_
Grave space & Care Fund			3,011,-
Overtime/Late Arrival Fees			
Opening/Closing & Setup	IAIP	and the state of t	108.
Burial Container	NOV - 4 200	8	357
landling Fees	www.www.uswenanina		410k
lower vases - Marker setting fee	IOUNT HOPE CE	METERY	
Recording/Filing/Transfer Fees			60,
Sales taxes	areaniam area area area area area area area ar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	415500
mly	Paid receipt number R-	61286	4,465.82
(11,3)		Balance du	· <u>~</u>
hereby certify am the			named decedent
and this is your authority to make disp that I have the right to make this author any liability on account of said authoriza	ization and I scree to hold	ve indicated. I certi Mt. Hope Cemeter	fy and represent ry harmless from
hereby authorize the interment in lot (231960
old under deed.	Print Name		
ignature	Address City	attache	2 Zip Code
	Telephon	U	
	Invoice #		
Mork Order # E 21034	- Acet #		

O Printed in moveled paper

This information is available in alternative formats upon request.

DIP OF	FICIAL RECEIPT	
(Sept.)	20° 5	CANARY TO C
	THE STATE OF THE S	

WHITE TO	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P
PINK	FILE

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

E-21034 61849

	Date	8-3,2007
From: MARNE SMITH	Address: 28 141 MURRIS	- TA RO SUN CITY CA 92586
ONE HUNDRED - SENGE	TY SIGHT & NOW -	Dollars (\$ 17300)
In PARTIAL Payment of Sc	TWO FICTOR VAMAREN	SO FOR TYRONE WHEELI
Div/1 Sec		115 Grave 10
Invoice No. 23,96,1 Acct. No. <u>E021034</u> W.O	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE. AUG 0 3 2009	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burial 100 Containers 77182
☐ Charge ☐ Check AC-212A (11-08) This information is available in alternative formats upon request	ISSUED BY	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Sales Tax 60101 78390 TOTAL PAID \$ 178

E-21034

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 TYRONE FLOYD WHEELIS 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 07/21/1961 10/27/2008 6A. CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE LA MESA SAN DIEGO 7A. NAME OF INFORMANT 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, 7B RELATIONSHIP TO DECEDENT 8B. CALIFORNIA LICENSE NUMBER-IF APPLICABLE MARNE SMITH MOTHER FD1329 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 28141 MURRIETA ROAD 5050 FEDERAL BLVD. SUN CITY, CA 92586 SAN DIEGO, CA 92102 98 DATE SIGNED 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 08 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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 disposition specified in this permit NOTE: This permit gives no right of disposition. 10A. AMOUNT OF FEE PAID 108 DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 11/04/2008 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 BU F APPLICABLE 12A NAME AND ADDRESS OF CALIFORNIA CEMETERY 128 DATE BURIED 112C INTERMENT NUMBER BURIAL OF 11105/2008 E-2103 SCATTERING IN A MT. HOPE CEMETERY: 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B DATE CREMATED 3C CREMATION NUMBER-IF APPLICABLE CREMATION 13D SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D DATE SHIPPED THE CARRIER 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 16C LICENSE NUMBER OF CREMATED 16B DATE OF DISPOSITION SCATTERING! BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

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* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-21034

MOUNT HOPE CEMETERY

GRA	VE BLIND CHECK	FORM	
IN GRAVE WITH Write in the name of the demarked with "X". Place the the appropriate space (s) the s	name's, lot # and gra hat are adjacent to the	ve # of all ex	dsting marker's in
Burial Container	INER		
	- 1	- V-9-	
	X	44.52	
	1 1	-	
			
Flagged Yes		No	
Blind check Initiated by:		Date:	
Interment space for:	rone Who	edis	
Interment Date: Weds	11/STime:	M.000	hapel
Interment Date: Weds Div: Sect:	Blk/Pow	lat: 115	- 1 Grave: 10
		Luc. 117	Grave.
Grave Laid out by:	4VID 4 KEN		- T
Agrees with Legal Card:	Yes	No	
Agrees with Map:	Yes	No	
Blind Check & Verified By:	DAVID	Date _//~	2-08
THE PROPERTY OF STREET,		E W	



FROM THE ARMED FORCES OF THE UNITED STATES OF AMERICA

This is to cortify that

TYRONE FLOYD MESSIS

B Co 3rd Hn 185th Armor

was Honorabby Discharged from the

Army National Guard

and the Reserve of the Army

on the su

day of August 1985 This corlificate is awarded

us w lestimonial of Honest and Faithful Lowice



3rd Un 185th Armor

MY WEED •

REA-104 (3-04)

MT. HOPE CEMETERY INTERMENT ORDER

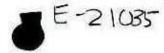
W. EKINEHI OK

City of San Diego

	Da	te_ 1/ - 03 -	08
You are hereby authorized and instructed, of		julations, to inter 23	the remains
ina LIVER	Funeral, date, time 11 -	7-08 Fe1	12/30
Type of Burial Container Church, Chapel, Graveside	. GRG		MERWAL
All Funeral cars must arrive before 3:00 p.	m. of regular work day or an	extra charge of 5	
will be applied and billed to undersigned.		.	
Division 12 Section 1	Blk/Row Lot	102 Grave	1_
Grave space & Care Fund (E - 155 -	71 7-25-00)		-0
Overtime/Late Arrival Fees			
Opening/Closing & Setup	<i>R</i> IU	3	533-
Burial ContainerNO			270-
Handling Fees			206-
Flower vases - Marker settMOUNT\$	OPE CEMETERY		33.09
Recording/Filing/Transfer Fees			
Sales taxes	nanaconi en antermanacon		20.93
	Total Du		1128,02
Pi	aid receipt number E (a)	283	1128.02
	世382	Balance due _	-6-
I hereby certify I am the Mortical and this is your authority to make disposithat I have the right to make this authorization any liability on account of said authorization.	tion of remains as above ind tion and I agree to hold Mt. I	lope Cemetery h	and represent narmless from
hereby authorize the interment in lot i hold under deed.	Print Nagye C 30.3/ G	REELY >	AREAUE
-	(CAN DIE + (19) 23	6 0 , 9-2484	92113 20 0000
	Invoice #		
Work Order # E 21035	Acct. #		

@ Printed as servind paper

This information is available in alternative formats upon request.



MOUNT HOPE CEMETERY

GF	RAVE BLIND C	HECK FOR	RM	S
IN GRAVE WITH Write in the name of the				
marked with "X". Place to the appropriate space (s Burial Container	Charles and the second of the	About the second		
		GREKEN		
	X	BELL		
Flagged Yes		No		
Blind check Initiated by:			Date:	
Interment space for:	Leola L	ee		
Interment Date: 11/7	1/08 Time:	12:30	2	
Div: <u>12</u> Sect:	Blk/Row:	Lot:	102	Grave: 7
Grave Laid out by:	DAVID 1 A	KKN		
Agrees with Legal Card:	Yes	$\overline{\checkmark}$	No	
Agrees with Map:	Yes		No	
Blind Check & Verified B	y: KEM	Date	111	5/08
Cremains were placed at		of gra	ve	26 20

REA-104 (7-96)

MT: HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-25-00

in a	Funeral, date, time
Type of Burial Container	
	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	d
107 719	, , , , , ,
Lot 10 of Grave [A Rov	wSectionDivision/Black
Grave space & Care Fund	895 2 1790.0
Additional spaces and care fund	
Opening/Clasing & Setup	2AID
Burial Container	
Handling FeesFEF	B 2.5.2000
	OPE CEMETARY
Recording and filling fee	SAN DIEGO
Odies Idaes.	1790.0
	Paid receipt number <u>R-52158</u> 1790.00
	Paid receipt number 11 3 11 30
	Balance due
hereby certify I am the	of the above named decedent
and all the barries and a second a second and a second and a second and a second and a second an	
that I have the right to make this author	ization and I agree to hold Mt. Hope Cemetery harmless from
	ization and I agree to hold Mt. Hope Cemetery harmless from
that I have libe right to make this authorize any liability on account of said authorize	Ization and I agree to hold Mt. Hope Cemetery harmless from altion and interment.
that I have the right to make this author	Ization and I agree to hold Mt. Hope Cemetery harmless from altion and interment.
that I have like right to make this authorize any liability on account of said authorize I hereby authorize the interment in lot I hold under deed.	Ization and I agree to hold Mt. Hope Cemetery harmless from altion and interment.
that I have the right to make this authori any liability on account of said authorize I hereby authorize the interment in lot I	Ization and I agree to hold Mt. Hope Cemetery harmless from altion and interment.
that I have like right to make this authorize any liability on account of said authorize I hereby authorize the interment in lot I hold under deed.	Ization and I agree to hold Mt. Hope Cemetery harmless from altion and interment.
that I have like right to make this authorize any liability on account of said authorize I hereby authorize the interment in lot I hold under deed.	station and I agree to hold Mt. Hope Cemetery harmless from ation and interment. 2066U Significant Address Address Address Telephone
that I have like right to make this authorize any liability on account of said authorize I hereby authorize the interment in lot I hold under deed.	Ization and I agree to hold Mt. Hope Cemetery harmless from altion and interment.

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 000 35

TA NAME OF			I I I I I I I I I I I I I I I I I I I			40 1607		10.0	
LEOLA	DECEDENT—FIRST		1B MIDDLE			LEE			
2 SEX	06/08/1910	DAY, YEAR)	4. DATE OF DEATH 11/02/2008	de annuelle appealment t	(EAR)	5 (FETAL	DEATH ONLY) DAT	E OF EVENT	(MONTH DAY YEAR)
SAN DI				20	SAN DIE		SIDE OF CALIFORI	NA ENTER	STATE
7A. NAME OF			7B RELATIONSHIP		BA TYPED NAI	ME AND ADDRESS	OF CALIFORNIA-		ORNIA LICENSE
MILDRE	D LEE BELL		DAUGHTER		LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME CITY STATE, ZIP CODE FD843				
3031 G	NT'S FULL MAILING ADDRES REELY AVENUE EGO, CA 92113	S—STREET NUMBER AND	D NAME, CITY, STATE, ZI	IP CODE	4300 IMF	VOOD MOR PERIAL AVE GO, CA 921	NUE		
right to contro	DGEMENT OF APPLICANT disposition pursuant to Health one of the dispositions author	& Safety Code Section 7100	and that the disposition	BA APPLICANT	SIGNATURE	Kend			98 DATE SIGNED 11/06/2008
PERMIT AI This permit is of California.	ID AUTHORIZATION Of saued in accordance with prov	F LOCAL REGISTRAL sistens of the California Heal	R—ANY CHANGE IN th and Safety Code and is	DISPOSITION the authority for the	N REQUIRES ne disposition spe	A NEW PERMI cified in this permit.	TTO SHOW FIN NOTE: This permi	IAL DISPO	OSITION . ght of disposal outsid
10A AMOUN \$ 11.00	OF FEE PAID	108 DATE PERMIT I	SSUED		RE OF LOCAL RE	egistrar issuind N, MD	PERMIT		E
SAN DI 3851 R	S OF REGISTRAR OF DISTR EGO COUNTY VI OSECRANS ST EGO, CA 92110		OCCURRED IN CALIFOR	RNIA 10E AC	DRESS OF REG	ISTRAR OF DISTR	ICT OF DISPOSITIO	ON—IF DIFF	ERENT FROM 10D
BURIA	6. 2.								
BURIAL (SCATTERIN CEMETE (INCLUD ENTOMBIN	MOUNT HO	RESS OF CALIFORNIA CE PE CEMETERY, AN DIEGO, CA 92	3751 MARKET		Access to the second	12008		21039	National Control of the Control of t
50001090	13A, NAME AND ADD	RESS OF CALIFORNIA CR	BEMATORY		13B. DATE CRE	MATED	13C CREMA	TION NUMB	ER-IF APPLICABLE
CREMAT	ON				13D SIGNATUR	RE OF PERSON IN	CHARGE OF CREA	MATION	
ALCTOWNSON		RESS OF CALIFORNIA FA	CILITY RECEIVING REMA	AINS	14B. DATE REC	EIVED		16	
SCIENTIFIC	USE				14C SIGNATUR	RE OF PERSON IN	CHARGE OF FACIL	.ITY	
=258 NG4Q	CREMATED REMAIN	RESS IN RECEIVING STATES ARE TO BE SHIPPED	TE OR COUNTRY WHERE	E REMAINS OR	158, NAME AND	ADDRESS OF PE	RSON IN CHARGE	OF PLACIN	G WITH THE CARRIER
TRANS	Ţ.				15C SIGNATUR THE CARRIER	RE OF PERSON IN	CHARGE OF PLAC	ING WITH	15D DATE SHIPPED
SCATTER BURIAL AT S DISPOSIT OTHER THA	SUFFICIENT TO IDEI ING/ IF BURIAL AT SEA, C EA OR ION	REST POINT ON SHORELI NTIFY FINAL PLACE AND (NLY ENTER LATITUDE AN	CALIFORNIA DISTRICT OF	PTION F DISPOSITION:	168 DATE OF	*30 3.1 Mail & 301		ISPOSER—I	OF CREMATED F 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 CATTERED AT SEA.*

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

Pre-need Trust

City of San Diego

Date_11/04/2008

You are hereby authorized and instructed, su	bject to your rules and regulations, to inter the remains
of For Dovis Cox- N	leshada 229181
ina Double-Depth "B"	Funeral, date, time
Type of Build Container Church, Chapel, Graveside	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
Division 12 Section 2 B	Ik/Row Lot 242 Grave _ 5
Grave space & Care Fund	
Overtime/Late Arrival Fees Opening/Closing & Setup.	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Flower vases – Marker setting fee Recording/Filing/Pransfer Fees () // f	fee <u>65.00</u>
Sales taxes	
Paid V/S	receipt number 05/9 120.00 4 # Al 56299 Balance due 18.00
I hereby certify I am the	of the above named decedent n of remains as above indicated. I certify and represent n and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	Print Name
Signature	Address Zip Code
Work Order # E 21036	Invoice #

 CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE MOUNT HOPE CEMETERY

(619) 527-2400

E-21036 P01519

	(813) 321 3	Date: Wovember	4 .20	08
	Shuck Address: 2815 Frank	Klin Ave., San Di		113
One hundred, twenty	and will and opening Clasing and	A CONTRACTOR OF THE CONTRACTOR	rs (\$ 120.00)
in Payl Paymen	Sec 12 Pow	10.0	na <i>Duruj</i> 61 l Grave 5	<u> </u>
Invoice No. E-21096	NOT VALID FOR PURPOSES STATED UNLE STAMPED "PAID" IN THIS SPACE.	SS CREDIT 6700	07	W
Acct. No	PAID	20% Sales Care 7718 80% Sales 10	× -	
BALANCE DUE \$ 478.00	NOV 4 2008	Of Lots 7718 Pre-Need 6303 Trust 7718	120.	00
☐ Pre-Need Lot ☐ Mone	MOUNT HOPE CEMETERY	VI - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		- 1
VALUE OF STREET	DOLLVIH, O.			
AC-212 (2-08)	K Paragray C	TOTAL PAID	s 120.	00

E-21036 WITNESS WHEREOF this day and year underneath TOTAL \$ 548. 00 DOWNPAYMENT \$ 120 23 MONTHS \$ 20 .00 FINAL 24TH MONTH \$ 18 00 TWO YEAR CONTRACT I agree to pay the required monthly payments of \$______ for 23 months, and a Final payment of \$______ for 24 months. First monthly payment to begin on: MONTH Desember YEAR _2008 Cox Meshack 92113 255-3695 CO-PURCHASER (diress (Mail) State Zip Code Signature CITY OF SAN DIEGO Mount Hope Cemetery 3751 Market Street San Diego, CA 92101 er: Paulite Cany ord

Page 3 of 3

3

181/0 Date 11/05/2008

INTERMENT ORDER

At Need

City of San Diego

of Tames 6.	ted, subject to your rules and regulations, to interest and the subject to your rules and regulations, to interest and the subject to the subject to the subject to your rules and regulations, to interest and the subject to your rules and regulations, to interest and regulations.	32002
ina Ash Vault	Funeral, date, time Wed , Dec 17	@ 12:000
Type of Buriel Container Church, Chapel, Graveside		Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge o	f\$
will be applied and billed to undersigne	d	
Division MAS Section K	Blk/Row Lot Lot Grav	e_2_
Grave space & Care Fund	A-7617	<u>-e</u> _
Overtime/Late Arrival Fees		-
Opening/Closing & Setup		199.00
Burial Container	- AID	10400
Handling Fees	PAID	114,00
Flower vases - Marker setting fee	NOV 5 2008	OFA
Recording/Filipe/Transfer Fees		95.00
Sales taxes	MOUNT HOPE CEMETERY	2000
	Total Due	510.00
	Paid receipt number	510.00
	M.C. AP 13427B Belance due	10
hereby certify I am the_	Sition of remains as above indicated. I certifi	amed decedent
that I have the right to make this authorized any liability on account of said authorized	rization and I agree to hold Mt. Hope Cemeter,	y harmless from
	13	2001
I hereby authorize the interment in lot I hold under deed.	B. C. C. C.	
同目即目割到目	Address	iched
S. C.	Cay De AH	Zip Code
DEC 1 0 2008	Telephone F OM	
By = 21037	Invoice#	-

MT. HOPE CEMETERY

INTERMENT ORDER

AL	Need
1	3 10000

City of San Diego

Date 11 05 2008

	subject to your rules and regulations, to litter the remains
a James G. To	atum 10
in a ASh Vault	Funeral, date, time
Church, Chapel, Graveside	Mortuary
All Funeral cars must arrive before 3:00 p.n	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	
	BIKROW LOI
Grave space & Care Fund	4-7017 <u>-6</u>
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199,00
Burial Container	104.00
Burlal Container Handling Fees	PAIU 114.00
Flower vases – Marker setting fee	NOV 5 2008
Recording/Filipa/Transfer Fees	95.00
	MOUNT HOPE CEMETERY 5.0.00 Total Due 510.00 510.00 W.C. AP 134278 Belance due 5
I hereby certify I am the SF695 C	of the above named decedention of remains as above indicated. I certify and represention and I agree to hold Mt. Hope Cemetery harmless from and interment.
I hereby authorize the interment in lot (LEONILLA K. TAT FREENOM 1302 SW 9 to AU PROCESS CAPE CURAL, FL. 39
Leville Katus	Address a Anic Al and The
gionaline	239 - 772 - 1725
	Telephons 1/2
	Total Principle
Work Order # E 21037	Invoice #

Please file out

Please file out

and neturn to Mt.

Tope Cemetery.

** DNº / 8899	AUTHORIZED IN PERSON BY BY MAN MAN STATES	THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.		9.	Conterfal.	bearow	PAID RECEIPT NUMBER SO SONY	1	REMOVAL OR FOUNDATION VET (RECOL	VALLE # ASH SIZE	OPENING TIME A M DAYE &	LOT 20 GA 2 ROW	MORTUARY	ADDRESS	OWNER	NAME OF DECEASED COLLEGE	COMPRES Vielen & Eyen	CITY OF SAN DIECO, CALIFORNIA
INVOICE NO. CASH	ORDER Suncella	NS FOR THE EXTENSION OF CREDIT. REGULATIONS OF MT. HOPE CEMETERY.	CITY of SAN DIEGO, CALLY.	JAN 27 1978	PAID		BAL ANCE	10TAL \$ 92 11	a 30 02	37 10	2-1-78 3500	SEDVESTIK		(Ochow)		Cotum of the states	sh Mortusuy) (
то н	Mount Ou are he	reby a	9		instruc		ubject	RME	NT C	ORE	DE F	Date	inter th	9 Nun 1	No ey	75	_ 19_Z	
disposition of the	ive	ertify the remains hold the	at I am/ of said a lagae MOU	deceder MACK MAC NT HO	the Hit as eb	itery ha ener of	and dicated, irmless for the sale terment.	rom any	eby certify liability or Relative	of the	e abov	nt that agid out 706 2	I/we hav	e the rig n and in a Oal	terment.	ele this	22_	

10M FORM 52 7-70 W. LARCO

Hope, Idaho

(Grave, Crypt or Niche Owner must sign here if not a relative)

OFFICIAL RECEIPT



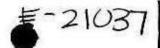
This information is available in alternative formats upon request.

WHITE TO CUSTOMER CANARY CEMETERY

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

E-21037 61289

	54		(619) 527	-3400 Date:	Lbver	nber 5	, 20	08
From:	Leonilla	Tahmaddress:	1302 Sout	hwest			1913	33991
From: Tivehundred te in <u>full</u> Div MAS	Payment of IF	and doloo Herrnent of	- 52	Tatum	5 Cren	Ookars (\$5) Grave2	0.00)
Invoice No. E-2103 Acct. No W.O BALANCE DUE Money Ord Charge M		STAMPED "PAID" IN	PAID V 5 2008	ERY	REDIT 20% Sales Care 80% Sales of Lots Opening/ Closing Burial Containers Handling Fee Recording & Misc. Fees Sales Tax	67007 77184 100 77184 100 77181 100 77182 100 77182 100 77183 60101 78390	199. 104. 114. 85. 8.	00 00 00 00 00 00 00 00



MOUNT HOPE CEMETERY

GRAVE	BLIND CHE	CK FORM	
IN GRAVE WITH CLIVE	Tatum &	Churles &	andt &
Write in the name of the decemented with "X". Place the nathe appropriate space (s) that	me's, lot # and g	grave # of all ex	disting marker's in
Burial Container			
		- Ilian	
	X		
Flagged Yes		No	
Blind check Initiated by:	a 	Date:	
Interment space for:	nes G. To	itum &	
Interment Date:	Time:	AYD	
Div: <u>MAS</u> Sect: K	Blk/Row:	Lot: <u>20</u>	Grave: 2
Grave Laid out by: KE	M		
Agrees with Legal Card:	Yes	No	
Agrees with Map:	Yes] No	
Blind Check & Verified By:	i)	Date	
Cremains were placed at:	MIDDLE	of grave	

Crematory No. 1166

Certificate of Cremation

THIS CERTIFIES that the remains of James Gordon Tatum

who died November 05, 2008

was cremated at Fort Myers Crematory Service

Fort Myers, Florida, on November 10, 2008,

and these are the cremated remains of said

deceased

Fort Myers Crematory Service

Linda Clementy

Affordable Cremations

Funeral pireator

Landell 1

E-2103

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK ONLY M	AKE NO ERASURES, WHITEOU	IS, PHOTOCOPIES	, OR OTHER ALTERATIONS	<u> </u>
	DECEDENT—FIRST	18. MIDDLE	97.5	C. LAST	
James		Gordon	Tatum		
115	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DA	(Y, YEAR)	5 (FETAL DEATH ONLY) DAT	E OF EVENT (MONTH, DAY, YEAR)
М	05/12/1930	11/05/2008			Annual Landson
Cape C			Florida	DEATH—IF OUTSIDE OF CALIFORI	NIA, ENTER STATE
7A. NAME OF	INFORMANT	78. RELATIONSHIP TO DECEDE		AND ADDRESS OF CALIFORNIA- RAL DIRECTOR OR PERSON	8B. CALIFORNIA LICENSE NUMBER-UF APPLICABLE
Randall	T. Stuart	Funeral Director		-STREET NUMBER AND NAME,	
Affordable 3323 No.	unt's full Mailing aboress—street number a e Cremations, A Dignified Alternative th Key Drive, Suite 8 rt Myers, FL 33903	ND NAME, CITY, STATE, ZIP CODE	3323 North	Cremations, A Dignified A Key Drive, Suite 8 Attn: Myers, FL 33903	
ACKNOWLE right to contro stated herein	EDGEMENT OF APPLICANT—I hereby acknowledge I disposition pursuant to Health & Safety Code Section 7 is one of the dispositions authorized by Health & Safety I ND AUTHORIZATION OF LOCAL REGISTR	100, and that the disposition code Section 103055.	ANT SIGNATURE ON SEQUIRES A	NEW PERMIT TO SHOW FIR	98. DATE SIGNED 11-14-08 NAL DISPOSITION
of California.		2			t gives no right of disposal outside
\$ 11.00	T OF FEE PAID 108. DATE PERMI	12008 -	Wilmer J.	Waster M.D.	Jen
P O Box	SS OF REGISTRAR OF DISTRICT OF DEATH—IF DEA 85222 IO, CA 92186-5222	TH OCCURRED IN CALIFORNIA 108	ADDRESS OF REGIST	TRAIR OF DISTRICT OF DISPOSITIO	ON—IF DIFFERENT FROM 100
A. BURIA (INCL B. CREA C. DISPO	ZED DISPOSITION(S)—CHECK APPLICABLE ITEMS AL OR SCATTERING IN A CEMETERY UDES ENTOMBMENT) AATION OSITION OF CREMATED REMAINS IR THAN IN A CEMETERY	☐ D. SCIENTIFIC USE ☐ E. TEMPORARY ENVAULTI ☐ F. DISINTERMENT ☐ G. SHIP IN TO CALIFORNIA ☐ H. TRANSIT OUTSIDE OF C	MENT	FOR CORONER* DISPOSITION PENDING—LO NAME AND ADDRESS	STREET PROBERTS
BURIAL (SCATTERIN CEMETE (INCLUD ENTOMBM	RY 3751 Market Street	CEMETERY	12B DATE BURIEL 121 12D SIGNATURE	TOTAL STREET,	MENT NUMBER—IF APPLICABLE 21037 AL OR SCATTERING
CREMATI	13A. NAME AND ADDRESS OF CALIFORNIA	CREMATORY	13B. DATE CREMA	TED 13C. CREMA OF PERSON IN CHARGE OF CREM	TION NUMBER—IF APPLICABLE
SCIENTIFIC	14A. NAME AND ADDRESS OF CALIFORNIA USE	FACILITY RECEIVING REMAINS	14B, DATE RECEIV	AED OF PERSON IN CHARGE OF FACIL	YTT
	15A. NAME AND ADDRESS IN RECEIVING ST CREMATED REMAINS ARE TO BE SHIPPED	ATE OR COUNTRY WHERE REMAINS C		DDRESS OF PERSON IN CHARGE OF PERSON IN CHARGE OF PLAC	OF PLACING WITH THE CARRIER
TRANSI			!L		

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.*

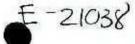
COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

^{*}THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INTERMENT ORDER

)
Date 11-5-2008
C 9
les and regulations, to inter the remains ()
time Jan 3, 2019
tamily Mother
day or an extra charge of \$
LAKIN I
Lot
30/ 50
199 M
104.00
114.00
NO 12 686
85.00
€.00
ETERY. 906.06
1261317 906.06
Balance due
of the above named decedent above indicated. I certify and represent
hold Mt. Hope Cemetery harmless from
Vie Dite 232024
M C 3m-
Nickman ST.
o Nickman ST. nula Vista CA 9/911
Nickman ST. nula Vista CA 9/9/11 19-851-8281
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MOVISE FAMILY



MOUNT HOPE CEMETERY

GRAVE	BLIND CH	ECK FOR	М	
IN GRAVE WITH	N/A			
Write in the name of the dece marked with "X". Place the na the appropriate space (s) that	me's, lot # and	d grave # of	all exis	sting marker's in
Burial Container ASN	Vauit	Trac	of g	in cente grave
	X			-
Flagged Yes	-11	No		
Blind check Initiated by: Interment space for: 1205	ie sad	— ako 1	Date: Date	8
Interment Date: Div: LO Sect:			802	Grave:
Grave Laid out by: KE/	N	76 97		
Agrees with Legal Card:	Yes	5 1	No	
Agrees with Map:	Yes	V	No	
Blind Check & Verified By:	W.	Date		
Cremains were placed at:		of grav	ve	

OFFICIAL RECEIPT

WHITE	TO CUSTOMER
ANARY	CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

E-21038

NE HUNDROD-SIX		Dol	.V. CA 91. lars (\$ 9060	NO 66.5
Payment of	C BIK/ C BOW LO	14802 14802	300 M	-
ice No. 1521038/C289	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID THAN	20% Sales Care 77	7007 184 — 100	-
ANCE DUE	NOV 2, 1 2008	of Lots 77 Opening/ Closing 77	184 100 181 100 181 100 16 4	=
☐ Money Order	MOUNT HOPE CEMETERY	Handling Fee 77 Recording &	182 100 185 100	-
☑ Charge A PO7325	ISSUED BY	Sales Tax 60	183 481 1101 8 1990 900	06

61290 61290

OFFICIAL RECEIPT	
A)	WHITE TO CUSTOMER CANARY CEMETERY

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

1 3 Jan 1 2 1	(619) 527-340		202000 F	~0
	Di	ate:	vember 5	_, 20 08_
From: Tsutomu Date	Address:	C.	V. CA. 91	911
TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER			ollars (\$ 32	210
Three runared Twen		-l 1/2 01	Jollars (\$)	2.12
in <u>full</u> Payment of <u>Fou</u>	ndation/Borderfund two i	zaiv. Vues plan	cea on side	e of border
Div 10 Sec_	Blk/	1 4802	Grave \	
J		201	- Ciuro	ė.
Invoice No.	NOT VALID FOR PURPOSES STATED UNLESS			300
Acct. No C002896	STAMPED "PAID" IN THIS SPACE.	CREDIT 20% Sales Care	67007 77184	30E S
500839 50039	DAID	80% Sales	100	
W.O	PAID	of Lots Opening/	77184 100	
BALANCE DUE _Ø		Closing Bunal	77181	
	NOV 5 2008	Containers	77182	
		Handling Fee	100 77185	46. 00 n/t
☐ Money Order	MOUNT HOPE CEMETERY	/ Recording &	100 1	73, 18
12 Charge Visu 862410		Misc. Fees Sales Tax	77183	- 1011
Check	ISSUED BY Paulette C	3000 III.	78390	2.47 Tax
AC-212A (11-05)	issued in the setter	TOTAL PAID	, 3	22.12
This information is available in atternative formats upon request.		1		

E-21038 INS 8APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

FIRST SIRTH (MONTH, DAY, YEAR) 1927 TE AlLING ADDRESS—STREET NUMBER AND STREET CA 91911 DF APPLICANT—I hereby acknowledge as a unsuant to Health & Safety Code Section 7100, ispositions authorized by Health & Safety Code RIZATION OF LOCAL REGISTRAR- andiance with provisions of the California Health 100. DATE PERMIT ISS 10/17/2008 TRAR OF DISTRICT OF DEATH—IF DEATH OF DUNTY VITAL RECORDS ANS ST A 92110 TION(S)	applicant that I have the and that the disposition a Section 103055. ANY CHANGE IN It and Safety Code and is the SUED	O DECEDENT CODE 9A. APPLICANT DISPOSITION 10C. SIGNATUR WILMA	BB. COUNTY OF DEA SAN DIEGO BA. TYPED NAME ANI LICENSED FUNERAL ACTING AS SUCH—S CITY, STATE, ZIP COI COMMUNITY 855 BROADV CHULA VIST SIGNATURE N REQUIRES A NEW THE OF LOCAL REGISTR WOOTEN, M	TE 5. (FETAL DEATH ONLY) DA TH—IF OUTSIDE OF CALIFORNIA- DIRECTOR OR PERSON TREET NUMBER AND NAME, DE MORTUARY VAY A, CA 91911 PERMIT TO SHOW FIN It this permit. NOTE: This permit	88. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD 1682 98. DATE SIGNED ALL DISPOSITION It gives no right of disposal cytaide
E AlLING ADDRESS—STREET NUMBER AND STREET CA 91911 DF APPLICANT—I hereby acknowledge as a unsuant to Health & Safety Code Section 7100, ispositions authorized by Health & Safety Code RIZATION OF LOCAL REGISTRAR-indence with provisions of the California Health D 100. DATE PERMIT ISS 10/17/2008 TRAR OF DISTRICT OF DEATH—IF DEATH ODUNTY VITAL RECORDS ANS ST A 92110	10/14/2008 7B. RELATIONSHIP T SPOUSE NAME, CITY, STATE, ZIP applicant that I have the and that the disposition as Section 103055. ANY CHANGE IN E and Safety Code and is the SUED	O DECEDENT CODE 9A. APPLICANT DISPOSITION 10C. SIGNATUR WILMA	BB. COUNTY OF DEAL SAN DIEGO BA. TYPED NAME ANI LICENSED FUNERAL ACTING AS SUCH—S CITY, STATE, ZIP COUNTY STATE AND CHULA VIST SIGNATURE N REQUIRES A NEW THE OF LOCAL REGISTRA WOOTEN, M	THIF OUTSIDE OF CALIFOR DADDRESS OF CALIFORNIA- DIRECTOR OR PERSON TREET NUMBER AND NAME, DE MORTUARY VAY A, CA 91911 W PERMIT TO SHOW FIT This permit. NOTE: This permit AR ISSUING PERMIT D	88. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1682 98. DATE SIGNED AL DISPOSITION It gives no right of disposal certaide
AlLING ADDRESS—STREET NUMBER AND STREET CA 91911 DF APPLICANT—I hereby acknowledge as a unsuant to Health & Safety Code Section 7100, ispositions authorized by Health & Safety Code RIZATION OF LOCAL REGISTRAR-indence with provisions of the California Health D 10e. DATE PERMIT ISS 10/17/2008 TRAR OF DISTRICT OF DEATH—IF DEATH COUNTY VITAL RECORDS ANS ST A 92110	SPOUSE SPOUSE Spokent that I have the and that the disposition section 103055. ANY CHANGE IN I and Safety Code and is the SUED	SA. APPLICANT DISPOSITION authority for th TOC. SIGNATUR WILMA	SAN DIEGO BA TYPED NAME ANI LICENSED FUNERAL ACTING AS SUCH—S CITY, STATE, ZIP COI COMMUNITY 855 BROADV CHULA VIST SIGNATURE N REQUIRES A NET THE disposition specified in RE OF LOCAL REGISTR WOOTEN, M	D ADDRESS OF CALIFORNIA- DIRECTOR OR PERSON TREET NUMBER AND NAME, DE MORTUARY VAY A, CA 91911 PERMIT TO SHOW FIT IS BERMIT TO SHOW FIT IS BUING PERMIT D	88. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD 1682 88. DATE SIGNED ALL DISPOSITION It gives no right of disposal certaide
AlLING ADDRESS—STREET NUMBER AND STREET CA 91911 DF APPLICANT—I hereby acknowledge as a unsuant to Health & Safety Code Section 7100, ispositions authorized by Health & Safety Code RIZATION OF LOCAL REGISTRAR-indence with provisions of the California Health D 10e. DATE PERMIT ISS 10/17/2008 TRAR OF DISTRICT OF DEATH—IF DEATH COUNTY VITAL RECORDS ANS ST A 92110	SPOUSE SPOUSE Spokent that I have the and that the disposition section 103055. ANY CHANGE IN I and Safety Code and is the SUED	SA. APPLICANT DISPOSITION authority for th TOC. SIGNATUR WILMA	COMMUNITY 855 BROADY CHULA VIST ISIGNATURE N REQUIRES A NET THE OF LOCAL REGISTR WOOTEN, M	DIRECTOR OR PERSON TREET NUMBER AND NAME, DE MORTUARY VAY A, CA 91911 PERMIT TO SHOW FIT UNIS PERMIT OR ISSUING PERMIT D	PB. DATE SIGNED AL DISPOSITION It gives no right of disposal certaids
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DUNTY VITAL RECORDS ANS ST A 92110	OCCURRED IN CALIFORN	NA 10E. AD	DRESS OF REGISTRAF	OF DISTRICT OF DISPOSITION	
TION(S)					ON—IF DIFFERENT FROM 100
		3	FOR CO	RONER'S USE ONLY	
-					
NAME AND ADDRESS OF CALIFORNIA CEM DUNT HOPE CEMETERY S 1102	one some on a security to make the components of		12B. DATE BURIED 01/03/2 12D. SIGNATURE OF F	EFSON IN CHARGE OF BURL	LA SEMPLE VERNE NEW PROV
2011 - 11일 1 - 12일 1 - 12[1]	. 2570		13D. SIGNATURE OF F	ERSON IN CHARGE OF CREA	ATHOUNUMBER-IF APPLICABLE
NAME AND ADDRESS OF CALIFORNIA FACI	ILITY RECEIVING REMAI	400	14B. DATE RECEIVED		иту
NAME AND ADDRESS IN RECEIVING STATE MATED REMAINS ARE TO BE SHIPPED	OR COUNTRY WHERE	REMAINS OR	15B. NAME AND ADDR	ESS OF PERSON IN CHARGE	OF PLACING WITH THE CARRIER
				ERSON IN CHARGE OF PLAC	ING WITH 150, DATE SHIPPED
ICIENT TO IDENTIFY FINAL PLACE AND CA	LIFORNIA DISTRICT OF			REMAINS D	SE NUMBER OF CREMATED ISPOSER—IF APPLICABLE ITERING OR BURIAL
	REMATION SERVICES INCIPATION SERVICES INCIPATION SERVICES INCIPATION OF THE PROPERTY OF THE PR	REMATION SERVICES INC. 2570 RETUNE WAY VISTA CA 92083 MAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINABLE AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE LATED REMAINS ARE TO BE SHIPPED	REMATION SERVICES INC. 2570 PRTUNE WAY VISTA CA 92083 MAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS MAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR LATED REMAINS ARE TO BE SHIPPED ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION CLIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION;	REMATION SERVICES INC. 2570 PRICE WAY VISTA CA 92083 MAKE AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED 14C. SIGNATURE OF P MAKE AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 14B. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 14C. SIGNATURE OF P THE CARRIER DODRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION CIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION: RIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	REMATION SERVICES INC. 2570 IRTUNE WAY VISTA CA 92083 IAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS IAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR IATED REMAINS ARE TO BE SHIPPED ISC. SIGNATURE OF PERSON IN CHARGE OF FACILITY RECEIVING REMAINS OR IATED REMAINS ARE TO BE SHIPPED ISC. SIGNATURE OF PERSON IN CHARGE OF PLACE THE CARRIER INDURESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION CHEMISTON IN IBB. DATE OF DISPOSITION IN IREMAINS OF IREM

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.

INTERMENT ORDER

afneed	City of San Diego	Albeithiller avtodom
	ione Finney Date 11/6/	2008
You are hereby authorized and in	structed, subject to your rules and regulations, to inter HY Jean Williams 8	the remains
in ASH VAULT	Funeral, date, time Friday , Nov 1	4 @ 1pm
Church, Chapel Graveside	Ragsdalle	Mortuary.
All Funeral cars must arrive before	e 3:00 p.m. of regular work day or an extra charge of	s
will be applied and billed to under	signed.	
Division Section	15 BIK/Row Lot 12 Grave	10
Grave space & Care Fund	B 009264	0
Overtime/Late Arrival Fees		110
Opening/Closing & Setup		147.
Burial Container	FAID	19
Handling Fees	NOV 1 0 2008	85
Flower vases - Marker setting fee		-
Recording/Filing/Transfer Fees	MOUNT HOPE CEMETERY	6.12
0000 1000	Total Due	384.12
	Paid receipt number R-01243	384.12
	CICH 1708 alance due	0
that I have the right to make this	e disposition of remains as above indicated. I certify authorization and I agree to hold Mt. Hope Cemetery	and represent
any liability on account of said au	morization and interment.	231971
I hereby authorize the interment is hold under deed.	relot! Print Name	- 40
" 200 - Tue	1 4295 DW	#2
Signature	City C(9) 2(3-170: Telephone	34 Sp Code
Work Order # E 2103	Q Invoice#	=======================================
Work Order # E 2103	Acct. #	
REA-104 (3-04)	This information is available in alternative formats	upon request.

& Printed on security paper

80E-21039

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13085-03 USE BLACK INK ONLY -- MAKE NO FRASURES WHITFOUTS PHOTOCOPIES OR OTHER ALTERATIONS

BETTY	F DECEDENT—FIRST	18 MIDDLE JEAN		18755	: LAST WILLIAMS	
2 SEX F	3. DATE OF BIRTH (MONTH, DAY, YEAR) 04/30/1928	NY 1.7-010.07.07.17 (1.800.00.00.00.00.00.00.00.00.00.00.00.00	4 DATE OF DEATH (MONTH, DAY, YEAR) 10/23/2008		5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YE	
NATIO	DEATH DNAL CITY	(E)		SAN DIEG	EATH-IF OUTSIDE OF CALIFOR	NIA, ENTER STATE
Michigan Pinter	F INFORMANT Y THOMPSON	78. RELATIONSHIP	TO DECEDENT	LICENSED FUNER	AND ADDRESS OF CALIFORMA- RAL DIRECTOR OR PERSON -STREET HUMBER AND NAME, CODE	BB. CALIFORNAL/CENSE NUMBER-IF APPLICABLE FD1329
4245 D	ANT'S FULL MAILING ADDRESS—STREET NU DELTA STREET #2 DIEGO, CA 92113	MBER AND NAME, CITY, STATE, Z	IP CODE	5050 FEDE	N-RAGSDALE MORT ERAL BLVD. O, CA 92102	TUARY
right to contre stated herein	EDGEMENT OF APPLICANT—I hereby acknowledge to the position pursuant to Health & Safety Code S as one of the dispositions authorized by Health &	ection 7100, and that the disposition Safety Code Section 103055.	Ne	muka	Byon	98 DATE SIGNED/
PERMIT A This permit is of California	IND AUTHORIZATION OF LOCAL RE- is assued in accordance with provisions of the Calif	GISTRAR—ANY CHANGE IN fornia Health and Safety Code and is	DISPOSITION the authority for 8	A REQUIRES A I	NEW PERMIT TO SHOW FIN ad in this parmit, NOTE: This parmit	IAL DISPOSITION t gives no right of disposal outside
THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	IT OF FEE PAID 108. DATE	PERMIT ISSUED 1/2008	The state of the s	RE OF LOCAL REGIS WOOTEN,	STRAR ISSUING PERMIT	FO
SAN D 3851 F	ISS OF REGISTRAR OF DISTRICT OF DEATH- HEGO COUNTY VITAL RECO ROSECRANS ST HEGO, CA 92110	The Deckie	NOIN THE NO	oneda or neura	RAR OF DISTRICT OF DISPOSITIO	JULY ENGINEERS OF THE STATE OF
CR/BU BURIAL SCATTERIN CERTIF	OR IGINA MT. HOPE CEMETER' STREET, SAN DIEGO	Y: 3751 MARKET		Control of the Contro	2008 F- 2	NENT NUMBER—IF APPLICABLE 21039 LOR SCATTERING
CREMAT	13A. NAME AND ADDRESS OF CALIF	REMATORY: 601-D		And the second second	TED 13C. CREMA 3 - 0 1 F PERSONNIN CHARGE OF CREM	TION NUMBER—FAPPLICABLE 3085 ATION
SCIENTIFIC	14A. NAME AND ADDRESS OF CALIFO	DRNIA FACILITY RECEIVING REMA	AINS	14B DATE RECEIV	ED OF PERSON IN CHARGE OF FACIL	пу
TRANS	15A. NAME AND ADDRESS IN RECEIV CREMATED REMAINS ARE TO BE SH					OF PLACING WITH THE CARRIER
	16A ADDRESS, NEAREST POINT ON	SHORELINE OR OTHER DESCRIC		15C SIGNATURE OF THE CARRIER 16B DATE OF DISP	F PERSON IN CHARGE OF PLACE	NG WITH 150 DATE SHIPPED
SCATTER BURIAL AT S DISPOSIT	SUFFICIENT TO IDENTIFY FINAL PLA IF BURIAL AT SEA, ONLY ENTER LAT SEA OR ION	DE AND CALIFORNIA DISTRICT OF	FDISPOSITION:		REMAINS DIS	SPOSER—IF APPLICABLE
OTHER THA CEMETE				16D. SIGNATURE O	F PERSON IN CHARGE OF SCAT	ERING 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.*

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^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INTERMENT ORDER

City of San Diego

1				
a	+	M	00	0
V	1		CC	u

REA-104 (3-04)

Date_ 1117/08

rou are hereby authorized and instructed, sub MICHAEL D	ARN	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	231968	Thurs
na Liller	Funeral, date,	time [[13 (08	1:00
Church, Chapel, Graveside		RAGE	DALE	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work	day or an i	extra charge of	\$
will be applied and billed to undersigned.				
Division LL Section 2 Bik	/Row	Lot_ _	22 Grave	5
Grave space & Care Fund	***************************************			2,264,-
Overtime/Late Arrival Fees	AID-		/mm/mm	
Opening/Closing & Setup	שור	************		533,-
Burial Container	2 2008	oromous		<u> 270</u>
landling Fees	2 2000			206.
Flower vases - Marker set MOUNT HOP	F CEME	TEDV		
Recording/Filing/Transfer Fees	LOLIVIL	IENI)(65.00
Sales taxes				2093
		Total Du		<u>335893</u>
Paid r	eceipt numbe		244	3.358.43
		CK17018	Balance due	-0
hereby certify I am the mother			of the above na	
and this is your authority to make disposition that I have the right to make this authorization	of remains as	above indi	cated. I certify looe Cemetery	and represent harmless from
any liability on account of said authorization a	nd interment.	1 -	1 .	231969
hereby authorize the interment in lot I	- ok	ATIE	HRK	OH.
hold under deed	Pringhlagh	3910	Thore.	101.5
grave arrow	Address	SAN TO	ion C	492112
L	City	ON L	7010	Zip Code
	Telephone			
	Invoice	#		
Work Order # E 21040		ACCOUNT OF THE PARTY OF THE PAR		

C Primed on so wind paper

This information is available in alternative formats upon request.

92113

OFFICIAL RECEIPT	
694	WHITE

WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY

61344

	(010) 021 0100			99535	
	Date	:	12-	12 20 02	
From: KATIE ARRIVAL	Address:				
Two HUMPERDE	CEVEN \$ 04/10 -		Oollars (\$	211 4	
	of GALV VISE + SETTING FOR	100	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	KHASL DENDA	20
acidos malife SSA 100	Sec 2 Blk/ Row Lot	w Si	_ Grave _	5	210421
Invoice No. 231968	NOT YALID FOR PURPOSES STATED UNLESS				
Acct. No. E02 1040	STAMPED PAID IN TISSECT	CREDIT 20% Sales Cere	67007 77184		
w.o. 6659 VASE_	' AID	80% Sales of Lots	100 77184		
BALANCE DUE	DEC 1 2 2008	Opening/ Closing	77181		
2		Burial Containers	77182 100 —	128-500	tire
☐ Money Order	MOUNT HOPE CEMETERY	Handling Fee Recording &	77185 100		
Charge AP07 135	CIENY	Misc. Fees Sales Tax	77183	33 09 VA	se
L. Check	ISSUED BY		78390 —	- 11 00	
AC-212A (11-05) This information is available in alternative formats up	on request.	TOTAL PAID	\$	1001	

E-21040

MOUNT HOPE CEMETERY

GRA	AVE BLIND CHECK FORM
IN GRAVE WITH	Ø
marked with "X". Place the he appropriate space (s) t	leceased for which the grave is for in the block e name's, lot # and grave # of all existing marker's in that are adjacent to the burial space.
Burial Container	Liner
	X
Flagged Yes	No
Blind check Initiated by:	Date:
	icheal D. Arnoud
Interment Date: i1/13/	08 The: 100 Church
Div: 11 Sect: 2	08 TWAND LOC Church 2 Bik/Row: Lot: 62 Grave: 5
Grave Laid out by: D	The state of the s
Agrees with Legal Card:	Yes No
Agrees with Map:	Yes V No
Blind Check & Verified By:	
Cremains were placed at:	2 Mariana (1971)
placed at.	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	DENT—FIRST	18. MIDDLE DENORVIS	3	İ	C LAST ARNOLD		
	TE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY 1/26/1962 11/05/2008		THE RESERVE OF THE PARTY OF THE	DAY, YEAR) 6 (FETAL DEATH ONLY) DATE OF		TE OF EVENT (MONTH, DAY, YEAR)	
SAN DIEGO		V.S.		SAN DIE	The state of the s	DE OF CALIFOR	NIA, ENTER STATE
7A. NAME OF INFORMANT KATIE ARNOLD MOTHER			TO DECEDENT	LICENSED FUNE	AND ADDRESS (RAL DIRECTOR O I—STREET NUME CODE	R PERSON	BB CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1329
3910 FLOR	ULL MAILING ADDRESS—STREET NUMBER ENCE STREET D, CA 92113	AND NAME, CITY, STATE, Z	IP CODE	5050 FED	N-RAGSDA ERAL BLVE 50, CA 9210).	TUARY
right to control dispos stated heren is one o PERMIT AND AL	IENT OF APPLICANT—I hereby acknowledge iften pursuant to Health & Safety Code Section of the dispositions suthorized by Health & Safety ITHORIZATION OF LOCAL REGIST in accordance with provisions of the California.	7100, and that the disposition Code Section 103055 RAR—ANY CHANGE IN	DISPOSITION	nouve REQUIRES A			
of California. 10A AMOUNT OF FE \$ 11.00		MIT ISSUED	10C. SIGNATUR	RE OF LOCAL REG	ISTRAR ISSUING	95-75-	EG
SAN DIEGO 3851 ROSE	D, CA 92110		RNIA 10E AD	DRESS OF REGIS	TRAR OF DISTRIC	T OF DISPOSITIO	ON-IF DIFFERENT FROM 100
BU					CORONER'S US		
BURIAL OR SCATTERING IN A	12A NAME AND ADDRESS OF CALIFORNIA MT. HOPE CEMETERY: 3			12B DATE BURIE	12.008		MENT NUMBER IF APPLICABLE
	600001001797941479600779649696450000000000000000000000000000000	751 MARKET		128 DATE BURIE	12008	ARGE OF BURI	2/04/ ALOR SCATTERING
SCATTERING IN A CEMETERY (INCLUDES	MT. HOPE CEMETERY: 3	751 MARKET 392102		128 DATE BURIE	12.008 OF PERSON IN CA L S. (ARGE OF BURI	2/04/ ALOR SCATTERING TION NUMBER—IF APPLICABLE
SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT. HOPE CEMETERY: 3 STREET, SAN DIEGO, CA	751 MARKET 92102 CREMATORY	AINS	12B. DATE BURIE 11/13 12D. SIGNATURE WCQ 13B. DATE CREM	12008 OF PERSON IN CH	19C CREMA	ALOR SCATTERING TION NUMBER—IF APPLICABLE
SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	MT. HOPE CEMETERY: 3 STREET, SAN DIEGO, CA 13A. NAME AND ADDRESS OF CALIFORNIA	751 MARKET 4 92102 4 CREMATORY 4 FACILITY RECEIVING REMA	AINS	12B. DATE BURIE 1 / 1/3 12D. SIGNATURE 13B. DATE CREM 13D. SIGNATURE 14B. DATE RECEI 14C. SIGNATURE	12008 OF PERSON IN CH	19C CREMA	ALOR SCATTERING TION NUMBER—IF APPLICABLE
SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION SCIENTIFIC USE	MT. HOPE CEMETERY: 3 STREET, SAN DIEGO, CA 13A. NAME AND ADDRESS OF CALIFORNIA 14A. NAME AND ADDRESS OF CALIFORNIA 15A. NAME AND ADDRESS IN RECEIVING.	751 MARKET 4 92102 4 CREMATORY 4 FACILITY RECEIVING REMA	AINS E REMAINS OR	12B. DATE BURIE 1 / 1/3 12D. SIGNATURE 13B. DATE CREM 13D. SIGNATURE 14B. DATE RECEI 14C. SIGNATURE	J2008 OF PERSON IN CHARLES OF PERSON IN CHARLES OF PERSON IN CHARLES OF PERSON IN CHARLES	13C CREMA 13C CREMA LARGE OF CREM	ALOR SCATTERING TION NUMBER—IF APPLICABLE MATION JTY OF PLACING WITH THE CARRIER
SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION SCIENTIFIC USE	MT. HOPE CEMETERY: 3 STREET, SAN DIEGO, CA 13A. NAME AND ADDRESS OF CALIFORNIA 14A. NAME AND ADDRESS OF CALIFORNIA 15A. NAME AND ADDRESS IN RECEIVING.	751 MARKET 4 92102 4 CREMATORY 4 FACILITY RECEIVING REMA	AINS E REMAINS OR	12B. DATE BURIE 1 / 1/3 12D. SIGNATURE 13B. DATE CREM 13D. SIGNATURE 14B. DATE RECEI 14C. SIGNATURE 15B. NAME AND A	J2008 OF PERSON IN CHARLES OF	19C CREMA HARGE OF CREM HARGE OF FACIL SON IN CHARGE HARGE OF PLACE 16C LICENS	ALOR SCATTERING TION NUMBER—IF APPLICABLE MATION JTY OF PLACING WITH THE CARRIER

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INTERMENT ORDER

Officed

City of San Diego

Date 11/10/2008

Myrtle Ric	PINS	21657	2 1
Type of Burel Container Church, Chapel, Graveside	- V	ime <u>Thurs da</u> Rapsdala	Mortuge
II Funeral cars most arrive before 3:00 will be applied and billed to undersigned		day or an extra charg	e of \$ KEVW
Section \	Blk/Row	Lat 109 . G	rave 8
Grave space & Care Fund E9	907		A-
Overtime/Late Arrival Fees			
Opening/Closing & Setup	00282		
Burial Container			
fandling Fees			
Sales taxes		***************************************	
Sales taxes Interfund Transfer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total Due	
Flower vases – Marker setting fee		Total Due	<u></u>
Sales taxes Interfund Transfer	Paid receipt number sition of remains as zation and I agree to ton and interment.	Balance of the above indicated. I ce hold Mt. Hope Cerne GrandSon	due O re named deceder retrify and representerly harmless from 216572
lales taxes Interfund Transfer DP 3821456 hereby certify I am the and this is your authority to make disponent I have the right to make this authority in y liability on account of said authorizations authorized the reby authorized the interment in lot I	Paid receipt number sition of remains as zation and I agree to ton and interment.	Balance of the above indicated. I co	due O re named deceder retrify and representerly harmless from 216572
lales taxes Interfund Transfer DP 3821456 hereby certify I am the hereby to make disponent I have the right to make this authority	Paid receipt number sation of remains as zation and I agree to tion and interment.	Balance of the above indicated. I ce hold Mt. Hope Cerne GrandSon	due O re named deceder retrify and represer stery harmless from 216572



INTERMENT ORDER

City of	San Diego
	Date _//-25-9/
OTIC Dim	ct to your rules and regulations, to inter the remains
Vault/Ling//	iral, date, time Title, 12/3 11:00 ANI
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	ES WWII
Lot 109 Grave 8 Row	Section Division
Grave space & Care Fund	<u>695.w</u>
Additional spaces and care fund	
Opening/Closing & Setup	350 W
Burial Container	m 330.00
Handling Fees	2 370 M
Flower vases - Marker setting fee	
Recording and filing fee	2 1/2 12
Sales taxes	1. つかつる
	Total Due 3 1767.23
30.	# 415/1 441 00
DAY Paid rece	Bipt number 7/20
HOTE	Belance due
I hereby certify I am the Min The Ray and this is your authority to make disposition of that I have the right to make this authorization and any liability on account of said authorization and	Fig. 8 Aff of the above named decedent remains as above indicated. I certify and represent nd I agree to hold Mt. Hope Cemetery harmless from id interment.
I hereby authorize the interment in lot I hold under deed,	11/21 Engine De
Signature of recorded holder of deed	544 DEGE CA 97114 Totale Totale
F 9807	Invoice # 179535
A Riverto Charles Mr. Blee	Anne W L/ L/-J///

Nº 41561	11-37-1991 11492124 Dollars 15 444200		Division
	Date: 1/4		Section CREDIT 274 Sales Care 77164- 2074 Sales Care 77164- 2074 Sales Care 77164- 2074 Sales Care 77164- Containers 77181- Burish (100 Containers 77181- 100 Handling Fee 77185- Recording & 77185- Recording & 77185- Trust Fee 60107- Sales Tax
CITY OF SAN DIEGO, CALIFORNIA PROPERTY DEPARTMENT MOUNT HOPE CEMETERY \$27-8400	CALANS ADDINESS: 5321 ENGINO DO 5.414 92114	Payment of Levises For OTIS Lighters	NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE
TO CUSTOMER CEMETERY AUDITOR	Copers	ent of Fruit	
OFFICIAL RECEIPT	From Matte Sic.	In TOKET Paym	Lot 109 Grave Invoice No. "Acct. No. W.O. E - 9807 W.O. E O O O BALANCE DUE Pre-Need Lot At Need On Acct Pre-need Inst Cash Check Access that 1800235754

$-(\Omega)$	GANARY	CEMETERY	MOUNT HO	527-3400	00 P 00 C	1.7	00282	•
The Trust From: Michael	of Myrtic Ris	Addre		thill Blu	id spe	344 K	uncho C	46
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n Fall	Payment of 2	nd inter	のとりチ (D) Blk/ Row	Myrt Lot	109	LAS (fre-nea	4)
nvoice No.	, , , , , , , , , , , , , , , , , , , ,	NOT VALID FO	R PURPOSES STATE	DUNLESS		_ Glave	- <u>- u</u>	
Acct. No			ID" IN THIS SPACE.		CREDIT 20% Sales Care Pre-Need	67007 77184 — 63033	8/16	
W.O					Trust	77186	270	0
BALANCE DUE	<i>*</i>	ç,		1		-)	
Pre-Need Lot	☐ Money Order					~	-(
Pre-Need Trust	Charge			0		S-	- 2	-
	Check/ /	ISSUED BY _	paulite	<u> </u>	TOTAL PAID	•	598	10/



MOUNT HOPE CEMETERY

57 57	GRAVE	BLIND CHE	CK FORM	
IN GRAVE WITH	Ons "	Rigigains		
Write in the name marked with "X". the appropriate s	Place the nam	e's, lot # and	grave # of all ex	isting marker's in
Burial Container	**	<u>2</u>		
		X		
	1/05/05			
return to the street of the	Yes		No	
Blind check Initia		ale Dra	Date:	
Interment Date:	hur nor n	3 Time:	100 auro	<i>.</i>
Div: 11	1119	W 18		_
Grave Laid out by	KEI	1 + DAV	E	
Agrees with Lega	l Card:	Yes	No	
Agrees with Map		Yes	No	
Blind Check & Ve	erified By:	DAVID	Date _//	12-08
Cremains were p	laced at:		of grave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	A CONTROL OF THE PARTY OF THE P	ACK INK ONLY — MA	AKE NO ERASURES, 1	WHITEOUTS,	PHOTOCOPIES	OR OTHER A	LTERATIONS	
MYRT	RTLE ESTELLE			RIGGINS				
2. SEX	3 DATE OF BIRTH (MONTH 07/13/1921	DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, 11/09/2008		EAR)	5. (FETAL DEATH ONLY) DATE OF		TE OF EVENT (MONTH, DAY YEAR)
LA ME			SAN DIE		DE OF CALIFORN	NIA, ENTER STATE		
	NAME OF INFORMANT MICHAEL WINZE JR GREAT GRAN							
P.O B	ANT'S FULL MAILING ADDRE DX 53081 NGELES, CA 9001		NO NAME, CITY, STATE, ZI	PCODE	5050 FEDI	ON-RAGSDA ERAL BLVD 60, CA 9210).	UARY
nght to contri stated herein	EDGEMENT OF APPLICAN disposition pursuant to Health is one of the dispositions author	a Safety Code Section 71 orized by Health & Safety C	DO, and that the disposition tode Section 103055	SA APPECANT	nnika	Any	øL	88 DATE SIGNED .
This permit is of California		visions of the California He	alth and Safety Code and is	the authority for ti	e disposition specifi	led in this permit. N	OTE: This permi	IAL DISPOSITION / t gives no right of disposal outside
\$ 11.00	IT OF FEE PAID	108 DATE PERMIT	63	2	RE OF LOCAL REG NOOTEN,		PERMIT	€
SAN D 3851 F	SS OF REGISTRAR OF DISTR IEGO COUNTY VI ROSECRANS ST IEGO, CA 92110			RNIA 10E AD	DRESS OF REGIST	RAR OF DISTRIC	FÖF DISPOSITIO	N-IF DIFFERENT FROM 10D
BU	IZED DISPOSITION(S)						4	
BURIAL SCATTERIN CEMETE (INCLUE ENTOMBA	OR IGINA MT. HOPE (PRY SES STREET, SA	DRESS OF CALIFORNIA C CEMETERY: 379 AN DIEGO, CA S	51 MARKET		128 DATE BURIEF 11/13/ 120 SIGNATURE	2008	E	LOR SCATTERING
CREMAT	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				13B. DATE CREMA 13D. SIGNATURE			NOW NUMBER—IF APPLICABLE
SCIENTIFI		14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMA		ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY.		iry.		
TRANS	CREMATED REMAIN	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE R CREMATED REMAINS ARE TO BE SHIPPED		REMAINS OR	15B NAME AND A	DORESS OF PERS	ON IN CHARGE	OF PLACING WITH THE CARRIER
0.0425503	12				15C SIGNATURE THE CARRIER	OF PERSON IN CH	IARGE OF PLACI	NG WITH 15D DATE SHIPPED
SCATTER BURIAL AT S DISPOSIT	SUFFICIENT TO IDE ING/ IF BURIAL AT SEA, C SEA OR	REST POINT ON SHORE NTIFY FINAL PLACE AND ONLY ENTER LATITUDE A	LINE, OR OTHER DESCRIP CALIFORNIA DISTRICT OF IND LONGITUDE	TION DISPOSITION;	15B. DATE OF DIS	POSITION		E NUMBER OF CREMATED SPOSER—IF APPLICABLE
OTHER TH				9	ARD CIGNATURE	OF PERSON IN CH	ARCE OF SCAT	0.000 (0.000 pt 0.000 (0.000)

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 NERO

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	on, or our orogo	THE MINERS PRACT
	Date	11-12-08
You are hereby authorized and instruc	sted, subject to your rules and regu	lations, to inter the remains
or Patience		230189
ina ALH	Funeral, date, time We	d 11/12/08 AYO
Type of Burial Container Church, Chapel, Graveside	NA;	Mortuary.
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an e	xtra charge of \$
will be applied and billed to undersign	ed	sammon antenance a
Division MAS Section P	Blk/Row Lot	5Grave4
Grave space & Care Fund MAF	2-1908	
Overtime/Late Arrival Fees		roungoissiant =
Opening/Closing & Setup	11/3/19	199,00
Burial Container	E & E 1 2 2008	104.00
Handling Fees	(E) 2008 -/	114.00
Flower vases - Marker setting fee	of MON I	
Recording/Filing/Transfer Fees		85.00
Sales taxes		8.06
	Total Due	510.06
	Paid receipt number <u>P412</u>	94 510.06
	AP76255	Balance due
I hereby certify I am the \(\frac{1}{2} \) \(\frac{1}{2} \) and this is your authority to make distinct I have the right to make this authoriany liability on account of said authorians.	hter position of remains as above indi- orization and I agree to hold Mt. H	f the above named decedent cated. I certify and represent
I hereby authorize the interment in lot hold under deed.	ryElizabetl	· Jane Wilmot · del Valle
at light the Who	- SEL GIV.	CARE.
	V-002-200-200	
Work Order # E 21042	Invoice #	



City of San Diego

INTERMENT QRDER

-	£21042
D +	

Date 5 19 106

ina	Hartigan Ferbe	Wilmo
Type of Buriel Container Church, Chapel, Greveside	- i	Morti
All Funeral cars must arrive before	3:00 p.m. of regular work day or	an extra charge of \$
will be applied and billed to unders	igned.	
Division MAS Section P	Blk/Row Lo	.5 Grave 4, 5, 0
Grave space & Care Fund		
Overtime/Late Arrival Fees		
Opening/Closing & Setup	DAIR	<u> </u>
Burial Container	- FAIV	
Handling Fees	MAY 19 2006	
Flower vases - Marker setting fee.	MAI 13 2000	<u></u>
Recording/Filing/Transfer Fees	TOWN TOWN	85.C
Sales taxes	MOUNT HOPE CEN	IE (-)
	Tota	B5.0
	Paid receipt number	59632 85.

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

Paulette Crawford

Work Order # E-19732

1 ELizabeth Jane Wilmol VILLOS 1590 Vishadel Valle EL Courin Con 92019

Balance due

X619 442 2348

Invoice # ____

Acct.#____

REA-104 (3-04)

This information is available in alternative formats upon request.

CERTIFICATION OF VITAL RECORD.

COUNTY OF SAN DIEGO 501042

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DEATH	LAKEVIEW HO		VACALITYA	CORESSON)	noile	W-826 FOE	o librar and	Parties w	1]===	7-1-		X III	Arc L	Occupation of the	П,
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A01848205

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 the paid.

DATE ISSUED:

January 4, 2008

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar



MOUNT HOPE CEMETERY E21042

GRA	IVE BLIND CHECK FORM
IN GRAVE WITH	9
marked with "X". Place the	eceased for which the grave is for in the block e name's, lot # and grave # of all existing marker's in that are adjacent to the burial space.
AITIAI COITAINEI	- SI TRICE !
4 (Tasymor Marchand
S 8	Stisher Robertson
7 8	X Bobertson
4 2	Cooper, A
The state of the s	Cooley
lagged Yes	No
Blind check Initiated by:	Date:
nterment space for:	atience D. Ferbe
nterment Date: AY()	Time:
Div: MASAN Sect: 1	Blk/Row: Lot: 5 Grave: 4
Grave Laid out by: <u>Kr</u>	ENX DAVE
Agrees with Legal Card:	Yes No
grees with Map:	Yes No
lind Check & Verified By:	
remains were placed at:	BURIED AT FUET OF grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

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

	TIENCE	- FIRST (GIVEN)	DOROTHY	FERBE		2. DATE OF BIRTH MONTH, DAY, YEAR 03/29/1920	3. DATE OF DEATH MONTH, DAY, YEAR 12/21/2007	F
A	MESA	Beauty Long Control		SB. COUNTY OF DEATH-	1	VAME, RELATIONSHIP, FULL I DE INFORMANT ELIZABETH WILM	MOT, DAUGHTE	ADDOORS IN
F	REMATION &	RESS OF CAUFORNIA - F SE BURIAL SO VE EL CAJON	CIETY EAST COUNTY, , CA 92020	374 N FD795	JCABLE	1590 VISTA DEL EL CAJON, CA 93 SIGNATURE OF APPLICANT	2019 - Person telegra permit: (48. DA)	TE SIGNED
00	NOWLEDGEMENT OF API	PLICANT I hereby acknow of the Health and	edge as applicant that the proposed stated her Barlety Code, and was authorized pursuant to	ein is on of the dispositions authors Section 7100 of the Health and Sat	sed by Section 103065 . July Code.	LeahBuch	100 12/2	28/2007
33	PERMIT "	HE CALIFORNIA HEALTH BY FOR THE DISPOSITION	ACCORDANCE WITH PROVISIONS OF AND SAFETY CODE AND IS THE AUTHOR. SPECIFIED IN THIS PERMIT RIGHT OF DISPOSAL DUTSIDE OF CALIFORNIA	\$11.00	98 DATE PERMIT ISS 12/28/2007	WILMA WOO		PERMIT E
E 19	THORIZATION OF SCAL REGISTMAN BE CHANGE IN DISPOSE REGISTMAN DISPOSE REGISTRAN BOTH TO SHOW PINAL DISPOSITION	SO. ADDRESS OF REDISTRAR OF DISTRICT OF DEATH - F DISTRICT ON DEAT			RESS OF REGISTRAR OF	DISTRICT OF DISPOSITION	- У ОВРОВТОМ В 130000Я НАМОН	en car PCT et cau impnie
8	UTHORIZED DISPO	DOLLICINION (2)		FUR	CORONER'S USE	ONLY		
	VRES	11A, NAME AND AI MOUNT HO	DORESS OF CALIFORNIA CEMETERY PE CEMETERY, 3751 N GO CA 92101		118. DATE BURIED		ERSON IN CHARGE OF B	URIAL
	RVRES	11A. NAME AND AI MOUNT HO ST, SAN DIE 12A. NAME AND AI	PE CEMETERY, 3751 M GO, CA 92101 DORESS OF CALIFORNIA CREMATOR N SERVICES INC, 2570	MARKET		11C SIGNATURE OF PI	ERSON IN CHARGE OF B ERSON IN CHARGE OF C	_
	RES BURIAL	11A NAME AND AI MOUNT HO ST, SAN DIE 12A NAME AND AI CREMATIO WAY, VISTA	PE CEMETERY, 3751 M GO, CA 92101 DORESS OF CALIFORNIA CREMATOR N SERVICES INC, 2570	MARKET RY FORTUNE	118. DATE BURIED	11C SIGNATURE OF PI	J. AD	REMATION
	BURIAL CREMATION SCIENTIFIC	11A. NAME AND AI MOUNT HO ST, SAN DIE 12A. NAME AND AI CREMATION WAY, VISTA 13A. NAME AND AI N/A	PE CEMETERY,3751 M GO, CA 92101 XXRESS OF CALIFORNIA CREMATOR N SERVICES INC,2570 , CA 92083	MARKET RY FORTUNE RECEIVING REMAINS	118. DATE BURIED 11 12 08 128. DATE CHEMATER 11368	11C. SIGNATURE OF PI	ERSON IN CHARGE OF C A Check ERSON IN CHARGE OF FA	REMATION

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.

COSY 1

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF VITAL RECORDS

VSte (REV,12/04)

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

OFFICIAL RECEIPT

This information is available in alternative formats upon request.

WHITE TO CUSTOMER
CANARY CEMETERY

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

61299 EZ104Z

11-12,2008 Date: From: GUZABETH JONG WILMOT Address: 1590 VILTA DEL VAL Dollars (\$ 510 06 FIVE HUNDRED-TEN & OSINO Payment of CHEMISTANS OF POTIGNES H. FERBE & Blk/ Row MAS Sec Grave Invoice No. 721789 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN PHISCAPA CREDIT 67007 Acct. No. E 21024 /E19732 20% Sales Care 77184 80% Sales 100 NOV 12 2008 of Lots 77184 199 Opening/ 100 BALANCE DUE --Closing 77181 164 Burial 100 77182 Containers 100 Money Order Handling Fee 77185 Recording & 100 85 Charge AP 76255 Misc. Fees 77183 Sales Tax 60101 Check 78390 ISSUED BY 510 AC-212A (11-05) TOTAL PAID

INTERMENT ORDER

At need

REA-104 (3-04)

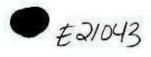
City of San Diego

Date You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains Funeral, date, time Monday Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of will be applied and billed to undersigned. Grave space & Care Fund Overtime/Late Arrival Fees Opening/Closing & Setup..... MOUNT HOPE CEMETE of the above named decedent I hereby cartify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot i hold under deed. Invoice # E 21043

Acct #

O Printed on in-wind paper

This information is available in alternative formats upon request.



MOUNT HOPE CEMETERY

7		
/		
ne's, lot # and	grave # of all ex	kisting marker's in
ner_		
		4
x		
	No.	
stone Year	Date	
	man and the same of the same o	rch
Blk/Row:	Lot: <u>26</u>	Grave: 12
& Juan		
Yes	No	
Yes 🗀	≥ No	
Ken	Date	
8	of grave	
	Time: Blk/Row: Yes Yes	No

SOCIAL SECURITY ADMINISTRATION

Date: November 12, 2008 Claim Number:

ELLEN M CLUKE P O BOX 740886 SAN DIEGO CA 92174-0886

ou 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.....\$ 743.30

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is..... \$ 743.00 (We must round down to the whole dollar.)

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

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

Information About Past Social Security Benefits

From December 2006 to November 2007, the full monthly Social Security benefit before any deductions was.....\$ 726.60

We deducted \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment was.....\$ 726.00 (We must round down to the whole dollar.)

te of Birth Information

The date of birth shown on our records is January 21, 1937.

SOCIAL SECURITY ADMINISTRATION

Date: November 12, 2008

Claim Number: !

ELLEN M CLUKE PO BOX 740886 SAN DIEGO CA 92174-0886

bu 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.....\$ 147.00

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

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

Date of Birth Information

The date of birth shown on our records is January 21, 1937.

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

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

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

Fu



GLADSTONE YEARWOOD JR Access Number: 4940764 as of: 08 November 2008 15:05:48 EST

Check Number	Transaction Date	Posted Date	Amount	Description	Balance	NavCheck Balance
10173612	09/30/2008	09/30/2008	\$ 409.00	DEPOSIT ACH: US TREASURY 310 SUPP SEC	\$ 427.63	
	09/30/2008	09/30/2008	\$ 0.04	DIVIDEND IOD	\$ 427.67	
3173601	10/02/2008	10/02/2008	\$ 477.80	DEPOSIT ACH: US TREASURY 303 SOC SEC	\$ 905.47	
9100001	10/03/2008	10/03/2008	\$ 88.92	ACH DEBIT ACH: LINCOLN HERITAGE INS PREM	/ \$816.55	
1999	10/06/2008	10/06/2008	\$ 700.00	CASH WITHDRAWAL SOURCE: 29959 VA1 10/03/08 17:02	\$ 116.55	
10173612	10/30/2008	10/30/2008	\$ 409.00	DEPOSIT ACH: US TREASURY 310 SUPP SEC	\$ 525.55	
3173601	10/31/2008	10/31/2008	\$ 477.80	DEPOSIT ACH: US TREASURY 303 SOC SEC	\$ 1,003.35	
	10/31/2008	10/31/2008	\$ 0.08	DIVIDEND IOD	\$ 1,003.43	
9100001	11/03/2008	11/03/2008	\$ 88.92	ACH DEBIT ACH: LINCOLN	\$ 914.51	
	11/04/2008	11/04/2008	\$ 700.00	CASH WITHDRAWAL SOURCE: 31675 VA1 11/03/08 19.16	\$ 214.51	

Navy Federal Credit Union PO Box 3000 • Merrifield • VA • 22119-3000

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK INK ONLY — MAR	CE NO ERASURES, \	WHITEOUTS,	PHOTOCOPIES, C	R OTHER ALTERATIONS	S	
1A. NAME OF DECE GLADSTON	13/15.	A A		10.L YI	AST EARWOOD		
- AM RONG TO TO THE PARTY NO.	M 02/27/1939 11/09/2008				4Y, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEA		
NATIONAL		***************************************	7/1	SAN DIEGO	TH-IF OUTSIDE OF CALIFOR	NIA, ENTER STATE	
7A. NAME OF INFOR	THE PROPERTY OF THE PARTY OF TH	78. RELATIONSHIP WIFE	TO DECEDENT	LICENSED FUNERAL	D ADDRESS OF CALIFORNIA- DIRECTOR OR PERSON STREET NUMBER AND NAME, OE	NUMBER-IF APPLICABLE	
620 67TH. S	ull mailing address—street number and ST.,#2 D, CA 92114	O NAME, CITY, STATE, ZI	P ÇÖÖE	2200 HIGHL	A CREMATION & BI AND AVENUE CITY, CA 91950	URIAL CHAPEL	
nght to control dispos stated herein is one o	IENT OF APPLICANT—I hereby acknowledge as ition pursuant to Health & Safety Code Section 7100 of the dispositions authorized by Health & Safety Code), and that the disposition te Section 103055.	BA. APPLICANT	lender	to Ren	9B. DATE SIGNED .	
This permit is issued of Gallfornia.	JTHORIZATION OF LOCAL REGISTRAN	h and Safely Code and is	the authority for the	ne disposition specified	n this permit. NOTE: This perm		
\$ 11.00	EE PAID 108. DATE PERMIT IS 11/14/2008	SSUED		RE OF LOCAL REGISTI WOOTEN, M		€ €	
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF DEATH—IF DEATH DICOUNTY VITAL RECORDS ECRANS ST DICK 92110	OCCURRED IN CALIFOR	RNIA 10E AD	ORESS OF REGISTRA	R OF DISTRICT OF DISPOSITI	ON-IF DIFFERENT FROM 10D	
11. AUTHORIZED DI	SPOSITION(S)			FORCO	RONER'S USE ONLY		
BU							
	144	31		€			
BURIAL OR SCATTERING IN A CEMETERY INCLUDES ENTOMBMENT)	12A NAME AND ADDRESS OF CALIFORNIA CE MT. HOPE CEMETERY, 375 STREET, SAN DIEGO, CA 92	1 MARKET		128. DATE BURIED		MENT NUMBER—IF APPLICABLE - 21043 AL OR SCATTERING	
	13A. NAME AND ADDRESS OF CALIFORNIA CR	EMATORY		138. DATE CREMATE	D 196 CREM	ATION NUMBER-IF APPLICABLE	
CREMATION	38.	(0)		13D. SIGNATURE OF	PERSON IN CHARGE OF CREE	MATION	
	14A. NAME AND ADDRESS OF CALIFORNIA FAR	DILITY RECEIVING REMA	UNS	14B. DATE RECEIVED	C .	VI VI	
SCIENTIFIC USE	8-68 In 128	22///		14C. SIGNATURE OF	PERSON IN CHARGE OF FACI	uty	
	16A. NAME AND ADDRESS IN RECEIVING STAT CREMATED REMAINS ARE TO BE SHIPPED	E OR COUNTRY WHERE	REMAINS OR	158. NAME AND ADDI	RESS OF PERSON IN CHARGE	OF PLACING WITH THE CARRIER	
TRANSIT	9	₩ •		ISC. SIGNATURE OF THE CARRIER	PERSON IN CHARGE OF PLAC	DING WITH 150. DATE SHIPPED	
SCATTERING: BURIAL AT SEA OR DISPOSITION	16A. ADDRESS, NEAREST POINT ON SHORELH SUFFICIENT TO IDENTIFY FINAL PLACE AND C IF BURIAL AT SEA, ONLY ENTER LATITUDE AN	ALIFORNIA DISTRICT OF		168 DATE OF DISPO		SE NUMBER OF CREMATED ISPOSER—IF APPLICABLE	
OTHER THAN IN A CEMETERY				16D. SIGNATURE OF	PERSON IN CHARGE OF SCAT	TTERING 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 INWIGHTER 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.

INTERMENT ORDER

City of San Diego

Date 11 17/2008

1 11001	lulad !	100000
aType of Burial Container	Funeral, date, time Wed	Nov 19 @12 pm
hurch, Chapel, Graveside		Mortuary.
Il Funeral cars must arrive before	3:00 p.m. of regular work day or an extr	a charge of \$
Il be applied and billed to undersi	igned,	
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Revised July 2008

THE CITY OF SAN DIEGO

	MT. HOPE CEMETERY
LOW INCOME	ASSISTANCE PROGRAM FEE WAIVER

Cometery 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

Name of Deceased: State Family State State Family State	submitting a fee waiver a qualification.	270				-	proof or
City: State (F. Zip Code 92/14 City of San Diego resident? (Circle) Size of Family (check one) Annual Income (1) \$14,933 (2) \$24,463 (3) \$33,588 (6) \$57,222 or larger families, add \$8,296 per additional member. If the deceased has lived with family/friends at as been declared a dependent on another person's tax return, they are considered part of that person outshold. Please submit the deceased's current internal revenue revoice (RS) tax return, Health funsan Services Notice of Action (dated within 30 days), or Social Security. Award/Benefit letter. I understand that M2. Hope Staff will respectfully choose the burdal site of the deceased to maintain low administrative costs for this program initial estimates as and stay exceeded one year. Thereby certify under penalty of perjury under the laws of the State of California that the bove statements are true. Thereby certify under penalty of perjury under the laws of the State of California that the bove statements are true. The following: Current Utility Bill Current Monthly Checking Bank Sustement Restables as Agreement at treet another rest receipt property tax statement Other Health (AME Recursion) Bill arrent of comments verified	Name of Deceased:	ELVIRE		DORAKS			
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Mt. Hope Cemetery

Community Porks 1 • Park and Recreation • 3751 Market Street • Son Diegs; CA 92102-4527

Tel 1679) 527-3400 • Fax 1619) 527-3403

RESIDENT STATEMENT from

VILLA LAS PALMAS HEALTHCARE CENTER **622 SOUTH ANZA STREET** EL CAJON, CA 92020 619-442-0544 Suzan Moran

10/23/2008	DUE DATE 10/31/2008	ACCOUNT NUMBER 202992-01
TOTAL BAL	ANCE DUE	. \$ 8,706.88
AMOUNT P		

Please make check or money order payable to VILLA LAS PALMAS HEALTHCARE

ELVIRA MORALES C/O: Alfredo Morales 852 Billow Drive San Diego, CA 92114

VILLA LAS PALMAS HEALTHCARE CENTER **622 SOUTH ANZA STREET** EL CAJON, CA 92020

C + 1 Fast 1 per Please detach and return this portion with your remittance to the address above.

Notes

Payment due on receipt. Considered "late" after November 5, 2008. ... We accept Checks, Money Orders, Visa, Mastercard and Discover.

nk you for choosing Villa Las Palmas Healthcare! Check out our website: www.VillaLasPalmasHealthcare.com

ylut=<	August	September	October	PreBill	BALANCE DUE
\$ 0.00	\$ 0,00	\$ 0.00	\$ 4,042.48	\$ 4,664.40	\$ 8,706.88

U.ites	Description	Days/ Units	Rate	Charges/ (Credits)	Payments	Balance
09/30/2008	Beginning Balance	(* E)	in a mar ≥		F 6	\$, 0.00
10/08/2008	10/06/2008 to 10/08/2008 Room Charge - 106/A	3	\$ 155.48	\$ 466.44	-	\$ 466.4
0/12/2008	10/09/2008 to 10/12/2008 Room Charge - 101/C	4	\$ 155.48	\$ 621.92		\$ 1,086.3
/31/2008	10/13/2006 to 10/31/2008 Room Charge - 223/C	19	\$ 155.48	\$ 2,954.12		\$ 4,042.4
1/01/2008	11/01/2008 to 11/30/2008 PreBill Room Charge - 223/C	30	\$ 155.48	\$ 4,664.40		\$ 6,706.8
	Total Balance Due:					\$ 8,706.8
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E2/044 PAGE 01/01

*** REC 2008297 153454 H8R019E0 FZYO CIPOYA2 POA2 (F-IK4) **

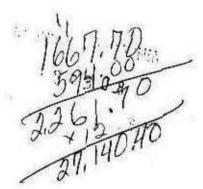
SOCIAL SECURITY ADMINISTRATION

Date: October 23, 2008

Claim Number:

eA edi

ALFREDO P MORALES 852 BILLOW DR SAN DIEGO CA 92114-5007



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.....\$ 1667.70

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is......\$ 1667.00 (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 February 2000.

You are entitled to medical insurance under Medicare beginning February 2000.

1 667 594

If You Have Any Questions

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



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

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

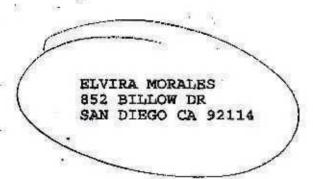
OFFICE MANAGER

REC 2008249 151835 H8AA07R0 DEXY CIPOYA1 POA1

SOCIAL SECURITY ADMINISTRATION

Date: September 5, 2008

Claim Number:



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.....\$ 594.00

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is...... \$ 594.00 (We must round down to the whole dollar.)

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

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

83 (U.13) N. (U.3)

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THE PERSON OF

If You have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 619-267-2175. 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:



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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. .

SOCIAL SECURITY ADMIN. (435) 2520 E. PLAZA RL. N TICK I COY CA 91950

€21044

GRAV	/E BLIND C	HECK FO	RM	
Write in the name of the dec marked with "X". Place the r the appropriate space (s) the Burial Container	name's, lot #	and grave #	of all exis	ting marker's in
Gelin Royan	X	Fostor Neury	lee sar Righer	ifaysenova Tamara ? :ago
Flagged Yes	- Wiva M	Nales	Date:	
Interment Date: 1 9/2 Div: 5 Sect: 4 Grave Laid out by: KE	<u>?</u>	: 12:0	0	Grave: #
Agrees with Legal Card: Agrees with Map:	Yes		No No	
Blind Check & Verified By:	19	Date		
Cremains were placed at:	2. **	of gr	rave	

E21044 (1)

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 te MINDE **ELVIRA** MORALES 4. DATE OF DEATH (MONTH, DAY, YEAR) 2 SEX 3 DATE OF BIRTH (MONTH, DAY, YEAR) 5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY YEAR) 11/16/2008 02/04/1942 BA CITY OF DEATH 8B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME CITY STATE, ZIP CODE 7B. RELATIONSHIP TO DECEDENT 7A. NAME OF INFORMANT 8B. CALIFORNIA LICENSE NUMBER-JE APPLICABLE ALFREDO MORALES HUSBAND FD1689 7C INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME CITY. STATE, ZIP CODE CALIFORNIA CREMATION & BURIAL CHAPEL 852 BILLOW 2200 HIGHLAND AVENUE SAN DIEGO, CA 92114 NATIONAL CITY, CA 91950 SA. APPLICANT SIGNATURE 98 DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT—I hemby 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. 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 Calif of California. mis Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outsi 10A AMOUNT OF FEE PAID 108. DATE PERMIT ISSUED 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 11/18/2008 WILMA WOOTEN, MD 100. 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 # E 12C INTERMENT NUMBER-IF APPLICABLE 12A NAME AND ADDRESS OF CALIFORNIA CEMETERY 12B DATE BURGED 19/2008 BURNAL OR E-21044 SCATTERING IN MT. HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO CA 92102 (INCLUDES ENTOMBMENT 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 138. DATE CREMATED 13C. CREMATION NUMBER-IF APPLICABLE CREMATION 130. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 148. DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

TRANSIT

SCATTERING/ BURIAL AT SEA OF DISPOSITION OTHER THAN IN A

CEMETERY

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.*

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

168 DATE OF DISPOSITION

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.*

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

150 DATE SHIPPED

16C LICENSE NUMBER OF CREMATED

REMAINS DISPOSER-IF APPLICABLE

THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY INTERMENT ORDER

90410

City of San Diego

You are hereby authorized and instructed, subject to your rules and regulations, to into Church, Chapel, Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Overtime/Late Arrival Fees Opening/Closing & Setup Recording/Filing/Transfer Fe Sales taxes of the above named deceders and this is you will be to make disposition of remains as above indicated. I certify and represent that I have the wint to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I o attachec hold under deed. Zio Code Telephone Invoice # F 21045 Acct #

OFFICIAL RECEIPT

WHITE TO CUSTOMER CANARY CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY

	(619) 527-3400 Date	: 12/02	008
From: Anderson-Ragsdale Fourhundred Fifty-Ru	Address: 5050 Federal B	lud, San Diego	CA 9202
in <u>full</u> Payment of Div Sec	Interment of Beatrice G 2 Blk/ Row Lor	107	Set fee for Stone
- Invoice No. <i>E-21045</i> - Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 ————————————————————————————————————	199.0000
BALANCE DUE	DEC - 2 2008	Closing 77181 Buriel 100 —— Containers 77182 100 ——	79.00 b/e 85.00 h/f
☐ Money Order ☐ Charge ☐ Check 17058	MOUNT HOPE CEMETERY	Misc Fees 77183 Sales Tax 60101 78390	100
AC-212A (11-05)		TOTAL PAID S	455 12

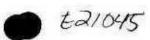
This information is available in alternative formats upon request.





City of San Diego

	Date 7 1 1
PT. 6	ructed, subject to your rules and regulations, to inter the remains
ina LINER	Funeral, date, time THUR 9-9 10:0
Church, Chapel, Graveside	PEL GRAVESIDE RAGSDAL F Mortuary
	3:30 p.m. of regular work day or an extra charge of \$
will/be applied and billed to undersign	
. 7	y 100.
Lot 197 Grave 9	Row Section 2 Division/Block 17
Grave space & Care Fund	80 / 07
Additional spaces and care form	
Opening/Closing & Setup	2 A [] 375.00
Burial Container	190.00
Handling Fees	SEP _ 9 1999 1143.00
nationing rees	
Flower vases - Marker setting 12 1 Recording and filing fee CITY 0	SANDIEGO CALIE US.00
22 7 05 Was 12	10 22
Sales taxes	17: /J
John and La	Total Due
ting check	Paid receipt number (1-3130)
Y	Balance due
I hereby certify I am the and this is your authority to make di that I have the right to make this auti any liability on account of said authority	of the above named decedent isposition of remains as above indicated. I certify and represent horization and I agree to hold Mt. Hope Cemetery harmless from prization and interment.
I hereby authorize the interment in k	ot. X
hold under deed.	X Signature
Signature of recorded holder of deed	Accessor Development
Saldeling or servinger regime or dead	City 216 Code
•	Talaphone
	invoice #
Work Order # E 15243	Acct. #
Carrier and Carrie	e information le available in alternative formate unon request



GRAVE	BLIND CHECK FORM
Write in the name of the decea	ased for which the grave is for in the block me's, lot # and grave # of all existing marker's in
the appropriate space (s) that	are adjacent to the burial space.
	x
Flagged Yes	No
Blind check Initiated by:	Date:
Interment space for: Se	/.
Interment Date: Div: 12 Sect: 7	Time:Lot:[27. 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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS
USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

13 25 8-02

BEATRICE	EDENT-FIRST	18. MIDOLE		GF	ST RIFFIN	
The State of the S	TE OF BIRTH (MONTH, DAY, YEAR) /15/1917	4 DATE OF DEATH 11/13/2008	Digital Control and Selection of the Control of the	(YEAR) 5 (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YE		TE OF EVENT (MONTH, DAY, YEAR)
SAN DIEG				SAN DIEGO	H-IF OUTSIDE OF CALIFOR	INIA, ENTER STATE
7A NAME OF INFO	RETA LEONARD POA RMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME CITY. STATE, ZIP CODE O. L. STREET I DIEGO, CA 92102		TO DECEDENT	LICENSED FUNERAL DIRECTOR OR PERSON NUMBER		NUMBER-IF APPLICABLE
3079 L. ST			P CODE	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102		
right to control dispo stated herein is one PERMIT AND A	MENT OF APPLICANT—I hereby acknowledge letton pursuant to Health & Safety Code Section 7- of the dispositions authorized by Health & Safety C UTHORIZATION OF LOCAL REGISTR. If in accordance with provisions of the California He	100, and that the disposition code Section 103055. AR—ANY CHANGE IN	DISPOSITION the authority for the	mula de	V PERMIT TO SHOW FIT this permit NOTE: This permit	98. DATE SIGNED 11190 NAL DISPOSITION It gives no right of disposal outs
10A AMOUNT OF F	TEE PAID 108. DATE PERMIT 11/19/2000	237	86	RE OF LOCAL REGISTRA WOOTEN, MI		F @
	ECRANS ST O, CA 92110		-			
CR/BU	DISPOSITION(S)			FOR COP	RONER'S USE ONLY	
	124. NAME AND ADDRESS OF CALIFORNIA	51 MARKET	*	129. DATE BURIED	12C INTER	MENT NUMBER—IF APPLICABLE - 21045 A OR SCATTERING
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES	124. NAME AND ADDRESS OF CALIFORNIA OF MT. HOPE CEMETERY: 37	51 MARKET 92102 CREMATORY ATORY: 601-D		128. DATE BURIED 12 OH 10 120: SIGNATURE OF P 138 DATE CREMATED	8 ERSON IN CHARGE OF BURY	ATION NUMBER—IF APPLICABLE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	124. NAME AND ADDRESS OF CALIFORNIA OF MT. HOPE CEMETERY: 37 STREET, SAN DIEGO, CA. 134. NAME AND ADDRESS OF CALIFORNIA OF SOUTHERN CALIF CREMATER CRANE STREET, LAKE EL.	51 MARKET 92102 CREMATORY ATORY: 601-D SINORE, CA		129. DATE BURIED 12 OH O. 120. SIGNATURE OF P. 138. DATE CREMATED 130. SIGNATURE OF P. 148. DATE RECEIVED	8 E ERSON IN CHARGE OF BURY U. C. CREMA	ATION NUMBER—IF APPLICABLE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	124. NAME AND ADDRESS OF CALIFORNIA OF MT. HOPE CEMETERY: 37 STREET, SAN DIEGO, CA. 134. NAME AND ADDRESS OF CALIFORNIA OF SOUTHERN CALIF CREMA CRANE STREET, LAKE EL. 92530	51 MARKET 92102 CREMATORY ATORY: 601-D SINORE, CA	INS REMAINS OR	128. DATE BURIED 12 OH O 120. SIGNATURE OF P 138. DATE CREMATED 130. SIGNATURE OF P 146. DATE RECEIVED 146. SIGNATURE OF P	ERSON IN CHARGE OF FACIL	ATION NUMBER—IF APPLICABLE 325 MATION LITY OF PLACING WITH THE CARRIE

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.

INTERMENT ORDER

At Need City of San Diego

Date 11 18 2008

You are hereby authorized and instruct	ed, subject to your rules and regulations,	to inter the remains
in a Lines	u Woldenicael . Funeral, date, time NOV. 22	2008 SAT 12
Church, Chaper, Graveside	Kaosan	C Mortuary.
All Funeral cars must arrive before 3.0	D p.m. of regular work day or an extra cha	arge of \$
will be applied and billed to undersigne	d	
Division MAS Section T	Blk/Row Lot _ 28	Grave
Grave space & Care Fund		
Overtime/Late Arrival Fees	ATURDAY_	851.00
Opening/Closing & Setup		533.00
Burial Container	1 / 11-	270.00
Handling Fees	NOV 1 9 2008	206.00
Flower vases - Marker setting fee MO Recording/Filing/Transfer Fees	UNT HOPE CEMETERY	65.00
Sales taxes		20.93
46.	Paid receipt number R-61308 Balance	4,209.93 4,209.93 e due
I hereby certify I am the and this is your authority to make dispithat I have the right to make this authorized in the said authorized in	or the ac osition of remains as above indicated. I rization and I agree to hold Mt. Hope Cer	certify and represent metery harmless from
hereby authorize the interment in lot I hold under deed.	FIESTAI (PHINAME 1442 LO	cortacir.
Signari CAN	- Lemon gro (619 463 - 4 Cell 619 572-	9/e 49/145 473 20000
Work Order # E 21046	Invoice#	
REA-104 (3-04) This	information is available in alternative for	ormats upon request.

@ Printed on re-wiled paper

GRAVE	BLIND CHE	CK FORM	
IN GRAVE WITH			
Write in the name of the decement with "X". Place the nathe appropriate space (s) that	me's, lot # and are adjacent to	grave # of all	existing marker's
Burial Container	<u>ier</u>		
		_	
	X		
Flagged Yes		No	
Blind check Initiated by:	200 200	1000	te:
	a Kalau		
Interment space for: Tek	Time	12:30 00	m cland
Div: MAS Sect: T	PIL/Powe	Late 2	& coin 7
Grave Laid out by:	_BIK/NOW		Glave.
		T No	
Agrees with Legal Card:	Yes	_	
Agrees with Map:	Yes	No	
Blind Check & Verified By:	1	Date	
Cremains were placed at:	0	of grave	

E21046

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A. NAME OF DEC	CEDENT—FIRST	18. MIDOLE KALAYU	1C. LA	ST DLDEMICAEL	
2 SEX 3. DA	NTE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, 11/17/2008			TE OF EVENT (MONTH DAY, YEAR)
SA. CITY OF DEAT		11/1//2000	SB COUNTY OF DEAT	H—IF OUTSIDE OF CALIFOR	NIA ENTER STATE
SAN DIEG			SAN DIEGO		
A. NAME OF INFO		78 RELATIONSHIP TO DECEDENT		ADDRESS OF CALIFORNIA-	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
TESFAI TA	KELE	BROTHER		REET NUMBER AND NAME	FD1329
1442 LA C	: INFORMANTS FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 1442 LA CORTA CIRCLE LEMON GROVE, CA 91945		ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102		
ight to control disp stated herein is one	EMENT OF APPLICANT—I hereby ecknowled; delition pursuant to Health & Safety Code Section a of the dispositions authorized by Health & Safety	7100 and that the disposition Code Section 103055.	mika	Pmon	98 DATE SIGNED
PERMIT AND / This permit is assue of California.	AUTHORIZATION OF LOCAL REGIST of in accordance with provisions of the California	Health and Safety Code and is the authority for	N REQUIRES A NEW he disposition specified in	PERMITTO SHOW FIT this permit NOTE: This permi	NAL DISPOSITION It gives no right or disposal outsid
10A. AMOUNT OF \$ 11.00	FEE PAID 108. DATE PERI 11/20/200	00	RE OF LOCAL REGISTRA A WOOTEN, ME	25000000000000000000000000000000000000	F
SAN DIEG 3851 ROS	FREGISTRAR OF DISTRICT OF PEATH—IF DE SO COUNTY VITAL RECORD ECRANS ST SO, CA 92110	The construction of the second	DRESS OF REGISTRAR	OF DISTRICT OF DISPOSITK	ON—IF DIFFERENT FROM 100
BU BU			Christian Control		
BURIAL OR SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT)	STREET, SAN DIEGO, CA	751 MARKET	128. DATE BURIED 11 - 22 - 0 120. SIGNAPURE OF PE	The Department of the Control of the	MENT NUMBER—IF APPLICABLE
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA	A CREMATORY	138 DATE CREMATED	13C, CREMA	TION NUMBER—IF APPLICABLE
SCIENTIFIC USE	144 NAME AND ADDRESS OF CALIFORNIA	FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	RSON IN CHARGE OF FACIL	ITY
			>		
704	15A. NAME AND ADDRESS IN RECEIVING S CREMATED REMAINS ARE TO BE SHIPPED		15B, NAME AND ADDRE	SS OF PERSON IN CHARGE	OF PLACING WITH THE CARRIER
TRANSIT			15C. SIGNATURE OF PE THE CARRIER	RSON IN CHARGE OF PLAC	ING WITH 15D, DATE SHIPPED
SCATTERING/ BURIAL AT SEA O DISPOSITION	IF BURIAL AT SEA, ONLY ENTER LATITUDE	ND CALIFORNIA DISTRICT OF DISPOSITION	16B. DATE OF DISPOSIT		E NUMBER OF CREMATED SPOSER—IF APPLICABLE
OTHER THAN IN			16D SIGNATURE OF PE	RSON IN CHARGE OF SCAT	TERING 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.

OFFICIAL RECEIPT	CITY OF SAN DIEGO, CALI		= t 2/04h
WHITE	A STATE STATE OF THE STATE OF T		710
GANARY PINK		ETERY	6201E
	(619) 527-3400		62015
232698	_ Date	. 11-2	20 09
	Da 2 111 12	MU SO IN	9000
From: Joyce M Juge	Address: T.O. OUY	DUST DU CH	7210
One haudred was	the - eight -	Dollars (\$ 1	78 6/21
6.11		Donars (\$ 1	191
in [UII Payment of	selling lee for Mil	VELSHE I P	119°
Div 1/2 Sec	Bik/	34 0-	9. "
	Row Lot	Grave _	cali
Invoice No. E-21047	NOT VALID FOR PURPOSES STATED UNLESS	Post and the second	23,1984
	STAMPED "PAID" IN THIS SPACE.	CREDIT 67007	ar
Acct. No.		20% Sales Care 77184	The same of the sa
W.O.	-AID	80% Sales 100 of Lots 77184	
DALANGE DUE	PAID	Opening/ 100	
BALANCE DUE	CLEAR AND THE COMMENTAL TO	Closing 77181 Burisi 100 ——	Later Control
	NOV. 2 2009	Containers 77182	
Money Order		Handing Fee 77185	
	MOUNT HOPE CEMETER	Hecording & 100	178
Scharge 1-1 2012	MOUNT HOPE OF THE	Misc. Fees 77183	1/0.
Check	ISSUED BY DULLETTOC	78390 —	
AC-212A (11-08)	1000ED BY THE THE		178 -
This information is available in alternative formats upon reques		TOTAL PAID \$	
			Let Maria Le

INTERMENT ORDER

atneed

REA-104 (3-04)

City of San Diego

	"A" Funeral date time TOKS A) OV 25
Type of Burist Container	Donoto 10
Church Chapel Graveside	- Righte Mortu
II Funeral cars must arrive before 3	3:00 p.m. of regular work day or an extra charge of \$
ill be applied and billed to undersig	ned.
	Blk/Row Lot 34 Grave 9
Frave space & Care Fund	
Overtime/Late Arrival Fees	701
pening/Closing & Setup	701.0
Surial Container	PAID 717.
landling Fees	604
lower vases - Marker setting fee	NU 4 2 1 2000
The state of the s	MOUNT HOPE CEMETERY 85
iales laxes	MOUNT HOPE CLIVILIEIT
Mich Washington	5180
	Total Due
	Total Due 2100
	Paid receipt number R61319 5, 180
7	Paid receipt number R61319 5, 180
hereby certify I am the // nd this is your authority to make d hat I have the right to make this aut ny liability on account of said autho	Paid receipt number R61319 5, 180 C # 001 5 00 665 9 Balance due W3 h4 rol of the above named deced lisposition of remains as above indicated. I certify and representation and Lagree to hold Mt. Hope Cemetery harmless fr
nd this is your authority to make d nat I have the right to make this aut ny liability on account of said autho	Paid receipt number R61319 5, 180 C # OOL 5 OB 6659 Balance dise Washand of the above named deced lisposition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless for izzation and interment. 23/983
nd this is your authority to make d nat I have the right to make this aut ny liability on account of said autho hereby authorize the interment in k	Paid receipt number R61319 5, 180 Balance due Balance due W3 h4 rol of the above named deced disposition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless for prization and interment. 23/983
nd this is your authority to make d nat I have the right to make this aut ny liability on account of said autho hereby authorize the interment in k	Paid receipt number R61319 5, 180 Balance due Balance due 103 band of the above named deced disposition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless for installing and interment. 23/983 ot 1 Pring Name 48/1 Banner Ave
nd this is your authority to make d nat I have the right to make this aut ny liability on account of said autho hereby authorize the interment in k	Paid receipt number R61319 5, 180 Balance due Balance due W3 h4 rol of the above named deced disposition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless for prization and interment. 23/983

the Printed on securited paper

This information is available in alternative formats upon request.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS.

90

NAME OF DECEDENT—FIRST MARGARETTE			ISBELLE		BROWN		
The Research (1995)	02/03/1918	DAY, YEAR)	4. DATE OF DEATH (MONTH, DA 11/18/2008	Y, YEAR)	5 (FETAL	DEATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR)
6A CITY OF DEA	/ P. C.			SAN DI		SIDE OF CALIFORI	NIA, ENTER STATE
SHEED TOO SO IN	7554575466		I'm pri amovelim to process	C 201501000000000	TO ADATADA	AF AW - FAB.	The warmen of the war
DOROTH	Y LOWERY		78. RELATIONSHIP TO DECEDE NIECE	LICENSED FU	ME AND ADDRESS NERAL DIRECTOR JCH—STREET NUM ZIP CODE	OR PERSON	BB. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1329
4936 WY	'S FULL MAILING ADDRESS CONDA LANE GO, CA 92113	S-STREET NUMBER AN	D NAME, CITY, STATE, ZIP CODE	5050 FE	SON-RAGSE DERAL BLV GO, CA 921	D.	UARY
ight to control dis stated herein is of PERMIT AND This permit is issued of California.	ued in accordance with provi	& Safety Code Section 710 zed by Health & Safety Co LOCAL REGISTRA sions of the California Hea	o, and that the disposition de Section 103055 R—ANY CHANGE IN DISPOSIT the and Safety Code and is the authority.	or the disposition sp	ecified in this permit.	NOTE: This permi	BB. DATE SIGNED 1 2
10A AMOUNTO \$ 11.00	F FEE PAID	108. DATE PERMIT 11/21/2008		TURE OF LOCAL R		3 PERMIT	E
3851 RO	GO COUNTY VIT SECRANS ST GO, CA 92110	AL RECORDS					
11. AUTHORIZE	DISPOSITION(5)		1,0	F	OR CORONER'S L	JSE ONLY	
BU							
BURIAL OR	postation are even because where the	RESS OF CALIFORNIA CE	STATE OF THE PARTY	128 DATE BUE	17008		ENT NUMBER—IF APPLICABLE 2.104.7
7.0078	MT. HOPE C	RESS OF CALIFORNIA CE EMETERY: 375 IN DIEGO, CA 9	1 MARKET	11/29	5/2008	E-	PENT NUMBER—IF APPLICABLE 21047 ALOR SCATTERING
BURIAL OR SCATTERING IF CEMETERY (INCLUDES ENTOMBMEN	MT. HOPE C STREET, SA	EMETERY: 375	1 MARKET 2102	11/29	5/2008 RE OF PERSON IN 1	CHARGE OF BURIA	21047
BURIAL OR SCATTERING IF CEMETERY (INCLUDES	MT. HOPE C STREET, SA	EMETERY: 375 N DIEGO, CA 9	1 MARKET 2102	12D SIGNATUR 12D SIGNATUR 13B, DATE CRE	5/2008 RE OF PERSON IN 1	CHARGE OF BURIA	2104 7 ALOR SCATTERING TION NUMBER—IF APPLICABLE
BURIAL OR SCATTERING IF CEMETERY (INCLUDES ENTOMBMEN	MT. HOPE C STREET, SA 13A. NAME AND ADDR	EMETERY: 375 IN DIEGO, CA 9	1 MARKET 2102	12D SIGNATUR 12D SIGNATUR 13B, DATE CRE	DIZOOS RE OF PERSON IN I MATED	CHARGE OF BURIA	2104 7 ALOR SCATTERING TION NUMBER—IF APPLICABLE
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BURIAL OR SCATTERING IF CEMETERY (INCLUDES ENTOMBMEN CREMATION SCIENTIFIC US	MT. HOPE C STREET, SA 13A. NAME AND ADDR 14A. NAME AND ADDR SE 15A. NAME AND ADDR CREMATED REMAINS 16A. ADDRESS, NEAR SUFFICIENT TO IDENT IF BURIAL AT SEA, ON	EMETERY: 375 IN DIEGO, CA 9 RESS OF CALIFORNIA CA RESS OF CALIFORNIA FA RESS IN RECEIVING STA ARE TO BE SHIPPED	THE OR COUNTRY WHERE REMAINS OF OTHER DESCRIPTION THE OR OTHER DESCRIPTION THE OR OTHER DESCRIPTION THE OR OTHER DESCRIPTION	13B, DATE CRE 13D, SIGNATUR 14B, DATE REC 14C, SIGNATUR 15C, SIGNATUR 15C, SIGNATUR 15C, SIGNATUR 15C, SIGNATUR 15C, SIGNATUR 15B, DATE OF 1	DIZOOS RE OF PERSON IN I CEIVED DIADDRESS OF PEI RE OF PERSON IN I	CHARGE OF BURIA	2104 7 ALOR SCATTERING TION NUMBER—IF APPLICABLE NATION ITY OF PLACING WITH THE CARRIE

UPON AUTHORIZATION OF PERMIT DISTRIBUTE COPIES AS FOLLOWS:

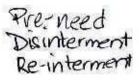
COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS 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 DNE YEAR FROM ISSUE DATE.



MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 11 /21/2008

	itevenson 4n	184720
a liner to DO"A"+"B'F	meral, date, time	38
Type of Burlat Container hurch, Chapel, Graveside	CA BURIS	₩ Mortuary
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Il Funeral cars must arrive before 3:00 p.m. of	regular work day or an extra charge	e of \$
ill be applied and billed to undersigned		-
ivision 12 Section 3 BIK/I	~ Lot 139. G	rave 2
546 (5866) 7 1 - 403 (100 - 100) Armin Waynay (1 0 - 10) (150 - 10)	,368	-0 _
overtime/Late Arrival Fees	ped	1,419.00
pening/Closing & Setup	annon an	
lurial Container		539.00
NOV 2 5 20	18	464,00
lower vases - Mariti Office PELODE OF		
ecording/Filing/Transfer Fees	ME Stevenson)	130.00
		41.77
ales laxes	muanimumamimanya a	n c827
	O A ICII	2 102/1
Paid re	selpt number F-0/34/	2,50000
	Balance of	lue
hereby certify I am the	of the abov	e named decedent
nd this is your authority to make disposition on that I have the right to make this authorization of	f remains as above indicated: I ca	rtify and represent
ny liability on account of said authorization and	interment. Pin 3	23 (997)
hereby authorize the interment in lot I	Print Name	
	(400)	Λ
olo under deed,	Aridrecs	
007 50 5 T	Address	4 2
007 50 50 50 50 50 50 50 50 50 50 50 50 50	City	20 Zip Code
	,+,+	20 Epcode
ignature.	Toleghone OWS	20 2p Code
007 50 50 50 50 50 50 50 50 50 50 50 50 50	City 1105C	20 ED COOP

O Private on recicled paper

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Ö		WHITE TO CUSTOI CANARY CEMET		JRCHASE CEMETERY 3400	P0154	
_	From: Johnnie	Stevenson	ONE 111		mber 25.	20 <u>08</u>
	Twenty-Five H		Address: Almany	94	Dollars (\$2583	1.77 Jan
	in <u>+uil</u>	Payment of YE'NES	ddisinterment/remte	cof Uzell Styer	Grave Z	Johnhie!
	Invoice No. E - 210	48 NOTA	ALID FOR PURPOSES STATED UNTIL	ESS. DOBEOA	-51001 MSON	
در در	W.OBALANCE DUE	and the second	PAID	20% Sales Care 80% Sales of Lots	77184 100 77184	. 12
, , ,	N.		NOV 2 5 2008	Pre-Need Trust	63033 77186 2,58	3. 68 PC
J.	Pre-Need Lot	☐ Money Order ☐ Charge	NOUNT HOPE CEMETE	ERY 3		134033
•			DBY Paulone C.	TOTAL PAID	s <u>258</u>	3. 69 PC
ii. e ii.	aktinir ilgaliai in 1964 dai a faabi	k, die , in de la projection de la proje	<u> (2005) (1866) (1866) (1866)</u> 	Sandring and August 1995	at and sink . The decision	la si seletani i ra
				AN TOTAL MIN ON		
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	27366 129			400	A.15618	

"OD1500665" :122000496: O566000006"

INTERMENT ORDER

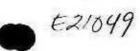
9 (City of San Diego	
M Yked Bertie	Date_11 - 26	,-08
in grave wi FUHZ		
	cted, subject to your rules and regulations, to inter	the remains
of PATS	LEE CARVALLS 2	231901
in a T.S. DIP	Funeral, date, time 12-3_WED	10.00
Church, Chapel, Graveside	:EL Cajon	Mortuary.
All Funeral cars must arrive before 3	00 p.m. of regular work day or an extra charge of s	
will be applied and billed to undersign	ned	
Division 4 Section 4	BIK/Row Lot 58 Grave	2
	01382	(C-100)
Overtime/Late Arrival Fees	3 2	
ese un warransammannan u		702.00
Opening/Closing & Setup	- A 1 1 - A	472.00
Burial Container	PAID	350.00
Handling Fees	DEC 1 2008	3 30100
Flower vases - Marker setting fee		WE
Recording/Filing/Transfer Fees MOUI	NT HOPE CEMETERY	85,00
Sales taxes		36.58
	Total Due	162128
	Paid receipt number	(000,00
	AP 94733 A/A 6138 Bance due _	65150
	aughter of the above nar	med decedent
and this is your authority to make di-	sposition of remains as above indicated. I certify a norization and I agree to hold Mt. Hope Cemetery is	and represent
any liability on account of said author		231988
I hereby authorize the interment in lo	, Lori Rav	Se
hold under deed.	Free Harper 20 6 Horrs	H 01 200
MIKU	Addr ons	a avour
Signature (A) (1)	× Lakeside, Co	Zip Code
NON RES	X 6/9-2/2-6	910
Men	250	
What Order # E 21049	Invoice #	
Work Order # E Z 1 U 4 9	Acct. #	
REA-104 (3-04) Th	is information is available in alternative formats (upon request.

O Printed on secreted paper

non-Res.				E21049
OFFICIAL RE	WHITE TO CUS	EFFOY	ASE OI	328
)—	MOUNT HOPE CEM (619) 527-3400 Date	10 lns	
From: LOY	undred Eister	Address: 1525 Grave	SAVE, Apt. 11 Dollars (\$ E	7, Elcajon CA
in Full		ial Services of Ba	etsy LeeCarva	<u>/uˈ</u>
DivInvoice No		I Row Lo	T Grave 2	-
Acct. No W.O	50	MPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184	
BALANCE DU	JE <i>2</i>	PAID DEC 1 2008	Opening/ 100	180.00 BC 350.00 H/F
	Money Order Charge AP 94733A	MOUNT HOPE CEMETE	Handling Fee 77185 PRecording 8 100 Misc. Fees 77183 Sales Tax 60101	85 00 RIF
AC-212A (11-05)	Check Part of 61327 # 100655 wallable in alternative formats upon request.	JEDBY Paulette C	78390 —— TOTAL PAID \$	36.58 10x 651.58

	DRDER	MOPE	CEMET
	CITY OF SAN DIEGO, CALIFORNIA	2/0	47
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ot 58 G	R 2 ROW_ SEC 4 STES 4	4 72	50
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REMOVAL OR FOUNDATION			
	*** *** ***		
	TOTAL	200	00
AID RECEIPT NUMBER			<u>L</u> _
J	TOTAL ALIENCE		
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		Livo	- 3
		13	_
UE CITY CHARTER MAKE	S NO PROVISIONS FOR THE EXTENSION	OF CREDIT	3
AGREE TO ABIDE BY	THE RULES AND REGULATIONS OF MT. H	OPE CEMETE	RY.
UTHOR I ZED	2 ~ "		
w proposit con	ORDER TAKEN BY	81150	0
		<u> </u>	^
NO. NO. C 138	2 INVOICE NO.	6446	3
1. V. 110	mroise no.		

FORM PR.974 REV.



GRAVE	BLIND CHECK FORM		
IN GRAVE WITH BEY	tiet. Fultz	>	
marked with "X". Place the na	pased for which the grave is for in the block ame's, lot # and grave # of all existing marks are adjacent to the burial space.		
Burial Container TOP	sear vaut "Double-Do	eco	
	X		
Flagged Yes	No		
Blind check Initiated by:	Date:	_	
Interment space for: Part		(al	
Interment Date: Wed \$ 12) Div: 4 Sect: 4	3 Time: 10'.00 6.5 am v Blk/Row:Lot: 58 Grave2	450	
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

16 16

		USE BLACK	INK ONLY - MAKE	NO ERASURES,	WHITEOUTS	PHOTOCOL	PIES, OR	OTHER ALTE	RATIONS		<u>, </u>
PATS		DENT-FIRST		LEE		W. WIII	CAF	AST ARVALIS			
2. 8EX		E OF BIRTH (MONTH, DA' 09/1932	Y, YEAR)	4 DATE OF DEATH 11/25/2008		YEAR)	W 99	5. (FETAL DEATH	ONLY) DAT	EOFEVEN	(MONTH, DAY, YEAR)
EA. CITY O				ec sulles	8	SAN D		⊢IF OUTSIDE OF	CALIFORN	NA, ENTER	STATE
A CONTRACTOR	TA NAME OF INFORMANT LORI RAY DAUGHTER					T 84 TYPEO NAME AND ADDRESS OF CALIFORNIA- LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE FD1022				IF APPLICABLE	
9395	HARR	ULL MAILING ADDRESS- RITT RD #262 CA 92040	STREET NUMBER AND	NAME, CITY, STATE, Z	IP CODE	684 S. I		ON AVE	NTEE	MORT	& CR SER
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 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSIT.					> Ja	dei 7	900))	JOIN EIN	al nich	98 DATE SIGNED 12/01/2008
This permit of California	ie issued i a.	in accordance with provision		and Safety Code and is	the sutharity for	the disposition s	pacified in th		This permit		
\$ 11.00	ALL OF STATE	E PAID	12/01/2008	NED		A WOOTE		(ISSUING PERIOR	X.		E
SAN E 3851 J	DIEGO	REGISTRAR OF DISTRICT COUNTY VITA CRANS ST CA 92110		CCURRED IN CALIFOR	RNIA 10E. A	ODRESS OF RE	GISTRAR O	FOISTRICT OF D	ISPOSITIO	N —IF DIFF	FRENT FROM 100
11. AUTHOR	RIZED DIS	SPOSITION(S)				1	FOR CORO	NER'S USE ONL	Y		
BU		12A. NAME AND ADDRES	S OF CALIFORNIA CEMI	ETERY		128 DATE BY		112	C INTERM	ENT NUMB	ER—IF APPLICABLE
AURIAL SCATTERII CEMET (INCLUI ENTOMBI	NG IN A ERY DES	MOUNT HOPE ST,SAN DIEGO	CEMETERY,37 D,CA 92101	751 MARKET			2 08 JRE OF PER - 0 8	SON IN CHARGE	OF BURIA	OR SCAT	044 TERING
CREMA	TION	13A. NAME AND ADDRES N/A	S OF CALIFORNIA CREM	MATORY		138. DATE CREMATED 13C. CREMATION NUMBER—IF APPLICABLE 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION				ER-IF APPLICABLE	
14A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A			INS	148. DATE RECEIVED 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			*				
TRANS	SIT.	15A, NAME AND ADDRES CREMATED REMAINS AR N/A		OR COUNTRY WHERE	EREMAINS OR	158. NAME AN	ND ADDRES	S OF PERSON IN	CHARGE ()F PLACIN	G WITH THE CARRIER
TRANSIT			84	15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPE THE CARRIER				150. DATE SHIPPED			
SCATTER BURIAL AT DISPOSE	RING/ SEA OR TION	16A ADDRESS, NEAREST SUFFICIENT TO IDENTIFY IF BURIAL AT SEA, ONLY N/A	FINAL PLACE AND CAL	IFORNIA DISTRICT OF	TION DISPOSITION;	16B DATE OF	DISPOSITIO				OF CREMATED F APPLICABLE
OTHER TH	AN IN A	N/A			160, SIGNATU	IRE OF PER	SON IN CHARGE	OF SCATT	ERING 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 DIRIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INTERMENT ORDER

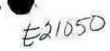
D. 1. f.

Date 12-01-08

You are hereby authorized and instructed, su		nd regulations, to I	
of JAMES WA	etter er og er som er Manner	FRIDAY	DEC 5.20
Type of Burist Container	Funeral, date, time		
Church, Chaper Graveside	;_C	TA BURIA	Mortuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day	or an extra charge	AS VEIN
will be applied and billed to undersigned			
Division Bection B	lk/Row	Lot 6/ Gr	ave 6
Grave space & Care Fund	=-14216		0
Overtime/Late Arrival Fees			
Opening/Closing & Setup	fund Trav	ister	
Burial Container DP 3	82H57		
Handling Fees			
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees			
Sales taxes	Pd 1	6 21-2007	
		tal Due	6
Paid	receipt number		
		Balance de	ie L
I hereby certify I am the		of the above	named decedent
and this is your authority to make dispositio that. I have the right to make this authorization any liability on account of said authorization	on and I agree to hole	ive indicated. I cer d Mt. Hope Cemet	tify and represent ery harmless from
I hereby authorize the interment in lot I hold ûnder deed.	Print Name) -tta	exed
	Address	100 ALLA	<i></i>
Signature .	City X	MX W	Zip Code
4.286.2674	Telephone		
A 210E0	Invoice #		
Work Order # E 21050 .	Acct. #		
REA-104 (3-04) This inform	mation is available i	n alternative form	ets upon request.

O Posted on recycled paper

INTERMENT ORDER

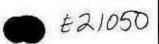


prened pt. P

City of San Diego

Date 6/ 29/05

Mar. Du.		Date	
You are hereby authorized and		es and regulations, to in	nter the remains
for you	us & Bessee W	LASON(2291)	2)
n a	Funeral, date, ti	ime	
Church, Chapel, Graveside			Mortuary.
All Funeral cars must arrive be	fore 3:00 p.m. of regular work	day or an extra charge	of \$
vill be applied and billed to unc	dersigned		
+ *	A.		_
Division/_ Section	2 Blk/Row	Lot 6 / Gra	tve6
Grave space & Care Fund	**************************************		985.00
Overtime/Late Arrival Fees			
Opening/Closing & Setup	20 413.00	\	826.00
Burial Container	20 275.00	AT. P	550,00
landling Fees	200 204,00		408.00
lower vases - Marker setting			
Recording/Filing/Transfer Fees			
Sales taxes	20 21.31		4212
JUN	2 1 2007	Total Due	24763.25
	Paid receipt number	R-59013	1000.00
MOUNT HO	OPE CEMETERY	Balance du	1963.25
hereby certify I am the and this is your authority to ma hat I have the right to make th any liability on account of said	ake disposition of remains as is authorization and I agree to authorization and interment	of the above above indicated. I cert hold Mt. Hope Cemete	named decedent ily and represent ry harmless from
hereby authorize the intermen	tin lot I	IES W. WA	750x 2271
benen a ato	Actives 7	Lisbons	
	X SAN	ViEge	92114 Zo Code
wette Free	X G 15	7-264-567	74
Mac	Invoice #		
Nork Order # E 192	16 Acct. #_		- 4



GRAVE	BLIND CH	ECK FORM	
IN GRAVE WITH Write in the name of the decemarked with "X". Place the nathe appropriate space (s) that Burial Container	me's, lot # and are adjacent t	grave # of all	existing marker's in ace.
Zear	x	Cp.	NOT PURELL
Flagged Yes /	Paulette		te: 12-1
Interment space for: \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(Blk/Row: _	Vat800 1:00A ~ Lot: 61	.M Chapel Grave:
Agrees with Legal Card: Agrees with Map:	Yes [No No	
Blind Check & Verified By:		Date	
Cremains were placed at:	<u>. </u>	of grave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Ed	1050
59	

		ONLY - MAKE NO ERAS				IONS	57
JAMES		●			WATSON		
**************************************	TE OF BIRTH (MONTH, DAY, YEA 2/19/1948	FT C/62505/00/49	FOEATH (MONTH, DAY, 3/2008	YEAR)	5. (FETAL DEATH ONL)) DATE OF EVE	NT (MONTH, DAY, YEAR)
SA, CITY OF DEATH EL CAJON				SAN DIEC	DEATH—IF OUTSIDE OF CAL	IFORNIA, ENTE	RSTATE
7A. NAME OF INFORMANT 78. RELATIONSHIP TO DI WIFE		IONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA- LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP COOE 8B. CALIFORNIA LICE NUMBER—IF APPLICE FD 1357			R-IF APPLICABLE	
7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 7071 LISBON STREET SAN DIEGO, CA 92114				5880 EL C	IIA CREMATION 8 AJON BLVD. O, CA 92115	BURIAL	CHAPEL
right to control dispo stated herein is one	esition pursuant to Health & Safety of of the dispositions authorized by He	y acknowledge as applicant that I in Code Section 7100, and that the disalift & Safety Code Section 10305	s. DO	inth	sya (98. DATE SIGNED 12/03/3
This permit is tasued of California.	d in accordance with provisions of the	L REGISTRAR—ANY CHAI ne Celifornia Health and Safety Cor	de and is the authority for	the disposition specifi	ed in this permit. NOTE: This p	V FINAL DISP permit gives no	right of disposal outside
10A AMOUNT OF I \$ 11.00	1	2/03/2008	► WILM	A WOOTEN,	STRAR ISSUING PERMIT MD		E
SAN DIEG 3851 ROS	REGISTRAR OF DISTRICT OF DI O COUNTY VITAL R ECRANS ST O, CA 92110	EATH-UF DEATH OCCURRED IN ECORDS	CALIFORNIA 10E AI	ODRESS OF REGIST	RAR OF DISTRICT OF DISPO	ISITION—IF DIF	FERENT FROM 100
BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES	12A. NAME AND ADDRESS OF MT. HOPE CEMET STREET, SAN DIE	ERY, 3751 MARKET	i	128. DATE SURIED 12.05	12C IN	=-210	IBER—IF APPLICABLE 50 ATTERNING
ENTOMBMENT) CREMATION	13A. NAME AND ADDRESS OF	C		138. DATE CREMA	TED 13C. CE		BER-IF APPLICABLE
SCIENTIFIC USE	14A, NAME AND ADDRESS OF	CALIFORNIA FACILITY RECEIVE	IG REMAINS	146. DATE RECEIV	ED OF PERSON IN CHARGE OF I	FACILITY	4.
TRANSIT	15A NAME AND ADDRESS IN I CREMATED REMAINS ARE TO	RECEIVING STATE OR COUNTRY BE SHIPPED	WHERE REMAINS OR		DORESS OF PERSON IN CHA	# 10 To 10 Co. A. 250	
SCATTERING/ BURIAL AT SEA OF DISPOSITION OTHER THAN IN A CEMETERY	SUFFICIENT TO IDENTIFY FINA IF BURBAL AT SEA, ONLY ENTE	NT ON SHORELINE, OR OTHER O IL PLACE AND CAUFORNIA DIST IR LATITUDE AND LONGITUDE		168. DATE OF DISP		IS DISPOSER	R OF CREMATED IF APPUCABLE

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.



April 13, 2009



Mt. Hope Cemetery:

I have enclosed a check in the amount of \$178.00 as a setting fee for a marker which I am ordering for James Wallace Watson. I plan on ordering the marker within the next few days.

If anything else is needed, please call me at work (9:00-5:00) 619-594-8512 or home after 6:00 PM at 619-264-5674.

Sincerely,

Bessie Watson

E021050 E21050

OFFICIAL RECEIPT

TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA AT-NEED PURCHASE MOUNT HODE OFMETERY

61581

PINK	(619) 527-3400	tullie
From: Dice 2. hatson	Address: PD By 14118	7,50 CA 72175
in 1014 Payment of S	thing fee for Jam's	Dollars (\$ 178,00)
Div Sec Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 87007
W.O.	OBERTHEN EN	20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100
BALANCE DUE	APR, 1.5, 2009	Closing 77181 Burial 100 Containers 77182 100
☐ Money Order ☐ Charge ☐ Check 2 (M I)	By	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Sales Tax 60101 78390
AC-212A (11-08) This information is available in alternative formets upon reques	ISSUED BY	TOTAL PAID 8

MT. HOPE CEMETERY INTERMENT ORDER

at Need

City of San Diego

	11 /01/00	
Date	1401/08	

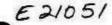
Wei III	authorized and instruc	ted, subject to your rule	es and regulations, to in	ter the remains
ina Double	DOH " A "	Funeral, date, ti	mo Dec 8th	M0100
Church Chapel	Graveside		Kagsaal	Mortuary.
All Funeral cars	must arrive before 3:0	0 p.m. of regular work o	day or an extra charge	of \$ NOVIN
will be applied a	nd billed to undersigne	ed		
Division 12	Section	Blk/Row	_ Lot <u> </u>	ve_ <u></u>
Grave space & (Care Fund			2264.00
Overtime/Late A	rival Fees	\$ 533.00		1066.00
Burial Container				539.00
Handling Fees	PAID			454.00
Flower vases -		00		178.00
Recording/Filing	12000	2 65.00	renambelin), warm, wassani.	130.00
	T HOPE CEME	TERY	03/11/1-10-000000 u tourous-103/1-10	41.77
			Total Due	4,6727
		Paid receipt number	AP001331	4672.7
		R-6132	9 Balance due	$-\infty$
and this is your that I have the n	am the 2007/ authority to make dis- ight to make this authoric account of said authoric	position of remains as prization and I agree to sation and interment.	above indicated. I certi	named decedent fy and represent ry harmless from 23/99/
I hereby authorized	ze the interment in lot		THERH-WI	
Signature	VII. IONIO	SAN I City Gl Telephone	Diego, CA 9-263-40	92114 29 Gode
Work Order #	E 21051	Invoice # Acct. #		

OFFICIAL RECEIPT		
	WHITE	TO CUSTOMER
4000	CANARY	CEMETERY

CITY OF SAN DIEGO, CALIFORNIA AT-NEED PURCHASE MOUNT HOPE CEMETERY

61329

	MOUNT HOPE CEM (619) 527-3400	EIEHY	
	Date	12/01 ,2	0 08
From: Esther H. Whit	e Address: 5545 Enc	ina Dr. Sundiego CA	92114
Four thousand, Six	hundred , seventy-Tw	10 7/00 Dollars (\$4,672	2.77
in full Payment of 7	Interment Order for	Cynthia White.	
Div Sec	Blk/ Lo	1 85 Grave	
Invoice No. E-21051	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 467	180
Acct, No	PAID	20% Sales Care 77184 80% Sales 100 of Lots 77184	11
BALANCE DUE Ø	DEC 1 2008	Opening 2 100 10 60 Closing 77181 53 53 Containers 77182 450	100 100 Sepping
Money Order Charge AP 001331	MOUNT HOPE CEMETERY	Handling Fee 77185 Recording & 100 Misc. Fees 77183 Sales Tax 60101	3 00 \$130. 1 77 r/fee
Check AC 212A (11-05) This information is available in alternative formats upon requ	ISSUED BY Paulette C.	78390 4 GT	2 77



GRAVE	BLIND CH	ECK FOR	M	
Write in the name of the decemented with "X". Place the name the appropriate space (s) that Burial Container	me's, lot # an	d grave # o to the buria	f all ex	dsting marker's i
	x			
			01-	
Flagged Yes	_	No		
Blind check Initiated by:		 ,	Date	
Interment space for:	nthia 1	White	2	W
Interment Date: 12/8/08	MM Time:	10,00	O.	hope1
Div: 17 Sect: 1	Blk/Row://	\sim Lot:	185	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 gra	ive	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

AN NAME OF SEC		ONLY - MAKE NO ERASURES,	WHITEOUTS.	PHOTOCOPI		ALTERATIONS	M S	
CYNTHIA	EDENT—FIRST	GAIL			WHITE			
	TE OF BIRTH (MONTH, DAY, YE) D /16/1961	4. DATÉ OF DEATH 11/29/2008	CALL TO STAND OF THE PARTY OF T	(EAR)	5 (FETAL	DEATH ONLY) DAT	E OF EVENT (MONTH	DAY YEAR)
SAN DIEG			SHELL CO.	SAN DIE	OF DEATH—IF OUTS	SIDE OF CALIFORI	WA, ENTER STATE	
A NAME OF INFO	PRMANT	78. RELATIONSHIP	TO DECEDENT		ME AND ADDRESS		8B CALIFORNIAL	
ESTHER H. WHITE MOTHER					NERAL DIRECTOR (ICH—STREET NUM ZIP CODE		FD1329	CABLE
	FULL MAILING ADDRESS—STRE INA DRIVE	ET NUMBER AND NAME, CITY, STATE, 2	CIP CODE		ON-RAGSD		UARY	
	O, CA 92114			SAN DIE	GO, CA 921		111	3,∓6
ight to control disp	esition pursuant to Health & Safety	y acknowledge as applicant that I have the Code Section 7100, and that the disposition ealth & Safety Code Section 103055.		LWW (Kat	mon	98 DAT	SIGNED
PERMIT AND / This permit is issue of California.	UTHORIZATION OF LOCA d in accordance with provisions of t	L REGISTRAR—ANY CHANGE IN the California Health and Safety Code and is	OISPOSITION the authority for the	REQUIRES the disposition spe	A NEW PERMIT chied in this permit.	TO SHIDW FIN NOTE: This permit	AL DISPOSITION gives no right of dis	sposal outsi
10A AMOUNT OF \$ 11.00		DATE PERMIT ISSUED 2/05/2008		WOOTE	GISTRAR ISSUING	PERMIT	ô	EG
3851 ROS	O COUNTY VITAL R ECRANS ST O, CA 92110	ECORDS	-					
BU	12A. NAME AND ADDRESS OF	CALIFORNIA CHAIFT IN BY	F:	12B DATE BUR	IFD.	. :12C INTERN	ENT NUMBER—IF A	PPI IČARI E
BURIAL OR SCATTERING IN. CEMETERY (INCLUDES ENTOMBMENT)		TERY; 3751 MARKET		12-0	18-06	T E	-2105/ LOR SCATTERING	
CREMATION	13A. NAME AND ADDRESS OF	OF CALIFORNIA CREMATORY 13B. DATE CREMATED 13C. CREMATION NUMBER—IF APPLICATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION		PPLICABLE				
	14A NAME AND ADDRESS OF	CALIFORNIA FACILITY RECEIVING REM	AINS	148. DATE REC	EIVED			
SCIENTIFIC USE				14C, SIGNATUR	E OF PERSON IN C	HARGE OF FACIL	ту	
TOANDIT		SA. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR REMATED REMAINS ARE TO BE SHIPPED		158 NAME AND	ADDRESS OF PER	SON IN CHARGE	OF PLACING WITH T	HE CARRIE
TRANSIT				15C SIGNATUR THE CARRIER	E OF PERSON IN C	HARGE OF PLACI	NG WITH 15D DA	TE SHIPPEC
SCATTERING/ JURIAL AT SEA O DISPOSITION	SUFFICIENT TO IDENTIFY FINA IF BURIAL AT SEA. ONLY ENTE	NT ON SHORELINE, OR OTHER DESCRIF AL PLACE AND CALIFORNIA DISTRICT O ER LATITUDE AND LONGITUDE		188. DATE OF D	ISPOSITION		NUMBER OF CREATE APPLICATION OF THE PROPERTY O	
CEMETERY				160 SIGNATUR	E OF PERSON IN C	HARGE OF SCATT	ERING OR BURIAL	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

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^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

OFFICIAL RECEIPT WHITE TO CANARY PINK From: ESTher H. White Thirty- three 23	CEMETERY MODE CEMETERY	E21057 61751 (4 92114 (8 33.23)
Acct. No	BIK/ ROW Lot ISS Gr NOT VALID FOR PURPOSES STATED UNLESS STAMPED TRAID* IN THIS SPACE. CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening/ 100 Closing 77181 Burlal 100 Containers 77182 100	s. White ave 2
Money Order Charge Check 607/ AC-212A (11-08) This information is available in alternative formats upon request.	By Handling Fee 77185 Recording 8 100 Misc. Fees 77183 Sales Tax 60101 78390 TOTAL PAID 8	19 00 123 33 23

the age of the after parties.

MT. HOPE CEMETERY INTERMENT ORDER

94 4/0

City of San Diego

12-4-08 Date

of	Llo	yd M.	Hutchinson	7 18 20	9028
in a		AULT	Funeral, date, tir	ne Monday, D	ec 8 & 10an
Church,	Type of Buris Chapel, Grave:			Greenwood	
All Fune	ral cars must a	rive before 3:00	p.m. of regular work d	ay or an extra charge	of \$
will be a	oplied and bille	d to undersigne	d		
Division	_10_s	ection	BIK/ROW D-9580 (10	_ Lot /253_ Gra	ve
Grave s	ace & Care Fu	ind	D-9580 (10	278)	_0_
Overtime	a/Late Arrival F	985			
Opening	Closing & Setu	ıp	AID		149.00
Burial Co	ontainer	P	AIU		79.00
Handling	Fees		~ ~ 2008		85,00
Flower v	ases – Marker	setting fee DE	C - 4 2008		
Recordin	ng/Filing/Transf	er Fees	HOPE CEME ^{TE}	\$	65.00
Sales ta	xes	MOUNT	HOPE OF	and the constitution of th	6.12
				total Due	11
			Paid receipt number	P61334	38412
		8		Balance du	0
hereby	certify I am the	A Sor	7	of the above	named decedent
that I ha any Ilabi	ve the right to r lity on account	make this autho of said authoriz	osition of remains as a rization and I agree to ation and interment.	above indicated, I centrolled Mt. Hope Cemeter 32(938 _
hold und	authorize the i	pterment in lot I	Prex Name	MAPIE broof	KCF
Signature	A MIN		No El	DARSIE	4 92019 The Zip Code
. /				The state of the s	
	_{rder#} <u>E</u> 2	4050	Invaice #		

E21052

GRAVE	BLIND CHECK FORM
IN GRAVE WITH Tac	cy Hotchinson
marked with "X". Place the na	ased for which the grave is for in the block me's, lot # and grave # of all existing marker's in are adjacent to the burial space.
	VaoIT "B"
satisb ¹	Sa lisbury McCollumn
Chester Wytchus	Bernice Carl & Puth
John 4 We bb	webb weldon
Certhur	avson Percy
Flagged Yes	No
Blind check Initiated by:	Date:
TARGET TO THE RELIGIOUS STREET, STREET	Joyd M. Hutchison⊗
Interment Date: 12/8	
Div: Sect:	Blk/Row:Lot: 1253
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

E21052

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST 18. MIDDLE 1C. LAST LLOYD MARTIN HUTCHINSON 2 SEX S. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) M 01/20/1914 11/29/2008 BA. CITY OF DEATH 88. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, 7A. NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT 8B. CALIFORNIA LICENSE NUMBER-IF APPLICABLE LLOYD M. HUTCHINSON JR. SON FD843 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE GREENWOOD MORTUARY 1916 MAPLEBROOK COURT 4300 IMPERIAL AVENUE EL CAJON, CA 92019 SAN DIEGO, CA 92113 9B. DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT hereby acknowledge as applicant that I have the 9A. AERHCANT SIGNATURE right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 12/02/2008 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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 Heelth 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. 10C, SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT. 10A. AMOUNT OF FEE PAID 10B, DATE PERMIT ISSUED \$ 11.00 12/02/2008 WILMA WOOTEN, MD 100. 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 FOR CORONER'S USE ONLY 11. AUTHORIZED DISPOSITION(S) CR/BU 128. DATE BURIED 2008 12C INTERMENT NUMBER-IF APPLICABLE 12A NAME AND ADDRESS OF CALIFORNIA CEMETERY BURIAL OR SCATTERING IN A -21052 MOUNT HOPE CEMETERY, 3751 MARKET CEMETERY 12D SIGNATURE OF RERSON IN CHAR FUE INRIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT) 13C CREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 138, DATE CREMATED 919688 12-5-0 GREENWOOD CREMATORY, 4300 CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION IMPERIAL AVENUE, SAN DIEGO, CA 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B, DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 158, NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D DATE SHIPPED THE CARRIER 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION, 16C. LICENSE NUMBER OF CREMATED 16B, DATE OF DISPOSITION REMAINS DISPOSER-IF APPLICABLE SCATTERING/ IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE BURIAL AT SEA OF DISPOSITION OTHER THAN IN A 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

UPON <u>AUTHORIZATION</u> OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 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.

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THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

INTERMENT ORDER

AT	N	EED
HO!	IN	CEL

REA-104 (3-04)

City of San Diego

L-2000000	19	loi	108	
Date_	14	01	100	_

	Date 12/01/08	2
	d, subject to your rules and regulations, to inter the re	mains
ALEJANDRA	MCGOWAN 213388	40
a Liner	Funeral, date, time WEDNESDAY DE	C.3
Type of Burial Container hurch, Chapel, Graveside	METSINKANA	lortuary
		3131
Funeral cars must arrive before 3:00	p.m. or regular work day or an extra charge or \$	******
III be applied and billed to undersigned	l	
ivision 1 Section 1	Blk/Row Lot Grave	7
	-775 <u>C</u>)
vertime/Late Arrival Fees		
	7	_
pening/Closing & Setup	8 No interfund Z	_
urial Container 12/03/0		
andling FeesTYONS	fer fre need mioney was	
ower vases – Marker setting fee	obdepted into the	
ower vases – Market Setting 100	sengval Fund	
	ee attacked)	
ales taxes	e ariablea	u.
	Total Due	
0 -111-2433	Paid receipt number	7
fax 264-3433	Balance due	-
	651 B006-04 100-02-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	AND THE CONTRACT OF THE CONTRA
nereby certify I am the GOD F	of the above named do sition of remains as above indicated. I certify and re	
at I have the right to make this authori	ization and I agree to hold Mt. Hope Cemetery harmle	ess from
ny liability on account of said authoriza	C.O. (0
nereby authorize the interment in lot I	MARTHA E. GARON	
old under deed.	1122 Nomino Or	Cella
1/1/1/100 2000	2 Address D 01 C	72.6
grature (Colored	- san viego as	Zio Code
		/
	Tetaphone	
HUNE HARM THE DESCRIPTION OF THE PERSON OF T	Invoice #	
ork Order # E 21053	000000000000000000000000000000000000000	
Nork Order #	Acct.#	_

O Primed as in what paper

This information is available in alternative formats upon request.

OFFICIAL RECEIPT



TO CUSTOMER CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY (619) 527-3400

From: Alejandra McGou	1525 777	2771/1/5	Date: Jur	ne 2		,20 05
Four Hundred T	birty Fiv		25/00	Dollars	CA 92 (\$ 435 on Ser	25/00
Div Se		Blk Row_	Lot 23	00 = +1000 - 11.0	ave 9	1.6.7
Invoice No		R PURPOSES STATED ID" IN THIS SPACE.	UNLESS CREDIT 20% Sales C 80% Sales of Lots	67007 are 77184 100 77184	-	
W.OBALANCE DUE			Opening/ Closing Burial Containers	100 77181 100 77182	209.	00
Pre-Need Lots At Need □ On Ac	ot 🗆	10	Handling Fee Recording & Misc: Fees Pre-Need Trust		50.	50
Pre-need Trust ☐ Cash ☐ Chec AC-212 (Rev. 4-04) #12.5 2 This information is available in alternative formats upon	2 Issulap BY	X)	Sales Tax TOTAL PAID	60101 78390 \$	435	25

DDRESS 3844 AME OF DECEASED	Teak # 5.D. 9. Per Mud	2/3	16.00
DDRESS		7	20-
ORTUARY			
, 23	GR 9 ROW SEC / DIV	N 230	00
ENING TIME	DAY Janing	150	ac
AULT BOX	SIZE		
ID RECEIPT NUMBER			
	BALANC		W. W.
	PAID		
	skerosely		**************************************
	PAID		

OFFICIAL RECEIPT CITT OF SANDIEGO, CALIFORNIA PROPERTY DEPARTMENT WHITE TO CHATROWS MOUNT HOPE CEMETERY A-100 / 503 F 264 3141 THE LOW SECURITY PAYMENT DE 奥田林 INVOICE NO

CITY AUDITOR 6-775 007 25 1379 UN PAID BALANCE AFTER THIS PAYMENT ISSUED HA

AC-212 (REV 7-79)

27698

DOLLARSON -D VISION THE SALES TOO 100 -- MCV 162 100 1085 77403 TOTAL PAID S -

MOUNT HOPE CEMETERY

GRAVE	E BLIND CHECK FORM
IN GRAVE WITH	
marked with "X". Place the na	eased for which the grave is for in the block ame's, lot # and grave # of all existing marker's t are adjacent to the burial space.
Burial Container	ner
	machat
Green Man	Was Brown
0 brien	X Brown Cerans
Flanned Was	
Flagged YesBlind check Initiated by:	Paulette Date: 12-1
Interment space for: Aleja	andra McGowan
Interment Date: 12 3 08	
Div: _ 【	Blk/Row: Lot: 23 Grave: 9
Agrees with Legal Card:	Yes No
Agrees with Map:	Yes No
Blind Check & Verified By:	Date
Cremains were placed at:	of grave

84 -21053 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 18. MIDDLE 1C LAST ALEJANDRA MCGOWAN 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 2 SEY 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 02/19/1924 11/26/2008 BA CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME CITY, STATE, ZIP CODE *7A. NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT 8B. CALIFORNIA LICENSE NUMBER-IF APPLICABLE MARTHA COVARRUBIAS GRANDDAUGHTER FD843 TO INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE GREENWOOD MORTUARY 4230 CORTLAND STREET 4300 IMPERIAL AVENUE LYNWOOD, CA 90262 SAN DIEGO, CA 92113 9B DATE SIGNED. ACKNOWLEDGEMENT OF APPLICANT -- I hereby acknowledge as applicant that I have the DA ARPHICANT SIGNATURE right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 12/02/2008 stated herein is one of the dispositions authorized by Health & Sefety Code Section 103055. 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 12/02/2008 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 BURIAL 12C INTERMENT NUMBER-IF APPLICABLE 12A, NAME AND ADDRESS OF CALIFORNIA CEMETERY 128 DATE BURIED BURIAL OR SCATTERING IN A 3-08 MOUNT HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING (INCLUDES ENTOMBMENT) STREET, SAN DIEGO, CA 92102 PREMATION NUMBER-IF APPLICABLE 13A NAME AND ADDRESS OF CALIFORNIA CREMATORY 138 DATE CREMATED 1130 CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14B, DATE RECEIVED 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

15a. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED.

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 SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A

158, NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER

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

TRANSIT

COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERM WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA

CONT 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.
CONTY - 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 12/1/08

ina DD Crupt	Funeral, date, time Friday, Dec 5 @	110
Church, Chapel, Graveside	Andorses	tuary.
All Funeral cars must arrive before 3:00 p.m.	of regular work day or an extra charge of \$	_
will be applied and billed to undersigned.		_
	K/RowLot_8Grave_2	-
Grave space & Care Fund	L-10110 0	_
Overtime/Late Arrival Fees	×2 1,066	,00
Burial Container Handling Fees	454 _454	7,00
Flower vases - Marker setting fee	×2 /30.	00
Sales taxes	4/1	77
ALDONA MOON LYDE CEI).T
to bay	CK 17085 Balance due	2
I hereby certify I am the	of the above named dece n of remains as above indicated. I certify and repre- n and I agree to hold Mt. Hope Cemetery harmless and interment.	esent
I hereby authorize the interment in lot I hold under deed.	Print Nama \ attacker	
- Signatura	Address Cay 2	op Code
848	Tslephone	
F 21054	Invoice#	
Work Order # E Z 1 U 5 4	Acct. #	_

HP LASERJET FAX

Dec 01 2008 3:58PM

MT. HOPE CEMEYERY INTERMENT ORDER

City of Gan Diego

		Date	
You are hereby surrogized and instr ofREIEN R	- A	ur rules and regulations ()), to inter the reme
ne DD Crapt	Funeral, c	sate, time Friday	Dec 5 e
Church, Chapel, Graveside		_ : Anderson	Mort
All Funeral cars must arrive before 3	1:00 p.m. of regular	work day or an extra ci	range of \$
nill be applied and billed to undersig	ned		
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Grave space & Care Fund	E-1	8910	
Overlined ale Arrivel Fees	533 × A		1,06
Burial Container			7)2
Hending Foot	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	, e	437
Flower vases - Merker setting fee Recording/Fling/Transfer Fees	3 65 X2		130
Sales licros		wantendary.	41,
		Total Due	
	Paid receipt re	mber	
11	1.1. 1	Bullet	nos dues
I hereby certify I am the	USE/On	base-their murde on co	shove remed dec I certify and repr creatory harmless
I hereby authorize the interment in I	oti Pre	DAVID E.	Millory
Everil Carl M	ullay =	619- 992-	42 4547
Work Order # E. 21054		oice #	
. 1916 01464 1			W- 2-0-

MT. HOPE CEMETERY

INTERMENT ORDER

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101	City of San Diego	0	
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l	arang ar		70T-1893 CONTRACTOR (1970)
	d instructed, subject to your ru		
of JOU	Helen R.Mo	Mary do	DA 190
in a ()	Funeral, date,	time	
Type of Build Contare Church, Chapel, Graveside		**************************************	Mortuary.
	efore 3:00 p.m. of regular work	day or an extra cha	rge of \$
will be applied and billed to un	market and all the same		
- applied and blied to di	detaighed.		
Division /2 Section		Q	2
Division / & Section	Blk/Row	Lot_O	Grave
Grave space & Care Fund			985,W
Overtime/Late Arrival Fees	000000000000000000000000000000000000000		
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Burial Container		Wille)
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Flower vases – Marker setting		n d w	5.1. — — —
Recording/Filling/Transfer	4 8 2005 \	B. D.	
Sales taxes	·	0	
	OPE CEMETERY	Total Dua	985.00
MOUNT HO	JAE CEMIC!	Total Due	24600
	Paid receipt numbe	The state of the s	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	mage mag	Balance	due 239.00
hereby certify I am the	Selt		ove named decedent
and this is your authority to n	nake disposition of remains as	s above indicated. I	certify and represent
that I have the right to make II any liability on account of said	his authorization and I agree t	o hold Mt. Hope Cerr	netery harmless from
ary recently or account or serio	140477/	-10 "	1 1.1 2 0 1
hereby authorize the interme	atin lat 1 22 1 1 00 HE	ELEN KI	n ALLOWY
hold under deeph /	Prim Name	W. HOTH	1 ~ 1
dollar Mill	(I A Address	01 19"	· or
Sindus W/N COCC	SI	20 Dies	٧)
3 1/31	Chi	0-1124	2CL/ Zip Code
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Dayler	**		
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Work Order # E 189	10		

1/18/05 Opened pre-					10.11
	ened pre-need lot w/25%dwn mastercard				985.0
The second second	paid by mc couper, 14		246.00		739.0
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MOUNT HOPE CEMETERY

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker the appropriate space (s) that are adjacent to the burial space. Burial Container DD Crypt "A" Cannon	GR	AVE BLIND CHECK	(FORM
Bushnell Sherman Shurley Shurley Shurley Sherman Shurley Shu	Write in the name of the omarked with "X". Place the appropriate space (s)	e name's, lot # and gra	ive # of all existing marker's in
Make Marie Dewmann Flagged Yes No No No No No No No N	Jul Bro	ham X	
Blind check Initiated by: Interment space for: Down Mallory	Or Gr	ton marie	Emma # Rudoleh
Agrees with Legal Card: Yes No Agrees with Map: Yes No	Blind check Initiated by: Interment space for: 12/	1	Date:
	Agrees with Legal Card:	(4) E. W.	
Cremains were placed at: of grave	Blind Check & Verified By	£	Date

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 RUTH MALLORY 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) 01/21/1951 11/26/2008 6A CITY OF DEATH 68 COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, 7A NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT 88. CALIFORNIA LICENSE NUMBER-IF APPLICABLE SHERI ROBINSON DAUGHTER FD1329 CITY, STATE, ZP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME. CITY, STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 1042 STILLWELL AVENUE 5050 FEDERAL BLVD. SAN DIEGO, CA 92114 SAN DIEGO, CA 92102 ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the 9A PHICANT SIGNATURE 9B DATE SIGNED 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 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 disposition 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 disposition. This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this i of California. 10A AMOUNT OF FEE PAID 10B DATE PERMIT ISSUED 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 12/02/2008 WILMA WOOTEN, MD 100. 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 COMETERY 12C. INTERMENT NUMBER-IF APPLICABLE 128, DATE BURIED BURIAL OR SCATTERING IN A MT. HOPE CEMETERY: 3751 MARKET CEMETERY 12D SIGN TURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING INCLUDES STREET, SAN DIEGO, CA 92102 ENTOMBMENT 13A NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B DATE CREMATED CREMATION NUMBER---IF APPLICABLE CREMATION 130. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 14B. DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 158 NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION. 16B DATE OF DISPOSITION 18C. LICENSE NUMBER OF CREMATED SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE REMAINS DISPOSER-IF APPLICABLE SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

UPON AUTHORIZATION OF PERMIT, DISTRIBUTÉ 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

F21055 not uncluded in this Spindle. E21051__E21099

Pre-need

REA-104 (3-04)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	12/2	100
	1217	1/18
Date	10/0	100

DD Crupt	Funeral, date, timeN/A
Type of Burtar Container Church, Chapel, Graveside	Mortuary
	.m. of regular work day or an extra charge of \$
vill be applied and billed to undersigned.	
Division 12 Section 2	PAID Lot 23/ Grave /
Grave space & Care Fund	d,007.
Overtime/Late Arrival Fees	APR 2 8 2009
Opening/Closing & Setup	53300 53300
Burial Container	17 HODE (1911)
Handling Fees	10 F F 45400
lower vases – Marker setting fee	XUU Y -
Recording/Filing/Transfer Fees	6500
Sales taxes	41.7
	Total Due3,896.7
P	aid receipt number P-1552 779.9
	Balance due 3/1/17-7
hereby certify I am the	of the above named deceden
and this is your authority to make dispos	ition of remains as above indicated. I certify and representation and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	
	IANI F. MURILLO
hereby authorize the interment in lot I hold under deed.	Print Name 02 6, IRE (Dest D
Soni the lo	Address 2
Signatural DIIII	3. D (H) 9215
13 may 23	(619) 397-1986 King 947
franchista and the second of the second	Telephone
ROLENIO MURILLO	T.
F 21056	Invoice #

O Primed an invicted paper

This information is available in alternative formats upon request.

	CITY OF SAN DIEGO, CALI O CUSTOMER O CUSTOMER O CHARTERY MOUNT HOPE CEME (619) 527-3400	ASE 5 101551
From: Donis Wori Murullo	Davnjaymout on Lot	est In. SD 9254 00, pollars (\$ 1719.00)
Invoice No. E-21056 Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID PAID DEC 2 2008	23/ Grave / 452 80 20% Sales Care 77184 450 20 60% Sales 100 346 20
BALANCE DUE Pre-Need Lot	MOUNT HOPE CEMETERY	Pre-Need 63033 Trust 77186
AC 212 (2-08) DD Crupt	ISSUED BY MALE	TOTAL PAID 2.3/5/, 00 799 00

12/02/08 BROHOD
the nine + 10/ Tollars A
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of Conithillo

	OFFICIAL RECEIPT WHITE	CITY OF SAN DIEGO, CALIFORNIA PRE-NEED PURCHASE P0164	1056 5
	From: Bolenia Murillo	(619) 527-3400 Date: 2/17	2009
	in Partial Payment of	LOT & Trust Pre-heed 2 Bik/ Row Lot 23/ Grave /	<u>),00</u> ,
	Acct. No	NOT VALID FOR PURPOSES STATED VALESS STAMPED *PAID* IN THE STATE FEB 17 2009 80% Sales 100 ef Lots 77184	8.00
	BALANCE DUE	MOUNT HOPE CEMETERY Trust 77184 73	0 00
7	☐ Pre-Need Lot ☐ Money Order ☐ Pre-Need Trust ☐ Charge	Marc	
	AC-212 (2-08) Check 2560	SSUED BY MILLULA TOTAL PAID \$ 13	0 00

Mt Hope Cemetery 3751 Market Street San Diego, CA 92102

PAID

Payment Coupon

Account Number: E-21056

Loni F. Murillo FEB 1 7 2009 Rolenio A. Murillo

1183 Surf Crest Drive MOUNT HOPE CEMETERY San Diego, CA 92154 MOUNT HOPE CEMETERY

Payment Number:	2	Payment Due Date:	02/02/2009	
Payment Amount:	129,91	Amount Enclosed:	1120 00	
Payment after 02/12/2009:	129.91		7/30.00	
Bal. After This Payment:	2857.95	For answers to billing questions,	SOMEON SECOND SECOND	
Payments Remaining:	22.00	0 619-527-3400. Thank you.		

OFFICIAL RECEIPT	WHITE TO CUST MER CANARY CEMETERY	CITY OF SAN DIEGO, PRE-NEED PUF MOUNT HOPE C (619) 527-3	RCHASE EMETERY - 400		1585	00
From: LONI On-e hu in part	Myrillo Addi Indred twent Payment of Pre-n Sec 2	ess:		Oollars (\$ -{	129.9	04 31
Invoice No Acct. No W.O, BALANCE DUE	1 2987.86	PAID JAN 2 2008	CREDIT 20% Sales Care 80% Sales of Lots Pre-Need Trust	67007 77184 ————————————————————————————————————	129	91
Pre-Need Lot Pre-Need Trust	☐ Money Order ☐ Charge ☐ Check ☐ ISSUES BY	OUNT HOPE CEME	TERY TOTAL PAID	- s _	129.	91

Mt Hope Cemetery 3751 Market Street San Diego, CA 92102



Account Number: E-21056

Loni F. Murillo Rolenio A. Murillo 1183 Surf Crest Drive San Diego, CA 92154

Payment Number:	ā I	Payment Due Date:	01/02/2009
Payment Amount:	129.91	Amount Enclosed:	12001
Payment after 01/12/2009:	129.91		129.91
Bal. After This Payment:	2987.86	For answers to billing questions,	please call

Payments Remaining: 2987.86

For answers to billing questions, please co 619-527-3400. Thank you,

OFFICIAL RECEIPT WHITE TO CANARY	MOUNT HOPE CEME (619) 527-3400	ASE ETERY ルカ	Po	1552	08
From: Tolonis Hori Murullo in Payment of Div 12 Sec	Dawnyaymout on Lot 2 Blik Row Lot	aud,	Dollars (\$.	119.0	<u>o_</u> ,
Invoice No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" PAID DEC 2 2008	CREDIT 20% Sales Ca 80% Sales of Lots	100 — 77184 —	457	20
Pre-Need Lot	MOUNT HOPE CEMETERY Alaua	Pre-Need Trust	63033 —	199	00

ROLENIO MURILLO LONI F MURILLO 1183 SURF CREST DR SAN DIEGO, CA 92154 PH. 619-397-1986		12/	102/6	DE .	5859 80-7448/3222 BIRCHOO
Pay to the Mt. Hope Order of Mt. Hope Agranded Sea	CEME	Nine Nine	+ NO1	\$ 779	?, oy ·
CABRILLO CAB	RIPLI	0 2	ol Sha Panca : Ruka In Cur	Cy Wheat	ш
For down payment lot	thust-	Con 7	thi/b	9	

Mt Hope Cemetery Contract Entry Verification

12/01/2008

Contract Number: E-21056-F

Contract Date: 12/02/2008

Purchaser: Murillo, Loni Francisco And/Or Mulrillo, Rolenio Aranas

1183 Surf Crest Drive

Purchaser Number: 231985 / 231986

Phone: 619-397-1986

San Diego ,CA 92154

	an Diege	, or seist						
Counselors: N	IARIA F	DOVENSKY	Y					
Qty Category	De	scription of C	ontract Items	Price	Tax Alle	wance	Addl. Desc.	0.0
1Graves-Resident Division 12-2 SD R		Resident	2,264.00	0.00				
10/C Resident PN	1st	Dbl Depth SD	Resident	533.00	0.00			
10BC - Resid PN	Dbl	/D Crypt SD F	Resident	539.00	41.77			
1Hndl Fee Res PN	Cry	pt Hndl SD Re	esident	454.00	0.00			
. IMisc -Resid PN	Rec	ording Fee SE	Resident	65.00	0.00			
Property								
	sion	Section	Blk / Row	Lot	Grave	Depth		
, Divisio	n 12	2		231	1	A		S
BASE PRICE			3,855.00	23775,30	MBER OF IN		NTS	24
S ES TAX			41.77	12.75	GULAR PAY			129.91
TOTAL CASH PRICE			3,896.77	(F) (F)	D PAYMENT			129.84
DOWNPAYMENT			779.00-	DA	TE FIRST PA			01/02/2009
REFERENCE #			P-01552	PA	YMENT PLA	N: MON	THLY	
TRANSFER ALLOWANC	E		0.00-		turnavarra			
DISCOUNT OR ALLOWA	INCE		0.00-	14 10 40 to 10 10 TO	URCE:	Family 1	Member Here	
FINANCE CHARGE			0.00@	0.000% A	MORTIZE			
TOTAL OF PAYMENTS			3,117.77					
DEFERRED PAYMENT F	RICE		3,896.77					
ACCOUNT CONTRIBUT	IONS		AMOUNT FRA	ACTION			66	
R L Perp. Care		20	452.80					
I V P/N Trust			1,591.00	1.0000				
R S Equity			1,811.20					
A Interest			0.00					
R S Tax Recovery			41.77					
Late Charge			0.00					
CONTRACT ENTERED E	Y:							

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICES

This agreement entered into this <u>2nd</u> day of <u>December</u>, 20<u>08</u>, between <u>Rolenio and Loni Murillo</u>, hereinafter know as "PURCHASER", and the CITY OF SAN DIEGO, Mount Hope Cemetery, hereinafter called "SELLER."

That PURCHASER agrees to purchase and that SELLER agrees to sell the exclusive right of interment in: Division 12, Section 2, Block/Row _____, Lot 231, Grave 1, located in Mount Hope Cemetery, for and in consideration of a total purchase price of \$3,896.77, Payable as follows: \$779.00 downpayment herewith, the receipt of which is hereby acknowledged on the 15th day of January, 2009; and the balance in installments of \$129.91 or more, payable at the office of Mount Hope Cemetery, on the 15 day of each month thereafter until the total sum of said purchase price is fully paid.

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 NOTIGE OF YOUR INTENT TO MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102. THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This agreement describes exclusive right of interment and made subjects to all rules, regulations, conditions and restrictions now existing or which thereafter may be adopted governing Mount Hope Cemetery. Such 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 Agreements is 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 , or to his heirs or executors or administrators or assignees at the address stated in this agreement, or as stated on the books of the Cemetery, or at any other address requested in writing by the PURCHASER, may declare this Agreement cancelled and all rights of PURCHASER in and to the interment space herein described forfeited. Upon such cancellation, the SELLER shall be released from all obligations both at law and in equity to convey such interment space and property to PURCHASER, or to repay to said 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 terms, 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 , minus any cancellation. 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 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 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 Mount 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 this 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 .

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.

WITNESS WHEREOF this day and year underneath written.

TOTAL \$3896.77

DOWNPAYMENT \$779.00

23 MONTHS \$129.91

FINAL 24TH MONTH \$129.91

TWO YEAR CONTRACT

I agree to pay the required monthly payments of \$129.91 for 23 months, and a Final payment of \$129.91 on the 24th month.

First monthly payment to begin on:

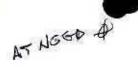
MONTH January

YEAR 2009

ROLENIO A MURILLO	
Print Name 1183 SURFCREST DR	
Street Address (Mail)	H 92194
City 619-397-1986 Stand DIEGO ST	ate Zip Code
Phone	Signature
CO-PURCHASER	
Print Name LONI F- MURIS	u)
Street Address (Mail) 1183 Surf	CLEST DR. S.D CA- 9215U
	zip Code 3/06 Smithus
Phone /	Signature
CITY OF SAN DIEGO	
Mount Hope Cemetery 3751 Market Street	
San Diego, CA 92101	
BY: Maria Godocu	yly 12/2/88
2/49/1925(A) = 100/557048/255	

Page 3 of 3

Pin: 231985 **Monthly Payments:** \$ 129.91 E- 21056 Name Address City Zip Code Amount MURILLO, Lori & Rolenio 1184 Surf Crest Dr 92154 \$ 3,896.77 SD DIVISION SECTION GRAVE 231 12 LOT Opened Pre-Need Lot & Trust Payment Trust includes: (2) O/C, DD Crypt, H/F, (2) R/F \$452.80 \$1,811.20 \$1,632.77 P-01552 \$779.00 12/2/2008 Downpayment \$452.80 \$326.20 \$0.00 \$1,485.00 1/2/2009 Coupon # \$129.91 P-01585 \$129.91 \$1,355.09 2/17/2009 Coupon # P-01645 \$130.00 \$130.00 \$1,225.09 4/28/2009 Coupon # R-61616 \$2,857.86 \$1,632.77 \$1,225.09 \$0.00 \$0.00



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-3-08

in a	pe of Burial Container	Funeral, date	e, time		
Church, Chapel					_ Mortuary
All Funeral cars	must arrive before 3	:00 p.m. of regular wo	ork day or an ex	tra charge of \$	
will be applied a	and billed to undersig	ned			
Division	Section	Blk/Row	Lot	Grave	
Grave space &	Care Fund				
Overtime/Late A	Arrival Fees		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
Opening/Closing	g & Setup	nss:::::::::::::::::::::::::::::::::::		- W	
Burial Containe	F		\sim \sim \sim	V 1	
Handling Fees.			11 1	- W =	
Flower vases -	Marker setting fee	1	\-\-\	10^{-}	
Sales taxes	g/Transfer Feet	(Raild)receipt numb			ti .
	, A	113	i i	Balance due	
that I have the I	authority to make d right to make this aut	lisposition of remains thorization and I agree trization and interment	as above indicate to hold Mt. Ho	the above name ated. I certify ar pe Cemetery ha	d represen
I hereby authori hold under deer	ize the interment in le d.	ot I Print Na	me		
14000000		Address	6)		
Signature		GHy			Z3p Cod
		Tellephon	ne	- Alliidii I	
	E 21057	Involc	ce#		

\$ 810.12 POSIOSM

MOUNT HOPE CEMETERY INITIAL 1st CALL SHEET

DATE/TIME	RECEIVED CALL:	30 1 T	2-2-06	
CALL TAKE	N BY:	TOM		
RECEIVED	CALL FROM:			
	MORTUARY NAME	<u> </u>		
	FAMILY MEMBER/F	REPRESENTA	TIVE	
	CONTACT PERSON TELEPHONE NO:	1: JORG	i E Sald	arring in
NAME OF D	ECEASED:			PAUGHTER
LAST	NAME:			A
	NAME:			3 T
DOD:		DOB:		
VETE	RAN BRANCH	OF SERVICE		
	REGULAR SIZE CASKI	т Г	OVERSIZE	CHILD
FUNERAL S		-0-1 Y		
TYPE OF S	ERVICE: CH	URCH	CHAPEL	GRAVESIDI
DATE OF SI	ERVICE:		TIME OF SE	RVICE:
EXPECTED	ARRIVAL TIME AT MT	. HOME:		
CEME	TERY PROPERTY:		AVN [P/N P/N TRUST
DIV:	SECT:			LOT: GRAVE:
=	SINGLE GRAVE	Alberta Martin Parette	CREMATIC	
5	A Harrison and a construction	2		
	DBL DEPTH	L	IST BURIAL	2nd BURIAL
CEMETERY			72===80	
TYPE OF SI	ERVICE C	DMMITTAL	GRAV	ESIDE
Ę.	WITNESS ONLY		DELIV	ERY ONLY
	PIA DELIVERY		MILITA	ARY DETAIL
SPECIAL IN	STRUCTIONS:			



Pre-need Lot/Trust

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

is 215598
Funeral, date, time
i Mortuary.
n. of regular work day or an extra charge of \$
Blk/Row Lot150_ Grave6
nolalla
2,2 (4.0
533 ₀
539 M
1150 M
404.00
(aCD)
<u> </u>
71.77
Total Due
id receipt number SEE/E-20413 1,196,00
Balance du 2700.7
of the above named decedent ion of remains as above indicated. I certify and represent ion and I agree to hold Mt. Hope Cemetery harmless from and interment. 21559
EDNA M. MORRIS
1937 Mary Lou Street San Diego CA 92102 Cary 619-263-4794
Telephone

MILLED NEW COUNS out 25 Memorial in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

disinter/ re-inter

City of San Diego

Date 12 05 (08

	bject to your rules and regulations, to inter the remains
or Laron Lee Da	Vis
ina Liner to Double Dep	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 2 BI	k/RowLot_7Grave_10
Grave space & Care Fund	
Overtime/Late Arrival Fees DS(W)	germent \ 1419.00
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording/Filing/Transfer Fees DE	C 5 2008 / 65.00
Calas taura	1 W
MOUNTH	OPE CENETERY 1484.00
	redelpt number NU 1990 4454.00
, \E	Balance due
I hereby certify I am the and this is your authority to make disposition	of the above named decedent of remains as above indicated. I certify and represent in and I agree to hold Mt. Hope Cemetery harmless from
any liability on account of said authorization	and oterment
I hereby authorize the interment in lot I	X
hold under deed.	Print Name
Bignak.re	Address
	City Zip Code
	Telephone
E 21050	Invoice #
Work Order # E 21059	Acct. #



MT. HOPE CEMETERY

INTERMENT ORDER

will be in Davis

City of San Diego

Date 12 5 2008

You are hereby authorized and instructed, s	ubject to your rules an	d regulations, to int	er the remains
in a Double Depth "B"	Funeral, date, time	uesday,	Dec 9,20
Church Chapel Graveside	;_C	A BURIAL	Mortuary.
All Funeral cars must arrive before 3:00 p.m	of regular work day	or an extra charge o	n BIVD
will be applied and billed to undersigned			
Division 1 Section 2	3k/RowL	ot_7 Grav	·
Grave space & Care Fund	W405		
Overtime/Late Arrival Fees			
Opening/Closing & Setup			\$
Burial Container			534.00
Handling Fees	PAID		454.00
Flower vases - Marker letting fee	DE0		
Recording/Filing/Transfel Fees	DEC 5 2008		65.00
11	MOPE CEME of of R redelpt number R 2 205	IERY (0133 9 Belance due	1099.77
I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization	on and I agree to hold	e indicated. I certif	named decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Pried Name		ocoatorere
+	Address		
Sux 619) 286-2674	City		Zip Code
Fux 619 W	Invoice #		
work Order # E 21060	Acct. #		





MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

	Date/ Z ~	8-08
You are hereby authorized and instructe	ed, subject to your rules and regulations, to it	nter the remains
of NAMEY TAXASI	261 A	231993
ina AZH VAULT	Funeral, date. time 12-12 F	21 10130
Type of Burial Container Church, Chapel, Graveside	COMMUNITY	Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigned	1	
		(b)
Division Section	_ Blk/Row Lot 5216 Gra	eve(
Grave space & Care Fund	lou	
Overtime/Late Arrival Fees	PAIU	
Opening/Closing & Setup		199
Burial Container	DEC - 8 2008	104
Handling Fees.		114
Flower vases - Marker setting femal	INT HOPE CEMETERY	e <u></u>
Recording/Filing/Transfer Fees		85
Sales taxes		8.06
*	Total Due	510,06
	Paid receipt number P61338	510.06
	Balance du	re
I hereby certify I am the 8 515Th	ER of the above	named decedent
that I have the right to make this author	osition of remains as above indicated. I certization and I agree to hold Mt. Hope Cemete	tify and represent ery harmless from
any liability on account of said authoriza	ation and interment.	- 231992
1 hereby authorize the interment in lot I	* KAT HAYAS	
hold under deed	1 5436 DELCE	ERROBUND
Lay Haynsk	SAN DIEGO C	A 92120
	City 619. 286.05	559 Zip Code
	Invoice #	
Work Order # E 21061	Acct. #	
REA-104 (3-04) This	information is available in alternative forma	ats upon request.

& Protest on recorded paper

MOUNT HOPE CEMETERY

1	GRAVE	BLIND C	HECK FO	RM	
IN GRAVE WITH	Hat	SUKO'	Takas	BUGÍ	
Write in the name marked with "X". P the appropriate spa	lace the nam ace (s) that a	ie's, lot#a	nd grave # o	of all exi	isting marker's in
	Jone	Magana Fred	Mirsue		
	Takasugi	X	Green		
	Kondo	Renberg Lydia	Kenberg Anton		
Flagged Y	es		No		
Blind check Initiate Interment space for	20	ncy -	— Takas	Date:	
Interment Date: \\\	2/12/08	Time:	0:30		Nav.
Div:Se	ct:	Blk/Row:	Lot:	5216	Grave:
Grave Laid out by:					
Agrees with Legal	Card:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Veri	fied By:		Date		
Cremains were pla	ced at:		of gr	ave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E21061

	USE BLACK INK ONLY -	- MAKE NO ERASURES, 1	WHITEOUTS,	PHOTOCOPI	ES, OR OTH	ER ALTERATIONS	3
NANCY	DENT_FIRST	SADAYE			TAKASI	JGI	
- 20012763316401 BY AMMOND	E OF BIRTH (MONTH, DAY, YEAR) 28/1944	4. DATE OF DEATH 12/07/2008		(EAR)	5. (FE	TAL DEATH ONLY) DA	TE OF EVENT (MONTH, DAY, YEAR)
6A. CITY OF DEATH LEMON GR	8225 DED	9.5ES		SAN DIE		OUTSIDE OF CALIFOR	NIA ENTER STATE
	A NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT SISTER		TO DECEDENT	LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH STREET NUMBER AND NAME		88. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1682	
5436 DEL C	ULL MAILING ADDRESS—STREET NUMB CERRO BLVD. D, CA 92120	ER AND NAME, CITY, STATE, ZI	IP CODE	855 BRC	NITY MOR DADWAY VISTA, CA	95/11/50/10/0.100	-
right to control dispos stated herein is one of	ENT OF APPLICANT—I hereby acknowle ition pursuant to Health & Safety Code Sector If the dispositions authorized by Health & Saf JTHORIZATION OF LOCAL REGIS	on 7100, and that the disposition lety Code Section 103055.	BA APPLICANT		A NEW PERI	MIT TO SHOW FIR	98 DATE SIGNED 12/09/0
This permit is issued of California.	in accordance with provisions of the Californ		the authority for the		edified in this pen	mit. NOTE: This porm	
\$ 11.00	12/09/2	25-36-52 (\$	WOOTE		ING PERMIT	E
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF DEATH—IF O COUNTY VITAL RECOR CRANS ST O, CA 92110		RNIA 10E. AD	DRESS OF REG	ISTRAR OF DIS	TRICT OF DISPOSITIO	ON—IF DIFFERENT FROM 10D
11. AUTHORIZED DI	7.000000000000000000000000000000000000		16	FC	OR CORONER	S USE ONLY	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRESS OF CALIFOR MT. HOPE CEMETERY: 92102				2 - 0 2 RE OF PERSON	2011	
CREMATION	13A. NAME AND ADDRESS OF CALIFOR CREMATION SERVICES FORTUNE WAY VISTA	S INC. 2570		Numeron of Halffridge	WATED	IN CHARGE OF CREA	ATION NUMBER—IF APPLICABLE
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFOR	NIA FACILITY RECEIVING REMA	AINS	148. DATE REC		IN CHARGE OF FACIL	LITY .
TRANSIT	15A. NAME AND ADDRESS IN RECEIVIN CREMATED REMAINS ARE TO BE SHIPP		REMAINS OR	158. NAME AND	ADDRESS OF	PERSON IN CHARGE	OF PLACING WITH THE CARRIER
				15C SIGNATUR THE CARRIER	RE OF PERSON	IN CHARGE OF PLAC	ING WITH 15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION	16A. ADDRESS, NEAREST POINT ON SH SUFFICIENT TO IDENTIFY FINAL PLACE IF BURIAL AT SEA, ONLY ENTER LATITL	AND CALIFORNIA DISTRICT OF		16B. DATE OF D	DISPOSITION		SE NUMBER OF CREMATED ISPOSERIF APPLICABLE
OTHER THAN IN A CEMETERY				160. SIGNATUR	RE OF PERSON	IN CHARGE OF SCAT	TERING OR BURIAL

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 12 8 / 2008

	You are hereby authorized and instructor	cted, subject to your rules and res Freeman Ir	gulations, to inter the remains . 231995
Church, Chaper Graveside All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of \$ will be applied and billed to undersigned. Division Section Blk/Row Lot Grave	ina Uner		es. Dec. 9th 1200p
Division Section Blk/Row Lot Grave Grave Grave Space & Care Fund Dovertime/Late Arrival Fees Opening/Closing & Setup DAID 200.00 Burial Container PAID 200.00 Handling Fees PAID 200.00 Flower vases - Marker setting fee DEC 8-2008 Recording/Filting/Transfer Fees DAID 200.00 Flower vases - Marker setting fee DEC 8-2008 Recording/Filting/Transfer Fees DAID 200.00 Flower vases - Marker setting fee DEC 8-2008 Recording/Filting/Transfer Fees DAID 200.00 Flower vases - Marker setting fee DEC 8-2008 Recording/Filting/Transfer Fees DAID 200.00 Flower vases - Marker setting fee DEC 8-2008 Recording/Filting/Transfer Fees DAID 200.00 Flower vases - Marker setting fee DEC 8-2008 Flower vases - Marker se		:_0/	4 BURIAL Mortuary
Division Section 2 Blk/Row Lot 7 Grave 9 Grave space & Care Fund 2,000 0 Overtime/Late Arrival Fees 0 Opening/Closing & Setup 533.00 Burial Container PAID 270.00 Handling Fees 7000 0 Flower vases - Marker setting fee 8.2008	All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an	extra charge of \$
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 MOUNT HOPE CEMETERY Paid receipt number 8-1339 Flore paid receipt number 8-1339 Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and Interment. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed. I hereby authorize the interment in lot I hold under deed.	will be applied and billed to undersign	ned	
Overtime/Late Arrival Fees Opening/Closing & Setup. Burial Container Handling Fees. PAID 200.00 Flower vases – Marker setting fee Recording/Filing/Transfer Fees Sales taxes MOUNT HOPE CEMETERY 20 93 Total Due 3356 9 Paid receipt number Faid receipt number I hereby certify I am the part of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from any liability on account of said authorization and interment. The part of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from any liability on account of said authorization and interment. The part of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from any liability on account of said authorization and interment. The part of the part o	Division 11 Section 2	Blk/Row Lot	7 Grave 9
Opening/Closing & Setup. Burial Container Handling Fees. PAID 270.00 200.00 Flower vases – Marker setting fee Recording/Filing/Transfer Fees Sales taxes MOUNT HOPE CEMETERY 20 93 Total Due 33.56 93 Paid receipt number R-1339 Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed. December 33.12 Duck Lyn Authorized Control of the same of the	Grave space & Care Fund	((1))	2,264.00
Handling Fees. PAID 200.00 Flower vases – Marker setting fee Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY 20 93 Total Due Paid receipt number 8-6 1339 Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under deed authorize the interment in lot I hold under deed authorize the interment in lot I hold under deed authorize the interment in lot I hold	Overtime/Late Arrival Fees		
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY Total Due Paid receipt number Balance due I hereby certify I am the Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under fleed. Pattypang City 19-30-38-34/2p Code Telephone Invoice #	Opening/Closing & Setup		5.53.00
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY Total Due Paid receipt number Balance due I hereby certify I am the Of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML. Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under fleed. Pattypang City 19-30-38-34/2p Code Telephone Invoice #	Burial Container	DAID	270.00
Sales taxes	Handling Fees	PAIU	206.00
Sales taxes MOUNT HOPE CEMETERY Total Due 3358 9 Paid receipt number R-61339 3-89 Balance due of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from any liability on account of said authorization and interment. I hereby authorize the interment in lot I hold under field. The partysims of the above named decedent and the property of the above named decedent and the represent that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from any liability on account of said authorization and interment. The partysims of the above named decedent and the represent that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from any liability on account of said authorization and interment. The partysims of the above named decedent and the property of the above named decedent and the property of the above named decedent and the partysim and the property of the above named decedent and the partysim and the property of the above named decedent and the partysim and the property of the above named decedent and the partysim and the property of the partysim and t	Flower vases - Marker setting fee	DEC 8 2008	
Paid receipt number R-6 1339 Balance due I hereby certify I am the	Recording/Filing/Transfer Fees		_65,00
Paid receipt number R-6 1339 Balance due I hereby certify I am the	Sales taxes	MOUNT HOPE CEME	TERY <u>20</u> 93
I hereby certify I am the		Total Du	10 27 38 FD
I hereby certify I am the October of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML. Hope Cemetery harmless from any liability on account of said authorization and interment. 13 996 hereby authorize the interment in lot I hold under tieed. Authorize the interment in lot I hold under tieed. City		Paid receipt number K-61	359 2735
and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold ML. Hope Cemetery harmless from any liability on account of said authorization and Interment. 13 995	I hereby codify I am the MA	ether)	7
hold under theed. Discovery City 19-364-3834 2p Code Tolephone Invoice #	and this is your authority to make dis that I have the right to make this auth	orization and I agree to hold ML	dicated. I certify and represent
San Netigo Car City 19-364-3834 Zip Code Telephone	hold under deed.	Print Plant	2 Brothen Au
O DEPOSEROES ANAGUA	X Milary wer	non San N City (19-Je Telephone	104-3834 Epcode
Work Order # <u>L 21062</u> Acct. #	- Of Theories Income announced	Invoice #	
	Work Order # E 21062	Acct. #	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E21062

Jesse	ECEDENT—FIRST		18. MIDDLE	ne-	200	Freeman J	lr.		
A VICTOR III	DATE OF BIRTH (MONTH, DAY, YE,	(AR)	4 DATE OF DEATH	MONTH DAY	YEAR)	1 - 7 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	THE RESERVE OF THE PARTY OF THE	TE OF EVENT AND	TH FIAV VENE
State of the state	4/18/1982		11/22/2008			5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, D		TEAR)	
Mesa	ATH				Arizona	F DEATH-IF OUT	SIDE OF CALIFOR	NIA, ENTER STAT	E
A NAME OF IN	FORMANT	The state of the s	78. RELATIONSHIP	TO DECEDENT	ALAN ENGLISHED	ME AND ADDRESS	OF CALIFORNIA-	IBB CALIFORNIA	LICENSE
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	SFULL MAILING ADDRESS-STRE	EET NUMBER AND	01 282	IP CODE	-	Cremation 8	Durdal	FD 1357	Q
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ght to control dis- tated herein is or	EMENT OF APPLICANT—I hereb position pursuant to Health & Safety (he of the dispositions authorized by H	Code Section 7100. lealth & Safety Code	and that the disposition Section 103055	1 CE	With	dol	0	10	A/8/0
PERMIT AND his permit is itse. I California.	AUTHORIZATION OF LOCA and in accordance with provisions of t	IL REGISTRAR- the California Health	-ANY CHANGE IN and Safety Code and is	the authority for the	N REQUIRES A the disposition spec	A NEW PERMIT cified in this permit.	TO SHOW FIN NOTE: This permit	IAL DISPOSITI It gives no right of	ON disposal outsit
64. AMOUNT OF \$ 11.00	FFEE PAID 108	DATE PERMIT ISS	108	10C. SIGNATUR	2801	GISTRAR ISSUING	PERMIT		60 P.S.
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	OR SCATTERING IN A CEMETE								2 2 14 Tan
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COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 40 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED 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 2 - 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.

AL NORD

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

of	A	NGUS BL	ENCH	206750
in a	DI) Type of Burial Container	Funeral, da	ite, time 12 - 12	FR1 11:00
Church, Ch	apel, Graveside		FEATHER	21 NGIL Mortuary
All Funeral	cars must arrive before	3:00 p.m. of regular w	ork day or an extra cl	narge of \$
will be appl	led and billed to under	signed.		
Division	10	DIK ID ASSAULT	LOI 1425	Common 1
Division	Section	Blk/Row	LOI 1 1 20	Glave
633783675 7	e & Care Fund	1072 VIVA		-O
Grave spac	No. 1864-Webb	11364	ntextund TV	wser
Grave spac Overtime/L	e & Care Fund	11364		wser
Grave space Overtime/L Opening/Cl	e & Care Fund	11364	ntextund TV	wser
Grave space Overtime/L Opening/Cl	ate Arrival Fees	11364	ntextund TV	mser

12-9-08

	E11364	0
Overtime/Late Arrival Fees	DAID DP 38.214	anster
Opening/Closing & Setup	DAID DP 38.214	19
Burial Container	FAID	
Handling Fees	DEC - 8 2008	<u>-0</u>
Flower vases - Marker setting		
	NT HOPE CEMETERY	<u>-0</u>
Sales taxes	Total Due	<u>-ĕ</u>
	Paid receipt number	
17,922	A Data	nce due
that I have the right to make to any liability on account of said I hereby authorize the interme hold under deed	nake disposition of remains as above indicated this authorization and I agree to hold Mt. Hope C d authorization and interment.	

£21063

Orner of String

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-2-94

OI R. B.L.		A. B	ENCH	= 0.00
na DBU CRY)	97F	uneral, date, time _		
Church, Chapel, Graveside _				_ Mortuary.
All Funeral cars must arrive be	efore 3:30 p.m. o	of regular work day o	or an extra charge of \$	
will be applied and billed to un	dersigned		-	
War time veteran	 >			
ot 1425 Grave	Row	Section	Division/Bleek	10
Grave space & Care Fund				995
Additional spaces and care ful				
Opening/Closing & Setup	20	375	_	750
Burial Containe	72-5-10 A C 79 DOC			BOUR STATE
landling Fees PA) t			10-
	10-0-1			
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Sales tales MT. HOPE G				
CITY of SAN DI	EGO. CALIF	Tate	1 Due 35	64.45
NA.		ecelpt number 44	676 250	
	r aru n	aceipt finnings 177	Balance due	2
L. acrossas romas			and the second second	
hereby certify I am the	ake disposition	of remains as above	of the above name indicated. I certify ar	d represent
hat I have the right to make thany liability on account of said	authorization a	and agree to note i nd interment.	wt, Hope Cemetery na	rmiess from
		VB.	A lance	ho
hereby authorize the interme	nt in lot I	Signature	- CALDEN	CT
		3406 MOSSY 1 2	FALCON	7/
lignature of recorded halder of deed)	SHN D	IEGO CA9.	2103.
		745-	9374	22,000
	1			
Mark Order • E 113	GAV	Invoice #		
Nork Order # E LLD				



City of San Diego

Date 2-23-00

or ROSE BLE ina DOUBLE DEPTH	Funeral, date,	ER; 2-2	5 3:00
Type of Busine Container		noninal track	N A -
Church, Chape Graveside		The state of the s	
All Funeral cars must arrive before 3	3:30 p.m. of regular work	day of an extra charge	of \$
will be applied and billed to undersig	ned		
خر د أر			10
Lot 1425 Grave	Row Sectio	n Division/B	leck_IU_
Lot 1425 Grave	Pre-ru	L E- 11364	-0 _
Additional spaces and care fund			
Opening/Closing & Setup	n	*1	-0
Burial Container	11	(A	H
Handling Fees	11	N.	+
Flower vases - Marker setting lee			
Recording and filing fee	N	11	&
Sales taxes 🕆 🗀	ė, ė	t (0
Recording and filing fee		Total Due	-0-
my 2 30			
	raid racalpt numbe	IT WAS THE STREET WAS A	
	LIA GAND	Balance due	KAN TELEVISION OF THE PERSON O
I hereby certify I am the	isposition of remains as	of the above indicated. I certi	ly and represent
that I have the right to make this aut any liability on account of said author	thorization and I agree to orization and interment.	hold Mt. Hope Cemeter	y harmless from
	× A	Dence DEFALCON NDIEGO CA	1
I hereby authorize the interment in I hold under deed.	ot I Signature	- ALADA	c-
U1000 3410000 34100000	X 3 G	DE FALCON	3/
Signalure of recorded holder of deed	$ \times 5A$	NDIE40 CA	9310 7
	18	95-9374	
	& Telephone		
	Invoice		
Work Order # E 15568	Accl. #		

MOUNT HOPE CEMETERY

	GRAVE	BLIND C	HECK FOR	RM	
IN GRAVE WIT	н <u>К</u>	ose F	31ench	1	
Write in the nar marked with "X the appropriate Burial Contain	". Place the na space (s) that	me's, lot # a	and grave # o	of all exis	sting marker's in
	Market Toyce Rake	Chaffee George	Chartee Veva & Fic	nd 0	
	Moody	110 0001	A TIONEN	LC.	
			ette		
Flagged	Yes	_	No		
Blind check Init			_	Date:	ş .
Interment Date:		Time:			
Div: <u>10</u>	2			H25	Grave:
Grave Laid out	by:	25			
Agrees with Le	gal Card:	Yes		No	
Agrees with Ma	p:	Yes		No	
Blind Check & \	/erified By:	-	Date		
Cremains were	placed at:		of gra	ave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

28

ANG	OF DECE	11(10)		ALFRED			BLENC	Н		
M. SEX	100000000000000000000000000000000000000	OF BIRTH (MONTH, DAY, YEAR 24/1920	0	4 DATE OF DEATH 12/08/2008		(EAR)	5. (FE	TAL DEATH ONLY) DA	TE OF EVENT	(MONTH, DAY, YEAR)
7,04-271,00010	DIEGO			50 III W		SAN D		OUTSIDE OF CALIFOR	RNIA, ENTER	STATE
	MARY	MANT BLENCH		78 RELATIONSHIP DAUGHTER		LICENSED F	UNERAL DIRECT	ESS OF CALIFORNIA OR OR PERSON NUMBER AND NAME,		FORMA LICENSE —IF APPLICABLE 083
3906	FALC	ULL MAILING ADDRESS—STREET ON ST. O, CA 92105	T NUMBER AND N	AME, CITY, STATE, ZI	P CODE	6322 E	ERINGILL I L CAJON B EGO, CA 9	MORT COLL	CHAPE	
ight to cor	troi disposi	ENT OF APPLICANT—I hereby a dion pursuant to Health & Safety Co if the dispositions authorized by Hea	ode Section 7100, a	nd that the disposition	9A APPLICAN	n. L)omigy			12/6/2008
PERMIT This permi	t is issued i	THORIZATION OF LOCAL in accordance with provisions of the	REGISTRAR— California Health a	ANY CHANGE IN and Safety Code and is	DISPOSITION the authority for t	N REQUIRE he disposition s	S A NEW PER pecified in this per	MIT TO SHOW FI	NAL DISPO	OSITION Ight of disposal outs
	UNT OF FE	A CONTRACTOR OF THE PROPERTY O	DATE PERMIT ISSU 2/10/2008	JED	10C. SIGNATUR		REGISTRAR ISSU EN, MD	ING PERMIT		Ę 🍙
3851 SAN	ROSE	COUNTY VITAL RE CRANS ST), CA 92110	CONDS		-			X		
		SPOSITION(S)					FOR CORONER	'S USE ONLY		
BURI	AL	SPOSITION(S)					FOR CORONER	S USE ONLY		
BURI	AL .	12A NAME AND ADDRESS OF C		OWNERS OF THE PERSON OF T		12B DATE BU	JRIÇO	TIZG INTER		BER-IF APFLICABLE
BURI BURI SCATTER CEME (INCL)	AL OR	e 7 -	ERY: 3751 I	OWNERS OF THE PERSON OF T		128 DATE BU	jried 2 2008	TIZG INTER	2106	3
BURI BURI SCATTIF CEME (INCL ENTOMI	AL OR RING IN A TERY UDES BMENT)	12A NAME AND ADDRESS OF C	ERY: 3751 I A 92102	MARKET		128 DATE BU	IRICD 2/2008 URE OF PERSON	IZC. INTERC E- IN CHARGE OF BURI	2106 al or scat	3
BURI BURI SCATTER CEME (INCL)	AL OR RING IN A TERY UDES BMENT)	MT. HOPE CEMETI ST., SAN DIEGO, C	ERY: 3751 I A 92102	MARKET		128 DATE BI 2 1 120. SIGNATI UU 138. DATE CF	JRIED 2/2008 URE OF PERSON LLC REMATED	IZC. INTERC E- IN CHARGE OF BURI	2106 al or scat ation mumb	TERING
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COPY (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

AtNeed

REA-104 (3-04)

City of San Diego

Date 12/10/2008

of	Janice F	ranklin	V V SZ POP	12,1
ina LIM	ier	Funeral, dat	e, time MONO	19 Dec 16,200
Church Chape			Kaas	Mortuary.
All Funéral cars	PHENS must arrive before 3	:00 p.m. of regular we	ork day or air ext	ra charge of \$
	and billed to undersig			
Division	Section	Blk/Row	Lot	Grave
Grave space &	Care Fund	er	4A	2264
Overtime/Late	Arrival Fees	11/11/4	٧١ .	
Opening/Closin	ng & Setup	1117 W	1-20	<u>533.</u>
Burial Containe	er\ \ \	John John	1000	270.
landling Fees.	V	Creente	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	206.
Flower vases -	Marker setting fee			······································
Recording/Filin	g/Transfer Fees	ANTE		60-
Sales taxes		IMICA		22009
		His	Total Due	J,298.9
		Paid receipt numi	ber	
			В	lalance due
hereby certify		isposition of remains		the above named decedent ited. I certify and represent
that I have the	right to make this aut		e to hold Mt. Hop	e Cemetery harmless from
			50.	
hereby author hold under dee	rize the interment in I ad.	ot I Print Na	ine	
		Address		
MOKT.	207	City	-1-21/	Zip Code
200T.	10 stil	L Tolepho	ne	
Mor	10 '40	N-201016		
W-1-0-1- "	E 2106	4 Invol	10017	***
Work Order #		Acct.	*	

& Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

Disinter-

REA-104 (3-04)

City of San Diego

100	Oity of Carrier	101.	13
re-inter		Date 12/11	2008
You are hereby authorized and instruct	ed subject to your rules :	and regulations, to in	ter the remains
of Bessie Ber	STATE OF THE PROPERTY OF STREET	219503	ter the remains
ina linerto DD	Funeral, date, time	Dec 16	TUPS 9:0
Type of Burial Container Church, Chapel, Graveside		CABURIA	4.4.
All Funeral cars must arrive before 3:0	n m. of redular work day		
will be applied and billed to undersigne		•	
	-49	102 2	
Division 10 Section ~	BIK/ROW	Lot <u>BOG</u> Gran	we \sim
Grave space & Care Fund		.	
Overtime/Late Arrival Fees	sinterment		1A 19.00
Opening/Closing & Setup		<u></u>	
Burial Container	PΔI		
Handling Fees.	E 9 **		
Flower vases - Marker setting fee	DEC 1 6	2008	
Recording/Filing/Transfer Fees		ACRETEDV.	65.00
Recording/Filing/Transfer Fees	MOUNT HOPE	CEMETER	
		otal Due	1484.0
	Paid receipt number	K-613415	1484.00
		Balance due	
I hereby certify I am the and this is your authority to make disp that I have the right to make this autho any liability on account of said authoriz	rization and I agree to ho	ove indicated. I certif	
I hereby authorize the interment in lot I	Print Name		1
hold under deed.	0	HOA	100
Signature	City	oo attac	Zip Code
	Tolephone		1450,000
	Invoice #		
Work Order # E 21065	Acct. #		74 S

C. Francis on second paper

MT. HOPE CEMETERY

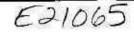
R

	INTERMENT ORDE
Disinter.	City of San Diego
Var -111 tox	

re-inter	Date 12/12/2008	-
You are hereby authorized and instructed, sub ofBessie Berma		ealcha
Ina Linerto DO'A"	Funeral, date, thee	
Church, Chopel, Graveside	2	ituary.
All Funeral cars must arrive before 3:00 p.m. o	of reguler work day or an extra charge of 8	
will be applied and billed to undersigned.		-
Olvision 10 Section ~ Blue	186W Lot 1306 Canno ~	
Grave space & Core Fund	-11069 <u>-</u>	-
	erment 14 H	60.
Opening/Closing & Setup		
Burisi Container		40
Handling Food		— HONO
Flower vases - Marker setting fee		
Recording/Filling/Francier Fees		500 a
Sales Izes		3
	Total Due 148	4.00
Paid	receipt number	
lan At	Balance due	3
I hereby certify I am the OFF OCT	un . an_ of the above named de	
and this is your authority to make disposition that I have the right to make this authorization	of remains as above indicated. I certify and rep a grid I agree to hold Mt. Hope Cometery harmles	resent
any Estility on account of seid sufficiention a	no interment	. / 8
Presety authorize the proprient in lock	JUANOHE BERL	all
hole under deed	"P.O. BOX 112	
The state of the s	Source Vialley Un	
h	X-7019-234-3072	206 Code
**		-
	Invoice #	
Work Order # E 21065	Acct #	6

NEA-104 (3-04)





THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF Bessie L. Benyard

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Bessie L. Benyard 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 Bessie L. Benyard 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 of Bessie L. Benyard is identified as:

DATE

	10	Section	Block/Row	13	Grave		
W	e acknowled ay not be pro	ge that we lesent and/or	have been adv Intact.	ised that	the remains o	of (insert nam BeSS 10	e)Beni
-	1			-	d man		
_	SIC (NATURE(S)	w		RELATION	O DECEASED	
-	12/15	TNESSED BY	_				



Mt. Hope Cemetery



MT. HOPE CEMETERY

City of San Diego

Date 9-21-93

a LINER	Funeral, date, time	Wed 9/22	llom
hurch, Chapel, Graveside Church		A BURIAL	Mortuary.
Funeral cars must arrive before 3:30		or an extra charge	150,-
Il be applied and billed to undersigned.	1 / L	muant	100 000 2 11
ar time veteran	Teores &		
	V		10
ot <u>/306</u> Grave Row	Section	Division/Bi	ock_/O
rave space & Care Fund			-0
ditional spaces and care fund	1.1		
pening/Closing & Setup	1 - 2	·	375
rial Container Dav	W. 3 5		190 -
7 (1-21-1		145 -
andling FeesS	·	***************************************	
ower vases - Marker setting lee	SCHOOL SCHOOL STONE STON		45
ecording and filing fee	***************************************	*************************	14.13
iles taxes		·	77.12
	То	tal Due	164,
//\- P	ald receipt number		
111	11	Balance due	
ereby certify I am the	hus	of the above na	med decedent
ereby certify I am the dispose the dispose the right to make his authorizative in a secount of said authorizative in authoriz	ition of remains as about ition and I agree to hold	re indicated. I certify Mt. Hope Cemetery	and represent harmless from
y liability on account of said authorizati	on and interment.	1. 1	1
	ho lamo	to Deny	and
ereby authorize the interment in lot i ld under deed.	22	U3 Fd.	Wida/
	Agreem	10 14	surger
seture of recorded holder of deed	XXXXX I	3272 WE #	Zip Code
¥.	Y 34-	21 1 m H	m (Tree)
	MARKSTON (500)	1960	114-2420
•:>		127503	

MOUNT HOPE CEMETERY

	GRAVE	BLIND CI	HECK FO	RM	
IN GRAVE WITH					
Write in the name of marked with "X". Plate the appropriate span	ace the nam	ne's, lot # a	nd grave #	of all ex	dsting marker's in
Burial Container	500-500/4600 State (045-0	Account to the contract of	DORYP	Designation of the real	
		Eaton			
	Melvin	Mompson Doronnali	wis		
	KILEY	X	SEYTON		
	Morgan	wray	Maude		
		Schneide Morgen	Total Contract of the Contract		
Flagged Ye	s		No		
Blind check Initiated		Till and the second		Date:	
Interment space for	Bers	ie ber	ivara		
Interment Date:		Time:	_		
Div: VO Sec	t	Blk/Rows	Lot:	130	Grave:
Grave Laid out by:					
Agrees with Legal C	ard:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Verifi	ied By:		Date		
Cremains were place	ed at:		of gr	ave	

MT. HOPE CEMETERY

INTERMENT ORDER

at need	City of San Diego	
arrie a	Date [2] [1	108
	(ARMY É-	4\
You are hereby authorized and instruct	ed, subject to your roles and regulations, to	
or Everette o	penyard 232000	uioc
ina Double-Death B	Funeral, date, time Wednes	day171
Church Chapel, Graveside	. CA BU	RIFT Mortuary
All Funeral cars must arrive before 3:00	0 p.m. of regular work day or an extra charge	e of \$
will be applied and billed to undersigne	rd	
	1000	T.
Division 10 Section	BIK/Row Lot 1306 G	rave
Grave space & Care Fund	E-11069	
Overtime/Late Arrival Fees Opening/Closing & Setup	- nath	
Opening/Closing & Setup	PAID	
Burial Container	DEC 1 6 2008	<u>539.00</u>
Handling Fees		454.00
Flower vases - Marker setting fee	OUNT HOPE CEMETERY	
Recording/Filing/Transfer Fees	/OINT 1101 = 0==.	65.00
Sales taxes		41.77
	Total Due	10997
	R-(13115	E099.7
	Paid receipt number 11 61373	110 11.1
	Balance o	lue
I hereby certify I am the		e named decedent
that I have the right to make this author	position of remains as above indicated. I ce prization and I agree to hold Mt. Hope Ceme	
any liability on account of said authoriz	ration and interment.	23 1999
I hereby authorize the interment in lot I		i d
hold under deed	Print Name	CHOU
	- Address SON COMO	ched
Signature	an Delico	Zip Code
1	Telephone	
	1953/42	
E 01044	Invoice #	*
Work Order #	Acct. #	

REA-104 (3-04) Th

MT. HOPE CEMETERY INTERMENT ORDER

at need

REA-104 (3-M)

City of San Diego

Date 12/11/08 You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains eral, date, time W Church, Chapel, Graveside All Furniral cars must arrive before 3:00 p.m. of regular work day or an extre charge of \$ will be applied and billed to understaned. Lot 1306 Gra Division IC Grave space & Care Fund Overtime/Late Arrival Feed Burial Cortaines Flower vases - Marker seiting fee..... Sains tares Paid receipt number Sefence due I nereby cartify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this euthorization and I agree to hold bit. Hope Cemetery harmless from any liability on account of said authorization and interment. reby authorize the in uppler dead. mycics \$ E 21066 Acct. #

Ormen artidour

	CITY OF SAN DIEGO, C. TO CUSTOMER AT-NEED PURC	HASE	61345	
	MOUNT HOPE CE (619) 527-340		15, 20_	08
Two Thousand dure hu	ndrod eighty Oroce	17/100 Dolla	ars (\$ <u>2,583.</u> NOUT EVENER	Beug
Div	Blk/ Row	1200	Grave/	
Acct. No. E-21066	NOT VALID FOR PURPOSES A ED UNLESS STAMPED "PAID" LE HILL PLOE.	CREDIT 670 20% Sales Care 771	84 -	- 3
ALANCE DUE	DEC 1 6 2008	of Lots 771 Opening/ 1 Closing 771	00	
	MOUNT HOPE CEMETER	Burial 1 Containers 771 Handling Fee 771	539	00
☐ Money Order☐ Charge☐ Check	ISSUED BY Malia		1549	00
(C-212A (11-05) This information is available in alternative formats upo		TOTAL PAID	. 2,583	77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E2-1066

	USE BLACK INK ONLY-	- MAKE NO ENASONES, W	11120013,1110	THE RESERVE OF THE PERSON NAMED IN		
EVERE	DECEDENT—PIRST	18 MIDDLE	1	BENY	ARD SR	
Z. SEX	DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (N 12/09/2008	MONTH, DAY, YEAR)	5.	(FETAL DEATH ONLY) DAT	TE OF EVENT (MONTH, DAY, YEAR)
LA MES				OUNTY OF DEATH—	IF OUTSIDE OF CALIFOR	NIA, ENTER STATE
	INFORMANT IT BENYARD JR	78 RELATIONSHIP TO SON	LICE	NSEO FUNERAL CIRE	ORESS OF CALIFORNIA- ECTOR OR PERSON ET NUMBER AND NAME,	BB. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1357
9332 R	NT'S FULL MAILING ADORESS—STREET NUME OWDY COURT 3 VALLEY, CA 91977	BER AND NAME, CITY, STATE, 2001	58	LIFORNIA CI 30 EL CAJON N DIEGO, CA		JRIAL CHAPEL
lounce of Ma aled Rement	OGEMENT OF APPLICANT—I hereby acknowledgeosition pursuant to Health & Safety Code Sections of the dispositions authorized by Health & Safety AuthORIZATION OF LOCAL REGIS	ion 7100, and that the disposition fety Code Section 103055	A APPLICANT SIGN	Alleh	COL ERMIT TO SHOW FIN	98 DATE SIGNED
nis permit is i California. DA. AMOUNT	OF FEE PAID 10B. DATE PE	na Health and Safety Code and is the ERMITISSUED 1		sition specified in this	Permil. NOTE: This permi	
11,00	12/12/2	1008	WILMA WO	OOTEN, MD	Market Street Control	E
3861 R	EGO COUNTY VITAL RECOR OSECRANS ST EGO, CA 92110	RDS	-			
	ED DISPOSITION(S)			FOR CORON	ER'S USE ONLY	
BU 1 BURIAL C CATTERING CEMETER	12A NAME AND ADDRESS OF CALIFOR	3751 MARKET		ATE BURIED 12/17/08	12C INTERN	-21066
BU 1	R INA MAME AND ADDRESS OF CALIFOR MT HOPE CEMETERY S STREET SAN DIEGO CALIFORNIA STREE	3751 MARKET A 92115	120. \$	ATE BURIED 12/17/08	12C INTERN E ON IN CHARGE OF BURIL	-21066
BU 1 BURIAL C SCATTERING CEMETER (INCLUDE	R 12A NAME AND ADDRESS OF CALIFOR MT HOPE CEMETERY (S STREET SAN DIEGO CALIFOR 13A NAME AND ADDRESS OF CALIFOR 1	3751 MARKET A 92115	120. S	ATE BURIED 12/17/08 IGNATURE OF PERS ATE CREMATED	12C INTERN E ON IN CHARGE OF BURIL	- Z1066 AL OR SCATTERING TION NUMBER—IF APPLICABLE
BU 1 BURIAL C CEMETER (INCLUDE ENTOMBME CREMATE	TAA NAME AND ADDRESS OF CALIFOR	3751 MARKET A 92115 INIA CREMATORY	120. \$ 138 C	ATE BURIED 12-117/08 IGNATURE OF PERS ATE CREMATED IGNATURE OF PERS ATE RECEIVED	ON IN CHARGE OF BURIL	AL OR SCATTERING TION NUMBER—IF APPLICABLE
BU 1 BURIAL C CATTERING CEMETER (INCLUDE ENTOMBME CREMATRI	TAL NAME AND ADDRESS OF CALIFOR THE STREET SAN DIEGO CALIFOR THE	S751 MARKET A 92115 INIA CREMATORY INIA FACILITY RECEIVING REMAIN	120. \$ 130 S	ATE BURIED 12/17/08 IGNATURE OF PERS ATE CREMATED IGNATURE OF PERS ATE RECEIVED	ON IN CHARGE OF BURIL 13C CREMA ON IN CHARGE OF CREM	AL OR SCATTERING TION NUMBER—IF APPLICABLE NATION
BU 1 BURIAL C SCATTERING CEMETER (INCLUSE ENTOMBME	TAL NAME AND ADDRESS OF CALIFOR THE STREET SAN DIEGO CALIFOR THE	S751 MARKET A 92115 INIA CREMATORY INIA FACILITY RECEIVING REMAIN	12D. \$ 13B C 13D S 14B. C 14C S EMAINS OR 15B N	ATE BURIED 12 117/08 IGNATURE OF PERS ATE RECEIVED IGNATURE OF PERS AME AND ADDRESS	ON IN CHARGE OF BURIL 13C CREMA ON IN CHARGE OF CREM GN IN CHARGE OF FACIL	AL OR SCATTERING TION NUMBER—IF APPLICABLE IATION ITY OF PLACING WITH THE CARRIE
BU 1 BURIAL C SCATTERING CEMETER (INCLUDE ENTOMBME CREMATE	TAL NAME AND ADDRESS OF CALIFOR THE STREET SAN DIEGO COMMISS THE SAN DIEGO COMMISS OF CALIFOR THE SAN DIE	S751 MARKET A 92115 INIA CREMATORY INIA FACILITY RECEIVING REMAIN G STATE OR COUNTRY WHERE RECEIVED FORELINE, OR OTHER DESCRIPTION AND CALIFORNIA DISTRICT OF DESCRIPTION AND CALIFORNIA DISTRICT OF DESCRIPTION	120.5 138.0 138.0 148.0 140.5 140.5 140.5 140.5 140.5 140.5	ATE BURIED 13/11/08 IGNATURE OF PERS ATE RECEIVED IGNATURE OF PERS AME AND ADDRESS IGNATURE OF PERS	ON IN CHARGE OF BURIL 13C CREMA ON IN CHARGE OF CREM OF PERSON IN CHARGE ON IN CHARGE OF PLACE	TION NUMBER—IF APPLICABLE

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 - RETURNED 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 - RETURN TO COUNTY OF DEATH WHEN THE PERMIT.*

^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

REA-104 (3-04)

MT. HOPE CEMETERY

58 Y/o

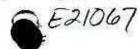
INTERMENT ORDER

City of San Diego

	Date 12-12	-08
MEHA	Date	
You are hereby suthorized and instructed, subject to your rule	es and regulations, to inter	the remains
of Man & Behnett D	23	2004
in a SH VAUX Funeral, date, ti	me 12-19 FRI	1.00
Type of Butal Container Church, Chapel, Graveside	CALIFBURIAN	Mortuary.
All Funeral cars must arrive before 3:00 p.m. of regular work	day or an extra charge of 5	
will be applied and billed to undersigned.		-
Division 10 Section Bik/Row	Lot 3068 Grave	1
	The second secon	
475		
Overtime/Late Arrival Fees	umammammeremiaun -	11501 2
Opening/Closing & Setup		7610
Burial Container		1900
landling Fees		82.00
lower vases - Marker setting fee	METEN.	100000000000000000000000000000000000000
Recording/Filing/Transfer Fees		65.00
Flower vases – Marker setting fee		6.12
Woo	Total Due	_384.1
Paid receipt number	4 1 12112	384.1
	Balance due .	12
hereby certify I am the 19 But I for an and this is your authority to make disposition of remains as	of the above nar	and represent
hat I have the right to make this authorization and I agree to thy liability on account of said authorization and interment.	hold Mt. Hope Cemetery I	armiess from
hereby authorize the interment in lot I	restall Robbins	232003
hold Inder deed. Print Name	W MUSER AV	15
h 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	orsil
Muskallossum mone	mail (11551)	
formy Kushellesseum account	211/2/1/2 20	Till de la
Mushall obline Access 2 20/4	1-244-8116 est	719 9210
Address Francisco Acceptance Acce	1-244-8116 ett.	719900

Service on majored paper





MT HORE CEMETERY

INTERMENT ORDER

City of San Diego

Date_2/10/97

ina Ash Vault	Funeral, date, time Thur, 2-13	3 11:00
Church, Chaper, Graveside 9 1000	side : Eternal Hills	Mortuary.
All Funeral cars must arrive before 3:30 p.i	m. of regular work day or an extra charge	of \$ 150.00
will be applied and billed to undersigned.	ζ	
Lot 3668 Grave Row_	Section Division/Bi	ock 10
Grave space & Care Fund		
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container		55.00
Handling Fees		60.00
Flower vases – Marker setting fee		
Recording and filing fee	***************************************	45.00
Sales taxes		4.26
landia	Total Due	269.26
754-6600 Pa	aid receipt number R-48995	26920
24	Balance due	سو
I hereby certify I am the And this is your authority to make disposit that I have the right to make this authorization any liability on account of said authorization.	tion of remains as above indicated. I certif tion and I agree to hold Mt. Hope Cemeter	amed decedent y and represent y harmless from
I hereby authorize the interment in lot I hold under deed.	Signature	
Signature of recorded holder of deed	Address City	Zip Code
F 40400	Invoice #	
Work Order # E 13423	FOR 10 (Gen. + W)	

MOUNT HOPE CEMETERY

		GRAVE	BLIND C	HECK FOR	RM	
Write in t marked t the appro	the name of with "X". Plac opriate space	the decease the name	sed for whi ne's, lot # a re adjacen	ch the grave nd grave # o	is for in to of all exist	he block ing marker's i
	bealene	Pacie 1		Carlin's	Annaboli	(n.moholi
	bealene	INACIAL WORK	TOTAL COLUMN	Saya op	-Joines	Campbell Joannita
		Victoria	Harry Haften Antero	Hoffen		
Flagged Blind che	Yes			ر است	Date:	
	t space for:					
	t Date: 17			Lot:		Grave:
Grave La	aid out by:	_KEN	4			
Agrees v	vith Legal Ca	ard:	Yes	V	No	
Agrees v	vith Map:		Yes	V	No	
Blind Ch	eck & Verifie	ed By:		Date		
Cremain	s were place	ed at:	XX.DD/ E	of ar	ave	

E21067 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USS BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS IA MAME OF DECEDENT-FIRST 16. MICOLE IC LAST MELTA Z SCHMITT 4. DATE OF DEATH (MONTH, DAY, YEAR) 2 SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) S. IFETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 06/13/1950 12/08/2008 MA. CITY OF DEATH 5B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE HEMET RIVERSIDE 7A. NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT BA TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME. 88 CALIFORNIA LICENSE NUMBER-IF APPLICABLE MOTHER BETTE ROBBINS FD1357 CITY, STATE, ZIP CODE TO INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME. CITY, STATE, ZIP CODE CALIFORNIA CREMATION & BURIAL CHAPEL 5661 OLVERA AVE 5880 EL CAJON BLVD SAN DIEGO, CA 92114 SAN DIEGO, CA 92115 ACKNOWLEDGEMENT OF APPLICANT-I hereby acknowledge as applicant that I have the SA. APPLICANT SIGNATURE 99 DATE SIENED right to control disposition pursuant to Health & Safety Code Section 7100, and that the dispo-stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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 Castornia 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. TOA AMOUNT OF SEE PAID THE PATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 12/12/2008 ERIC K. FRYKMAN, M.D. 100. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 10b RIVERSIDE HEALTH DEPARTMENT SAN DIEGO COUNTY VITAL RECORDS 4065 COUNTY CIRCLE DR RIVERSIDE, CA 92503 3851 ROSECRANS ST SAN DIEGO, CA 92110 11. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY CR/BU 12A NAME AND ADDRESS OF CALIFORNIA CEMETERY 12B DATE BURIED 12C. INTERNENT NUMBER-IF APPLICABLE EURIAL OR SCATTERING IN 19-08 MT HOPE CEMETERY 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET SAN DIEGO CA 92102 (INCLUDES ENTOMBMENT) 13A NAME AND ADDRESS OF CAUFORNIA CREMATORY 13C. CREMATION NUMBER-IF APPLICAS SOUTHERN CALIFORNIA CREMATORY CREMATION 601 D CRANE ST LAKE ELSINORE CA 130 SIG CHARGE OF PREMATION 92530 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 148 DATE RECEI SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

15A NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

BY APPRICE HEADERT HOUSE ON EWARDING OR ATHER PERCENTION

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

150 DATE SHIPPED

18A 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 DISPOSITION DISPOSITION

168. CATE OF DISPOSITION

18C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER-IF APPLICABLE

160 SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

TRANSIT

OTHER THAN IN A

CEMETERY

CORT 1 - DOCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA*

VEHE SCATTERING 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.

61342 61342

612

OFFICIAL RECEIPT WHITE TO CUSTOMER CANARY CEMETERY

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

ISSUED BY

(619) 527-3400				
Date	·	12	12,20	08
Address: 5661 OWGRA	AVA S	107	92114	
1GHTY FOUR \$ 1700		Dollare (\$	38412	= -
			38 Y -	
MERMONY OF MELTA?				-8
Row Lot	3668	Grave		
NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT	67007		1
STAME ED TAID IN THIS SPACE.	20% Sales Care 80% Sales			
	of Lots Opening/	77184 100	149	-
	Closing Burial	77181	79	-
	Containers	77182		
	Handling Fee	100 —— 77185	45	-
	Recording & Misc. Fees	100 77183	K	-
V	Sales Tax	60101	7	17.

78390

TOTAL PAID

In Div	FULL	Payment of Sec_
Invoice I	No	
Acct. No	EZIOL	,7
w.o	MF 39 - 58-27	
BALANC	E DUE	0
-	Money	Order
		A0012371
AC-212A (11	-05) tion is available in a	AP 01701067

From: MARSHAU ROBBINS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/12/2008

You are hereby authorized and instr	ructed, subject to your rules and regulations, to in	nter the remains
of	ael Kaheem Jaylor	231998 15 1000 5 North
in a LINEV	Funeral, date, time MON VEC	15,2008 ellam
Church, Chapel, Graveside	T. Zion : Anderson-Kag	Mortuary.
All Funeral cars must arrive before :	3:00 p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersig	gned:	
Division 12 Section	Blk/Row Lot 14 Gra	No. of the last of
Grave space & Care Fund		2,264.00
Overtime/Late Arrival Fees	***************************************	
Opening/Closing & Setup	PAID	533.00
Burial Container	17110	27000
Handling Fees	DEC 1 2 2008	20600
Flower vases – Marker setting fee	IT HOPE CEMETERY	65.00
Recording/Filing/Transfer Fees		1093
Sales taxes	Faid receipt number <u>R-6/343</u>	3,358.93 3,358.93
	of the above disposition of remains as above indicated. I cert thorization and I agree to hold Mt. Hope Cemete	named decedent
I hereby authorize the interment in le hold under deed.	ot Print Name Address	chod
Signature	- Sil With	Zip Code
	Telephone	
91900-00-00-00-0	Invoice #	
Work Order # E 2106	8 Acct.#	

ANDERSON-RAGSDALE MORTUARY, INC.

Mt. Hope Cemetery

12/12/2008 Cash Advance/Cemetery: 2008-231 FRANKLIN, Janice/ DOS

521068 17103 3,358.93 (FRI) DEC 12 2008 15;28

TRANSMISSION REPORT

COM. MODE	
2	: 1page : 0K
F-CODE	PAGES

REA-104 (3-04)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date_ /2/

You are hereby authorized and instructed, sub	10 1
or Manael	Kaneem laylor
Type of Bullai Contentor & 1	Funeral, date, time MON VEC 15
Church, Chapel, Graveside	ori : Anderson · Kagsa
All Funeral cars must errive before 3:00 p.m. o	of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Citylelan I & Santian Bill	rew Lot 14 Grave
Grave space & Care Fund	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Conteiner	
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 nar
and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization a	of remains as above indicated. I certify a and I agree to hold Mt. Hope Cemetery I
I hereby authorize the interment in lot I hold under deed.	Print Name
Annual purpose and Annual Annu	Address
Signature	City .
	Telephore
VI-W	Invoice #
Work Order # E 21068	Acct #

This information is available in alternative formats a

MOUNT HOPE CEMETERY INITIAL 1st CALL SHEET Mems E2100	8
DATE/TIME RECEIVED CALL: 12/8/08 30000	n li e e e e e
CALL TAKEN BY: Pauletie	
RECEIVED CALL FROM: 010 263345	2
MORTUARY NAME: ROGSDOLE.	
FAMILY MEMBER/REPRESENTATIVE 05000	7-10
CONTACT PERSON:	
TELEPHONE NO:	
NAME OF DECEASED: TOULOV Rollem 12,1,14	2
FIRST NAME: • MICHOLI	73865
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VETERAN BRANCH OF SERVICE:	三 是 图 多 至 一 十
REGULAR SIZE CASKET OVERSIZE CHILD	2 - + " Oc
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LOCATION OF SERVICE: CHURCH SHAPEL GRAV	The second
DATE OF SERVICE: TIME OF SERVICE:	\$ 3 1505
EXPECTED ARRIVAL TIME AT MT. HOME:	36 365 3
CEMETERY PROPERTY: A/N P/N P/N TI	干的言名。
DIV: SECT: BLK/ROW: LOT: GRAVI	1000
SINGLE GRAVE CREMATION	
DBL DEPTH 1st BURIAL 2nd BURIAL	
CEMETERY SERVICE:	
TYPE OF SERVICE COMMITTAL GRAVESIDE	in the second second
WITNESS ONLY DELIVERY ONLY	
PIA DELIVERY MILITARY DETAIL	
SPECIAL INSTRUCTIONS: MEAN MARCHEME JOHNSON	
issible with any test	- 1
(0) 10 2 16 W 158 12 12 11 11 11 11 12 12	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY -- MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 14 NAME OF DECEDENT-FIRST TR MIDDLE IC LAST MICHAEL RAHEEM TAYLOR 2 SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4 DATE OF DEATH (MONTH, DAY, YEAR) 5. (PETAL DEATH ONLY). DATE OF EVENT (MONTH DAY, YEAR) 06/25/1993 12/06/2008 M BA CITY OF DEATH :68. 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-BB. CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME. DENISE SAUNDERS MOTHER FD1329 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 3983 OCEANVIEW BLVD. 5050 FEDERAL BLVD SAN DIEGO, CA 92113 SAN DIEGO, CA 92102 ACKNOWLEDGEMENT OF APPLICANT-I hereby acknowledge as applicant that I have the 98. DATE SIGNED 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 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. NO This permit gives no right of of California. 10A AMOUNT OF FEE PAID 109 DATE PERMIT ISSUED 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 12/09/2008 WILMA WOOTEN, MD ĘΟ 100 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 128 DATE BURIED 12C INTERMENT NUMBER-IF APPLICABLE BURIAL OF 115*1200*8 SCATTERING IN MT. HOPE CEMETERY: 3751 MARKET CEMPTERY 12D SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING (INCLUDES ENTOMBMENT STREET, SAN DIEGO, CA 92102 13A NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B DATE CREMATED 13C CREMATION NUMBER-IF APPLICABLE CREMATION 130. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS. 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 16B DATE OF DISPOSITION 16C. LICENSE NUMBER OF CREMATED SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE. REMAINS DISPOSER-IF APPLICABLE SCATTERING BURIAL AT SEA OR DISPOSITION 116D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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*

VERY 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 •

REA-104 (3-04)

MT. HOPE CEMETERY

INTERMENT ORDER

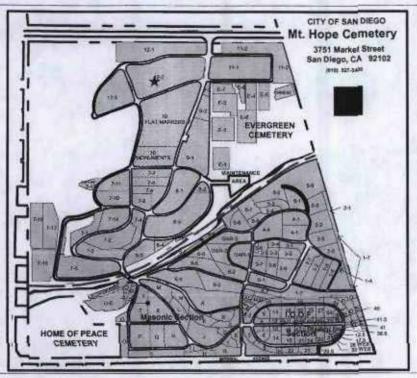
City of San Diego

		Date	12-12-08
You are hereby authorized and instructed,	subject to your rules	s and regulations,	to inter the remains
of	34 SW 35		
Type of Burial Container	_ Funeral, date, tin	50	Mortuary.

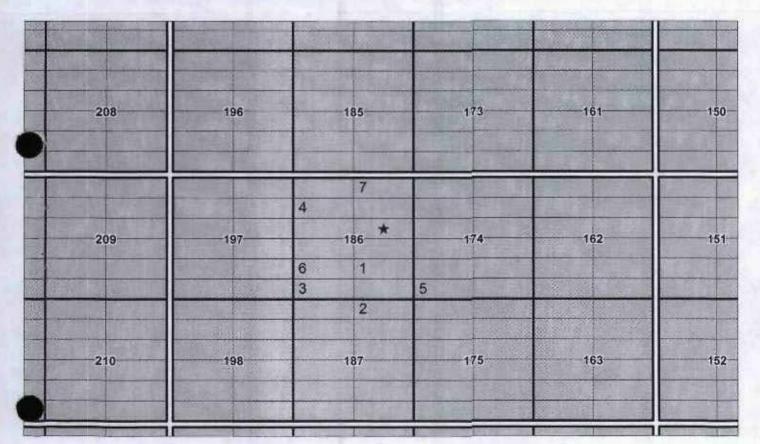
All Funeral cars must arrive before 3:00 p.	m. of regular work d	ay or an extra cha	arge of S
will be applied and billed to undersigned.			
Division 12 Section 2	Blk/Row	Lot_186	Grave 3
Grave space & Care Fund	ranyo an rossimi anaksisi		2264.00
Opening/Closing & Setup	ODIV	COSSONIA DE LOCADA DE LA CALLACACIONA DE LA CALLACA	533,00
Burial Container	80m		355.00
Handling Fees	UEC 15	TERY	263.00
Overtime/Late Arrival Fees Opening/Closing & Setup. Burial Container Handling Fees Flower vases — Marker setting fee	-= C	EMEIL	
Recording/Filing/Transfer Fees	OPEC 1 5 STATE	Reb (4.5500000000000000000000000000000000000	6500
Sales taxes NO	Our		27,51
•	Willews	Total Due	3507.5
Ps	ald receipt number 3		3507,5
,,,	and resempt training 2	A CONTRACTOR	e due
I hereby certify I am the C			ove named decedent
and this is your authority to make disposit that I have the right to make this authorization and liability on account of said authorization. I hereby authorize the interment in lot I hold under deed.	tion and I agree to h	bove indicated. I	certify and represent metery harmless from
Work Order # E 21069	Invoice # Acct. #		

To Provide on Incycled paper

Locator Map



```
Doubtion : 12,7,,186,3
Division : 12
Section : 2
Block_Row : 1
Block_Row : 1
Block_Prop_Status : A
CS2_Deceased_A : 2
CS3_Deceased_A : 2
CS4_Deceased_B : 2
CS5_Deceased_B : 2
CS5_Deceased_B : 2
CS5_Deceased_B : 2
CS5_Deceased_B : 2
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OFFICIAL RECEIPT	
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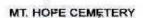
WHITE TO CUSTOMER CANARY CEMETERY

CITY OF SAN DIEGO, CALIFORNIA **PRE-NEED PURCHASE** MOUNT HOPE CEMETERY

Po1573

# 200 P			(619) 5	27-3400				- 3
	(9495)			Date:		17	-1 L 20	08
From: MIVIA	. FOSTER	Address:	14931 L	as Happe	RI	> VK	TURNIL	E 43
Thore The	USAND . FIVE	E HUMPIES	D - (4V)	Cm & 17	100	Dollars (\$ "	3507	51
NAME OF THE PARTY				20 4 - 1		- Ψ Ειωπο	2201	term floor
in Fuu	Payment of 11	stgragu	Blk/	*			-7	
Div17_	Sec	2	Row	Lot	186	Grave	2	
Invoice No.		NOT VALID FOR PU	APOSES STATED I	UNLESS				
Acct. No. 6210	109	STAMPED 'PAID'	THAS ME	CREI 20%	OT Sales Care	67007 77184	452	80
W.O.			AID	80%	Sales	100		100 m
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BALANCE DUE		DEC	1 2 2000	Pre- Trus	Need	63033 —— 77186	1243	21
W or		HOUSE		3099		// 100	1243	1
Pre-Need Lot	Money Order	MOUNTH	OPE CEME	TERY		-	-	-
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Wild Table State S	Check 2	ISSUED BY	7.1				400	51
AC-212 (2-08)	1015	J		I TOTA	L PAID	\$	5501	





INTERMENT ORDER

City of San Diego

Date 12-15-08

of HE	- 10 1	TRONG		XX.370	
in a LINEY . I	DIP IST	Funeral, date, t	ime 12-10	FRI	2'.00
Church, Chapel, Graveside	-		ELCAN	UNO	Mortuary.
All Funeral cars must arrive	before 3:00 p.m.	of regular work	day or an extr	a charge of \$	
will be applied and billed to	undersigned				
Division1 D Secti	on B	lk/Row	_ Lot 34	[O] Grave	1
Grave space & Care Fund .	D3248	- 19	73		0
Overtime/Late Arrival Fees	are en Martina			Pulmmanas =	-
Opening/Closing & Setup			, ,		
Burial Container	12/19/08	Nome	runa 1	ranst	2K
Handling Fees	Money u	vas dep	osited	into	
Flower vases - Marker setti	ing fee Cie	neval F	ind 7	16/73	
Recording/Filing/Transfer F	ees		m:::::::::::::::::::::::::::::::::::::		
Sales taxes			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	»	
			Total Due		9
	SAA/ Paid	receipt number			
Saal	Hey John	D. 500	BE BE	alance due _	
I hereby certify I am the		35/	7 of th	ne above nar	med decedent
and this is your authority to that I have the right to make any liability on account of s	make disposition this authorization	in and I agree to	above indicat hold Mt. Hope	ed. I certify a Cemetery h	and represent narmless from
I hereby authorize the intere	ment in lot i	2	LIAM	& STO	RONL
hold under deed.	_	to #12	6320	SEVER	NDR.
Signature D	~>	x LA	MESA.	CA.	91947
150		× 6/9	-465-	9823	Zip Code
		Telephone	/		
55 3		Invoice #			-5
White Order # E 21	070	Acct #			

	CITY OF SAN D	HEGO, CALIFOR		>	73
HARGE Will	liana F		7		
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AME OF DECEASED					
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DDRESS		about	0.00		
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ot <u>3410</u>	GRRO	#SEC	DIV./0	247.	e, ch
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	No expenses				1773
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			TOTAL	615	70
AID RECEIPT NUMBER	203	74		200	
			BALANCE	8	<u> </u>
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		JUL 3		4	30
11001		MT. HOPE	CEMETER	IF.	
#697	AKES NO PROVISIO	CITY of SAL			
HE CITY CHARTER M AGREE TO ABIDE I					
UTHORIZED .	0.				•
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D 00	2	/ IAKEN BY	puris.	- 10	51
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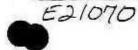
FORM PR-974 REV.

ORDER

MT. HOPE CEMETERY

UNPAID BALANCE AFTER THIS PAYMENT SOME ISSUED.	*.0.)-3248 CITY	ASH		full PAYMENT OF COME(1) Could Repth Bro-	FROM Williams E. Strong	WHITE TO CUSTOMER PUBLIC SEMETERY PINK AGDITOR MOUNT
Lugar	CITY AUDITOR 00069	SPACE.	8 Tun (2) Como	whe Repth Bre	ADDRESS 6320 SOLLENING	CITY OF SAN DIEGO, CALIFORNIA PUBLIC WORKS DEPARTMENT MOUNT HOPE CEMETERY DATE.
REMOVALS 100 FOUNDATIONS 7789	OF LOTS 1784 74 8 75 00 1 30 00 00 00 00 00 00 00 00 00 00 00 00	SALES CARE 951 23 72	al County County	neel lat	in to meso, cal	7.3-1.7





MOUNT HOPE CEMETERY

	GRAVE	BLIND C	HECK FOR	RM		
IN GRAVE WITH Write in the name of marked with "X". Plathe appropriate space	ce the nan	ne's, lot # a re adjacen	and grave # o	of all exist		in
		Maiberg Gertvode	a philip		E	-
47	Bixpi		DALEmond	Dale	Ramsey Hattle	- 2
	इशार	McKee	Keevan	Dewes, E Pang, L		7
		Carlin	Carlin Emma	NICKERS	n	
Flagged Yes			No	,		
Blind check Initiated Interment space for:	SP CHON A STA		Franci	Date:		-
Interment space for:		200	2:00			-
Div: OSect	:	Blk/Row:	Lot:	3410	Grave:	-01
Grave Laid out by:		Ę				_
Agrees with Legal Ca	ard:	Yes		No		
Agrees with Map:		Yes		No		
Blind Check & Verifie	ed By:		Date			-0
Cremains were place	ed at:		of gra	ave		

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 B. MIDDLE 1C. LAST HELEN **PATRICIA** STRONG 2 SEY 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 10/12/1923 12/12/2008 F 6A, CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE LA MESA SAN DIEGO 7A. NAME OF INFORMANT SA, TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME. 78. RELATIONSHIP TO DECEDENT 8B. CALIFORNIA LICENSE WILLIAM E. STRONG HUSBAND FD-296 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE EL CAMINO MEMORIAL - LA MESA 6320 SEVERIN DR 8390 ALLISON AVE LA MESA, CA 91942 LA MESA, CA 91941 ACKNOWLEDGEMENT OF APPLICANT-I hereby acknowledge as applicant that I have the SA. APPLICANT SIGNATURE 9B. DATE SIGNED. right to control disposition pursuant to Health & Safety Code Section 7100, and that the dispos 12/17/2000 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is issued in accord California. mil. NOTE: This permit gives no right of disposal outside rdance with provisions of the California Health and Safety Code and is the authority for the dispo 10A AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 12/17/2008 WILMA WOOTEN, MD E 🕝 100. 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 12-19-08 E-21070 MT. HOPE CEMETERY 3751 MARKET ST CEMETERY 120. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING SAN DIEGO CA 92102 (INCLUDES ENTOMBMENT) MATION NUMBER-IF APPLICABLE ISA. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B, DATE CREMATED 13C. CB CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED 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 16C. LICENSE NUMBER OF CREMATED . 188 DATE OF DISPOSITION REMAINS DISPOSER-IF APPLICABLE SCATTERING/ BURIAL AT SEA OF DISPOSITION OTHER THAN IN A 18D. 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 DOCUMED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

VORY 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 WHICH THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

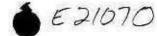
COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

mm / LE E 21070 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT AT-NEED PURCHASE 61501 WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY DINK (619) 527-3400 Date: Dollars (\$ 237.00 Payment of Sec Invoice No. E-2 1070 NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE CREDIT 67007 Acct. No. 20% Sales Care 77184 80% Sales 100 W.O. ___ of Lots 77184 Opening/ 100 BALANCE DUE Closing 77181 Burial 100 Containers 77182 100 Money Order Handling Fee 77185 Recording & 100 Charge Mesc. Fees 77183 11 7300 Sales Tax 80101 Check 78390 ISSUED BY AC-212A (11-08)

This information is evallable in alternative formats upon request.

TOTAL PAID





ometery Manager

AS DESCRIBED ON PURCHASE ORDER NUMBER

Regulation marker only

737 installation also

leck# 7360

CITY OF SAN DIEGO, CALIFORNIA MOUNT HOPE CEMETERY

11372

OWNERSHIP AND INTERMENT PRIVILEGES

TO William E. &	Helen P. Strong	for the sum of \$ 247.50	(DOLLARS)
LEGAL DESCRIPTION	Lot 3410 Divis	ion 10 (double depth privilege)	
AC DESCRIBED ON DE	INCILIOR OPPER MINE	D-3248	

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:

Property Director

Mr. William E. Strong 6320 Severin Dr. La Mesa, CA 91942

rad Stone will be delivered Seaman-Be Monument Co 3893 Domperial Dive (The.) (They should roll in next sweeks

base call Ater installation

MT. HOPE CEMETERY

INTERMENT ORDER

At Need City of San Diego

1 grave w/colorius	De	te 12/16/2	908_
ou are hereby authorized and instructed, sub	ject to your rules and reg	gulations, to inter t	he remains
· Cleo Bell Pao		226767	1.0
Duri Dall var		cember	232
hurch Chapel Graveside		erson-Rags	Mortuan
Il Funeral cars must arrive before 3:00 p.m. o		The dear the second of the Salara	20
rill be applied and billed to undersigned.			
vivision 12 Section 1 Blk	/Row Lot	141 Grave_	8
irave space & Care Fund E -8371	12/3/1990		0
Professional Company (Expense)			1
pening/Closing & Setup			
pening/Closing & Setup	Transfer		2
landling Fees.	3821420		
lower vases - Marker setting fee			
ecording/Filing/Transfer Fees)
ales taxes			1
ales taxes			4
0.000	100 TIM CONT. CT - CT	Je	
Paid r	eceipt number,		0
		Balance due _	-
hereby certify I am the // nd this is your authority to make disposition nat I have the right to make this authorization ny liability on account of said authorization a	and I agree to hold Mt.		nd represer
	1		
hereby authorize the interment in lot I old under deed.	Print Name	attacho	d
X	Agoresa ADD I	Macro	<i>U</i>
gnatute":	A JUL		Zip Co
3.	Telephone		1263
	Invoice #		79_
Nork Order # E 21071	Acet.#		-

E-2071

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date_JULY 26, 2001

of	SR.	
in a DBL CRYPT	(Funeral, date, time) Thure, AUG	2 10:
Church, Chapet Graveside	RAGSDALE	_ Mortuary.
All Funeral cars must arrive before 3:30 p.	m. of regular work day or an extra charge of \$	150.00
will be applied and billed to undersigned.	X	73, Villes 14
Lot 141 Grave 8 Row_	Section1 Division/Block	_12
NOTES OF STREET OF STREET OF STREET	D LOT & TRUST E-8371	9
Section 2014 (Company of Company		Ø
		ø
		ø
Flower vases - Marker setting fee	<u> </u>	
Recording and filing fee		ø
Sales taxes		Ø
	Total Due	4
Pa	id receipt number	
	Balance due	9
hereby certify I am the SON and this is your authority to make dispositi hat I have the right to make this authorization is ability on account of said authorization.	of the above name on of remains as above indicated. I certify an ion and I agree to hold Mt. Hope Cemetery has a and interment. CLARENCE PAGE	d represent
hereby authorize the interment in lot I	x (See ATTACH	ed)
	862 CINNA PLACE SAN DIEGO, CA 92	2114
Ignature of recorded holder of deed	City (619) 264-7630 Telephone	Zip Code
	17,00	

MT. HOPE CEMETERY

E-210 11

INTERMENT ORDER

Cot at Level City of City of Coty of C		1/1.0
Vault/Ling#	nerel, date, time	
Church, Chapel, Graveside		Mortuary
All Funeral cars must arrive before 3:30 p.m. o	of regular work day or an e	xtra charge will be applied
and billed to undersigned. War time veteran		
141 8	Section /	12
ot / Grave Row	Section	Division/Block
Grave space & Care Fund		3954

Additional spaces and care fund	2 @ 320.	7/10-
Opening/Closing & Setup	100000	640
Burial Container	sale cupt	3000
landling Fees	()"	220-
S12860 10 1 * 42 CO 20 CO 20 10 10 12 CO 10 10 10 10 10 10 10 10 10 10 10 10 10		
Flower vases - Marker setting fee	A 25 M	78.
Recording and filing fee	(b) (5.00)	23
Sales taxes Paid w full 12/3/1990 aid re		
hid w fur	Total Dae	11.18.1
1 Cochenter	coint number 3050	5/ 150.00
12/3/1990	colpt number	14.78-1
1011		Balance due Do
t the smallest arm the		the above named deceden
hereby certify I am the and this is your authority to make disposition	of remains as above indica	sted. I certify and represen
hat I have the right to make this authorization my liability on account of said authorization a	end lagree to hold Mt. Hop and interment.	e Cemetery narmiess from
	el to	7 Olinas
hereby authorize the interment in lot I	Less	all have
old under deed.	262	ginns &
ignature of recorded holder of deed	Address A AM	10 mito res
	- Coll	Today Delas
The state of the s	0/11-	7690

PY-593 (REV. 8-85)





MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

Write in the name of the marked with "X". Place the appropriate space Burial Container	the name's, lot # and	grave # of all ex the burial space	disting marker's i
	X		
Flagged Yes_		No	
Blind check Initiated by Interment space for: (Interment Date: 100% Div: 17 Sect: 6 Grave Laid out by:	Cleo Bell Pao day 12/13 Time:	1:00 Pm	6
Agrees with Legal Card	d: Yes	No	
Agrees with Map:	Yes	No	
Blind Check & Verified	Ву:	Date	300

E-21071

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 18 MIDDLE 1C LAST CLEO BELL PAGE 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) 03/13/1924 12/16/2008 6A CITY OF DEATH 6B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA. ENTER STATE LA MESA SAN DIEGO 7A. NAME OF INFORMANT BA. TYPED NAME AND ADDRESS OF CALIFORNIA-BB. CALIFORNIA LICENSE 7B RELATIONSHIP TO DECEDENT LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME. NUMBER-IF APPLICABLE CLARENCE PAGE SON FD1329 CITY STATE ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 862 GINNA PLACE 5050 FEDERAL BLVD. SAN DIEGO, CA 92114 SAN DIEGO, CA 92102 SIGNATURE ACKNOWLEDGEMENT OF APPLICANT in hereby advisowledge as applicant that I have the BA APPLICAN SR DATESIGNE night 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 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSIT This permit is issued in 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 This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposing California. 10A AMOUNT OF FEE PAID 10B DATE PERMIT ISSUED 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 12/18/2008 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 128 DATE BURIED 12C INTERMENT NUMBER-IF APPLICABLE BURIAL OR SCATTERING IN CEMETERY MT. HOPE CEMETERY: 3751 MARKET 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT) 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 138, DATE CREMATED 130 CREMATION NUMBER-IF APPLICABLE CREMATION 130. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: 148 DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED. 158 NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER. 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 16B. DATE OF DISPOSITION 16C LICENSE NUMBER OF CREMATED SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA: ONLY ENTER LATITUDE AND LONGITUDE. REMAINS DISPOSER-IF APPLICABLE SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 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 12-16-08

You are her	reby authorized a	nd instructe とこし	d, subject to yo AHDRO	ur rules and ru FLOZ	egulations	23200	the rei	nains 930A
ina	DD "		Funeral, c					
Church, ch	Type of Burial Conta papel, Graveside	ner	×	.NC	CHAI) S (_ Mc	ortuary.
239012401903800000	cars must arrive led and billed to u		Market and Company of the Company of	work day or a	n extra ch	arge of \$		_
Division	5 Section	n_4	_ Blk/Row	Lot_	25	Grave	2	_
Grave space	e & Care Fund	, , , , , , , , , , , , , , , , , , ,	(1199 0 124 200 114 114 11	,			113	2,00
Overtime/L	ate Arrival Fees			A ID			S -	
Opening/Cl	osing & Setup							6.50
	ainer					_	53	9.00
	996		DEC 1	6 2008			45	14.00
Flower vase	es – Marker settir Filing/Transfer Fe	ng fee	epopping green	0.0000000000000000000000000000000000000	manner		*	5
Recording/	Filing/Transfer Fe	es MC	JUNT HOP	E CEME	TERY		3	2.50
Sales taxes							4	1,77
ADIAB	c. Flores			Total C)ue		24	(5.7)
The second second	(, 1 10 /- 5		Paid receipt nu	mber _126	1350		240	45.77
232009	rtify I am the X	BRO	THE	2	Balan	ce due _		<u>}</u>
and this is that I have any liability	your authority to the right to make on account of sa	this authori id authoriza	zation and I ago tion and interme	ree to hold Mt	ndicated. . Hope Ce	certify a metery h	ind rep parmile	present
hold under		1010	Print	57165	tream	view	na	
Samuel of MAC	a-8546	3	City	3000 DI 60	9-49		roll	2105 Zp Code
TA AN	a o		Poles		6214		cer	77 32
Work Order	* E 21	072	10406-0	olce #				



Revised July 2008

E-21072

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.

Address: City:	57/10 San D	icas	State CA Zin	Code 9210	5
City of San Di	ego resident? (Cir	rcle)	YES	NO	
Size of Family		. 6.			
	Annual Income	M.R.F.		ual Income	
(1) \$14,93	3	M 1(4)	\$41,459		
(2) \$24,46	3	(5)	\$48,926		
(3) \$33,58	3	(6)	\$57,222	>0	•
For Larger familie	n ndd \$8 106 man ad	1361	If the deceased has	lived with family/fries	do on
	a, sou soles del sol	muonai member.	If the deceased has		ersons

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program 1/2 / 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.

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 ____ 1D# D8761471

2007-1940 appuments verified



Mt. Hope Cemetery

Community Parks | • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527

Tel (619) 527-3400 - Fax (619) 527-3403

CONTRACTED STORES

Income Bunk Statene W-2 Copies 2008 on 2009

SSI

any Income

Utility Bill Gas & water

E-21072

Supplemental to Low Income Application

Name Yes	arly Income	Form
Antonio Flores	\$31,383.00	CY 2007 1040A Income Tax
Maria Rosario Flores	\$4,798.80	Dept. Child Support Svcs
Erik Alejandro Flores	\$4,632.00	Social Security SSA-L8151
Abraham Angel Esquer	\$8,843.00	CY 2007 1040EZ
J. Antonio Flores	\$1,520.00	CY 2007 1040EZ
	\$51,176.80	

Other Family members

Adrian Flores

Form 1040		Return 20	U IRS Use Unity	— Do not wn	e or staple in this space, OMB No. 1545-0074
Label (See instructions.)				Your	social security number
		-6)		9	محد
Use the IRS label. Otherwise, please print	If a joint return, spouse's first name and initial Las	t name		Spot	se's social security number
	MARIA R. FLORES (3-15-0	e 1		(5	
or type.	Home address (number and street). If you have a P.O. box, s 5716 STREAMVIEW DRIVE	A	You must enter your SSN(s) above		
	City, fown or post office. If you have a foreign address, see	1,000	Fundamental Patrick States No.		
Presidential Election	SAN DIEGO, CA 92105	n anyear	10000000		ecking a box below wil not change your tax or refund
Campaign	 Check here if you, or your spouse if filing j 	ointly, want \$3 to go to		Charles of the Control of the Contro	
Filing	1 Single	4 (Head of household (with		
status	2 X Married filing jointly (even if only one had incom 3 Married filing separately, Enter spouse's SSN a	- 17 mm	If the qualifying person is	A CONTRACTOR OF STREET	not your dependent,
	3	200.3	enter this child's name h	0.00	Ladadi atilid
Check only one box.	run name nese	5	 Qualifying widow(er (see instructions)) with dep	endent child
Exemptions	6a X Yourself. If someone can claim you	as a denendent do r		SW40550	Boxes
-vembrions	E-1	a aspendant, do i	The same of the sa	67	checked on 6a and 6b
	b X Spouse		*******		San San San San
	c Dependents:	(2) Dependent's	(3) Dependent's	(4) v if	No. of children on 6c who:
		social security number	relationship to you	qualifying child for	lived with you
more than six	(1) First name Last name	number		child fax credit	- • did not
ependents, se instructions.	ERIK A FLORES		SON		live with
	ADRIAN M FLORES		SON	X	divorce or separation (see
	JOSE A FLORES		SON		instructions)
				11	- Dependents
		-		1 11	on 6c not entered above
				414	
-	d Total number of exemptions claimed	0/4 = 1 (1 (1 (1 (1 (1 (1 (1 (1 (1		*******	Add numbers on lines above
ncome	7 Wages, salaries, tips, etc. Attach Form(s)	(W.o.			21 202
Attach Form(s)	8a Taxable interest. Attach Schedule 1 if rec) W-G		<u>7</u>	31,383
V-2 here. Also	b Tax-exempt interest. Do not include on line 8a	fanea	8b	00	
ttach Form(s) 099-R if tax	9a Ordinary dividends. Attach Schedule 1 if			9:	(Compression of
as withheld.	b Qualified dividends (see instructions)	CAMPINE TO THE TAXABLE	9b	T-1 T-1	The latest terms to the latest terms term terms to the latest terms to the latest terms term terms to the latest terms to the latest terms terms to the latest terms term terms terms to the latest terms terms to the latest terms term terms terms to the latest terms terms to the latest terms term terms terms term terms terms terms terms terms terms terms term terms
	10 Capital gain distributions (see instructions		02.0 (0.100) 01.0 (41.42.24	10	
	11 a IRA distributions		11 b Taxable amount		
	12a Pensions and annuities 12a		12b Taxable amount	12t	
you did not et a W-2.	13 Unemployment compensation and Alaska Fund dividends		eserene en	13	- Hotel
ee instructions. Inclose, but	14a Social security	i i	141 T. U	1	
o not atlach, ny payment.	benefits		14b Taxable amount		
1 95 25 200	16 Educator expenses (see instructions)			. 13	, 3L,303
Adjusted	17 IRA deduction (see instructions)			_	
ross ncome	18 Student loan interest deduction (see instr			-	(#E)
0.0000000000000000000000000000000000000	19 Tuition and fees deduction. Attach Form	A TANK THE PROPERTY OF THE PARTY OF THE PART	200	_	
		Photography and the state of th		- 20	0
	20 Add lines 16 through 19, These are your	total adjustments	*******	20	
	21 Subtract line 20 from line 15. This is your			9VIIIE90	31,383

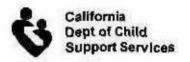
orm 1040A (2007) ANTONIO FLORE	ES PEREZ AND MARIA	R. FLORES	S	60	8-22-99	
Гах,	22 Enter the amoun	from line 21 (adjusted gross	income)			22	31,383.
redits,					-		
nd -	1.000000000000000000000000000000000000	ou were born before January 2, 1943,	F) 000000000000000000000000000000000000	_ Total boxes			
ayments	if: L S	pouse was born before January 2, 194	3, Blind	_ checked . >	23a	4	
	b If you are marrie	d filing separately and your s	pouse itemizes	deductions,	38 / F-1		
Standard L	see instructions	and check here			236	+	22 2/20
Deduction for -		ard deduction (see left marg					10,700
People who	25 Subtract line 24	from line 22. If line 24 is more	than line 22, e	enter -0		25	20,683.
checked any box on line	26 If line 22 is \$117	,300 or less, multiply \$3,400 l	by the total num	ber of exemption	s claimed		
23a or 23b or	on line 6d. If line	22 is over \$117,300, see the	instructions			26	17,000
who can be	27 Subtract line 26	from line 25. If line 26 is more	than line 25, e	enter -0 This is y	our		
claimed as a dependent,	taxable income.					27	3,683
see		y alternative minimum tax				28	368
instructions.	(see instructions),,	** * * * * * * * * * * * * * * * * * *		22042231174		200
 All others: Single or 	ma a first that						
Married filing	29 Credit for child a Attach Schedule	nd dependent care expenses.	0.45.753000.61750.61	29			
separately,		erly or the disabled. Attach S			-		
\$5,350					-		
Married filing		Attach Form 8863		-21			
jointly or Qualifying	32 Child tax credit (Attach Form 890	see instructions).		32	368.		
widow(er),		gs contributions credit. Attach			A Part House		
\$10,700		ugh 33. These are your total			Mare Jose IV.	34	368
Head of		from line 28. If line 34 is more					0
Household, \$7,850		income credit payments from			3.0		
\$1,000		36. This is your total tax			SCHOOL STATE OF STATE		0
		ax withheld from Forms W-2					
		ax payments and amount app		1			
If you have				39			
a qualifying .		redit (EIC)			1,771.		
child, attach Schedule EIC.		pat pay election. 40 b	Principal State of Control of Con				
		ax credit. Attach Form 8812 .			632		
		and 41. These are your total payme				42	4,398
197 5		than line 37, subtract line 37		-111111111111111111111	11/1/11/11	200	
efund	This is the amou	nt you overpaid	110111 IIIIC 42.		CERCULATE	43	4,398
		3 you want refunded to you. I				44a	4,398
rect deposit?	► bRouting		Topo one	(C) (1) (1) (1)	700		070000042590180
nd fill in 44b,		122000247	C Type:	X Checking	Savings		0.5
ic, and 44d or	► d Account	6913352776					
orm 8888.	number	3 you want applied to your 2	nne				
	estimated tax	o you want applied to your z	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	45			
mount							
ou owe	see instructions.	e. Subtract line 42 from line 3	/. For details of	ii now to pay,		46	
	47 Estimated tax pe	nalty (see instructions)		47			
tal marks		r person to discuss this return with th			Yes. Comp	lete the foll	owing. No
hird party esignee		A SERVICE SERVICE STATES AND A SERVICE		OTOANOV NOVEMBER		ersonal	
esignee	Designee's - Prepare		Phor	10	ło	entification amber (PIN)	
F-fo-Sity.			no.	chadulae and statemen	The state of the s		on and belief they
ign	are true, correct, and accurate	ectare that I have examined this return ally list all amounts and sources of incor	ne I received during	the tax year. Declaration	n of preparer (of	er than the taxp	sayer) is based on
ere	Your signature	arer has any knowledge.	Date 1	Your occupation		Daytime phon	e number
nt return?	1 725	Kodone.	1 ha		OM		
e instructions.	Spouse's signature. If a joint	return both must sign	Date 10	CONSTRUCTION Spouse's occupation	אַט	619-286	2140
ep a copy	2200	10	4 (100)	The state of the s		計畫經費	
your records.	11/010	The	110000	EMPLOYEE	Faces	Burney 6	c CCN av DYIAI
	Prepare's	WON		Date 100	Check if self-	The state of the s	s SSN or PTIN
aid	signature Don J			1/22/08	employed	X P004	69566
reparer's	for vours it self.	Julian Tax Servic			2222		
se only	employed), 333 address, and ZIP code San	E. San Ysidro Blv	d		Phy		WINDSOM STREET, 17 of
		Ysidro, CA 92173			1 1779	DIC FEEAN	428-0224

1040E	Z Joint Filers With No Dependents 2007	OMB No. 1545-00
Label (See instructions)	Your first name L ABRAHAM ANGEL ESQUER	Your social security number
Use the IRS	If a joint return, spouse's first name MI Last name	Spouse's social security number
label. Otherwise, please print	Home address (number and street). If you have a P.O. box, see instructions. Apt no. 5716 STREAM VIEW City, town or cost office if you have a foreign address, see instructions. State. ZIP code.	You must enter your SSN(s) above.
or type.	E City, town or post office. If you have a foreign address, see instructions. State ZIP code	Checking a box below will not
Presidential Election Campaign	SAN DIEGO, CA 92105	change your tax or refund.
(see instre)	Check here if you, or your spouse if a joint return, want \$3 to go to this fund?	You Spouse
Income	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1 B,843
Attach	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2
Form(s) W-2 here. Enclose.	Unemployment compensation and Alaska Permanent Fund dividends (see instructions)	The state of the s
but do not attach, any	4 Add lines 1, 2, and 3. This is your adjusted gross income	4 8,843
payment.	5 If someone can claim you (or your spouse if a joint return) as a dependent, check tapplicable box(es) below and enter the amount from the worksheet. You Spouse	the V,045
	If no one can claim you (or your spouse if a joint return), enter \$8,750 if single; \$1 married filing jointly. See instructions	7,500 if 8,750
	Subtract line 5 from line 4. If line 5 is larger than line 4, anter -0 This is your taxable income.	
Payments	7 Federal income tax withheld from box 2 of your Form(s) W-2	The state of the s
and tax	Ba Earned Income credit (EIC)	
1	b Nontaxable combat pay election	
•	9 Add lines 7 and 8a. These are your total payments. 10 Tax. Use the amount on line 6 above to find your tax in the tax table in the instruct booklet. Then, enter the tax from the table on this line.	ion
D. C J	11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund.	10
Refund Have it directly Reposited! See	If Form 8888 is attached, check here ➤	11a 1,044
histractions and fill in 11b, 11c, and 11d or Form 8888.	► b Routing number XXXXXXXXXXX - c Type: Checking Saving	gs
	► d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Amount you owe	12 If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you of For details on how to pay, see instructions	▶ 12 0
Third party	Do you want to allow another person to discuss this return with the IRS (see instructions)?	X Yes. Complete the following.
designee	Designee's Preparer Phone no.	Personal ID no. (PIN)
Sign here	Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all infor	true correct, and accurately lists all amounts and
Joint return? See instruc- tions, Keep a copy for your records.	Spotse's signature. If a joint return, both must sign.) Dete Spotse's occupation	619-286-2146
Paid		Preparer's SSN or PTIN
preparer's use only	Firm's name (or your Don Julian Tax Service	22 2010000
use only	if self-employed). address, and ZEP code 333 E. San Ysidro Blvd. San Ysidro, CA 92173	Phone no. (619) 428-0224
	Sail ISIAIO, CA 321/3	Phone no. (619) 428-0224

1040E	Income Tax Return for Single and Joint Filers With No Dependents	007 OMB No. 1545-0074
Label	Your first name MI Last name	Your social security number
(See instructions)	J. ANTONIO E FLORES	Spouse's social security number
Use the IRS label. Otherwise, please print	A if a joint return, spouse's first name MI Last name E L	
	Home address (number and street). If you have a P.O. box, see instructions.	Apt no. You must enter your
or type.	E 5716 STREAMVIEW DR E City, fown or post office. If you have a foreign address, see instructions. State	SSN(s) above.
Presidential Election	SAN DIEGO, CA 92105	Checking a box below will not change your tax or refund.
Campaign (See instra)	Check here if you, or your spouse if a joint return, want \$3 to go to	o this fund? > You Spouse
Income	1 Wages, salaries, and tips. This should be shown in box 1 of your Attach your Form(s) W-2	Form(s) W-2.
Attach Form(s) W-2 here. Enclose, but do not	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2
	Unemployment compensation and Alaska Permanent Fund dividends (see instructions)	3
	4 Add lines 1, 2, and 3. This is your adjusted gross income	4 1,520.
attach, any payment.	5 If someone can claim you (or your spouse if a joint return) as a applicable box(es) below and enter the amount from the workship.	
		eet.
	Spouse If no one can claim well (or your society if a joint return), enter \$	59.750 if simple: \$17.500 if
	If no one can claim you (or your spouse if a joint return), enter smarrled filing jointly. See instructions	5 8,750.
	6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0 taxable income	This is your ► 6 0.
Payments and tax	7 Federal income tax withheld from box 2 of your Form(s) W-2	7 154.
anu tax	. 8a Earned income credit (EIC)	
	b Nontaxable combat pay election.	. 8b
	9 Add lines 7 and 8a. These are your total payments.	
	10 Tax, Use the amount on line 6 above to find your tax in the tax booklet. Then, enter the tax from the table on this line	table in the instruction 10 0.
Refund	11a If line 9 is larger than line 10, subtract line 10 from line 9. This is	
Have it directly deposited! See	If Form 8888 is attached, check here	
instructions and fill in 115, 11c,	▶ b Routing number XXXXXXXXXXXX ▶ c Type: ☐ Ch	necking Savings
and 11d or Form 8888.	d Account number XXXXXXXXXXXXXXXXXXXXXXXX	\$
Amount you owe	12 If line 10 is larger than line 9, subtract line 9 from line 10. This is For details on how to pay, see instructions	s the amount you owe.
	To you want to allow another person to discuss this return with the IRS (see instructions)	
Third party designee	Designee's Phone no.	Personal ID no. (PIN)
Sign here	Under penalties of pergury, I declare that I have exemined this return, and to the best of my k sources of income I received during the tax year. Declaration of preparer (other than the taxp	asyer) is based on all information of which the preparer has any knowledge.
200000000000000000000000000000000000000	VIT-11/2 10000 1 11.10	Coupation Daytime phone no.
Joint return? See instruc- lions. Keep a copy for your records.	THE	LOYEE 619-286-2146 e's occupation
2	Preparer's	Date Preparer's SSN or PTIN
Paid	Self-Prepared	3/10/08 salf-employed
preparer's use only	irm's name (or yours	EIN
3009 77 81	f self-employed). address, and 2IP code	Phone no.

001

DEPARTMENT OF CHILD SUPPORT SERVICES CALIFORNIA STATE DISBURSEMENT UNIT 01CASWS-000008456387 P.O. BOX 989063 WEST SACRAMENTO, CA 95798-9063



24325

MARIA ROSARIO FLORES 5716 STREAMVIEW DR SAN DIEGO, CA 92105-3855 Pay to Order Of: M. FLORES

Participant Number: 300000000346505

Check Number: 0003707310 Check Date: 12/02/2008

Check Amount: \$399.90

The attached check represents monies collected on your behalf for the specific Case ID(s) noted below. Should you have any questions, please contact us through either our website www.casdu.com or by phone 1-966-325-1010.

RCPT DATE	COLLECTION RCPT ID	SOURCE	TYPE	CASE ID NUMBER	OBLIGOR NAME	AMOUNT
12012008	7935,0143.00001,00	INCWTH	SUPPORT	200000000116963	A FLORES	\$ 399.90

SOCIAL SECURITY 1333 FRONT STREET SAN DIEGO CA 92101 E-21072

Administración del Seguro Social Seguridad de Ingreso Suplemental

Aviso de Cambio de Pago

Fecha: 30 de noviembre de 2008 Número de Reclamación: 602-36-8607 DC

000017070 02 AT 0.471 954 08S1199G04928 B020,M5S,101

132

MARIA ROSARIO FLORES
FOR ERIK ALEJANDRO FLORES
5716 STREAVIEW DR
SAN DIEGO CA 92105-3855

Le estamos escribiendo para informarle sobre los cambios para ERIK A. FLORES en sus pagos de Seguridad de Ingreso Suplementario (SSI, sus siglas en inglés). El resto de esta carta le da más información sobre estos cambios.

Explicamos cómo calculamos la cantidad de los pagos mensuales mostrados abajo en la(s) última(s) página(s) de esta carta. La explicación muestra cómo el ingreso de él, además de cualquier pago de SSI, afecta su pago de SSI. También muestra cómo decidimos qué porción de su ingreso afecta la cantidad de su pago. Incluimos explicaciones solamente para los meses en que cambia la cantidad de pago.

Información sobre los pagos de SSI de ERIK A. FLORES

- La cantidad debida a él empezando en enero de 2009 será \$386.00. Esta cantidad incluye \$233.00 del Estado de California.
- La cantidad debida a él está siendo aumentada porque la ley provee un aumento en los pagos de Seguridad de Ingreso Suplemental en enero de 2009 si hubo un aumento en el costo de vida durante el año pasado.

Información sobre otros beneficios

Hay veces que podemos pagar otros beneficios además de pagos de SSI. Es posible que él pueda recibir beneficios bajo el registro de Seguro Social de su padre o madre si él cumple con las siguientes reglas:

- él se incapacitó antes de los 22 años de edad, y
- él no está casado, y

Vea La Página Siguiente

Administración del Seguro Social Seguridad de Ingreso Suplemental

Aviso de Sobrepago

1333 FRONT STREET SAN DIEGO CA 92101

Fecha: 4 de julio de 2008

Número de Reclamación: 621-46-9122 DC

000038489 03 SP 0.760 0627,M05,002 954 08S1118J05443

er.

MARIA ROSARIO FLORES
FOR ADRIAN MACARIO
FLORES
5716 STREAVIEW DR
SAN DIEGO CA 92105-3855

Estamos escribiendo para informarle que hemos pagado a ADRIAN M. FLORES \$992.83 de más dinero de Seguridad de Ingreso Suplemental (SSI). El sobrepago ocurrió desde octubre de 2007 hasta junio de 2008. El fue sobrepagado debido a un aumento en el mantenimiento que él recibió de uno de los padres.

Hemos incluido a esta carta una explicación detallada de su sobrepago.

El debe reembolsarnos a menos que nosotros decidamos que él no debe reembolsarnos o que no tengamos razón acerca del sobrepago. Si usted cree que él no debe reembolsarnos o usted no está de acuerdo con la decisión acerca del sobrepago, usted puede:

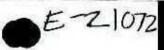
- Pedir que el reembolso sea dispensado,
- Pedir una apelación, o
- · Pedir ambos.

Esta carta le explicará más acerca de las cosas que usted puede hacer.

Si no tenemos noticias de usted en los próximos 30 días

Pensamos cobrar este sobrepago de él, de los cheques de SSI. Retendremos \$75.60 cada mes empezando en octubre de 2008 hasta que él nos haya reembolsado. Si usted pide dispensa o apelación en los próximos 30 días, nosotros no cambiaremos su cheque hasta que decidamos su caso.

Vea La Página Siguiente



MOUNT HOPE CEMETERY

		GRAVE	BLIND C	HECK FOR	RM	
IN GRAV	E WITH		Ø			
marked v	opriate space	e the name (s) that a	e's, lot#a	and grave # o	of all exist	the block ting marker's i
	Petevson Wilbert	clara	murvan	weaver	Beache	v
		Jevsunsu Morales	A	FOSTER	Suson	1
hehring	Gehring	Elviva		, tenia	focha Bantia	up
Flagged	Yes		Kate S	essions		
Blind che	eck Initiated b	y:	X		Date:	-
	t space for:			35.0		ores
3436374	Sect:	<u> 4</u>	Blk/Row:	Lot:	25	Grave: 2
	rith Legal Ca	rd:	Yes		No	
Agrees w	rith Map:		Yes		No	
Blind Che	eck & Verifie	d By:		Date	,	
Cremains	were place	d at:		of gra	ave	

E-21072

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 18. MIDDLE IC. LAST **ERIK ALEJANDRO FLORES** 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 04/07/1990 12/12/2008 SA CITY OF DEATH 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE LOS ANGELES LOS ANGELES TA. NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-BB. CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, NI IMPER HE APPLICABLE MARIA FLORES MOTHER FD-284 CITY STATE ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE EL CAMINO MEMORIAL-NO 5716 STREAMVIEW DRIVE 607 NATIONAL CITY BLVD SAN DIEGO, CA 92105 NATIONAL CITY, CA 91950 9A. APPLICANT SIGNATURE 98 DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT -- hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the dispos 12/17/2008 taled herein is one of the dispositions authorized by Health & Safety Code Section 103055. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is leaved in accordance with provisions of the California Health and Safety Code and is the authority for the disport California. sition specified in this permit. NOTE: This permit gives no right of disp 10A. AMOUNT OF FEE PAID 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 108. DATE PERMIT ISSUED \$ 11.00 12/17/2008 JONATHAN FIELDING, MD -0 10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 100 LOS ANGELES CO DEPT OF PUBLIC HEALTH SAN DIEGO COUNTY VITAL RECORDS 313 NORTH FIGUEROA STREET, RM L-1 3851 ROSECRANS ST SAN DIEGO, CA 92110 LOS ANGELES, CA 90012 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 DR 08 MT. HOPE CEMETERY 3751 MARKET 22 SCATTERING IN A SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO CA 92102 (INCLUDES ENTOMBMENT) 13C. CREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B. DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C, SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER 16A. ADDRESS, NEAREST POINT ON SHORELINE, OR O'THER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE 168, DATE OF DISPOSITION SCATTERING BURIAL AT SEA OR OTHER THAN IN A 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY 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

REA-104 (3-04)

City of San Diego

Date	12/	16	2008
			Printer Int

Volun Tana	ucted, subject to your rules and regulations,	to inter the remains
na Ash Vault	Funeral, date, time Fridau	Dece, 1.00
Church, Chapel, Graveside	Family	Mortuary:
All Funeral cars must arrive before	3.00 p.m. of regular work day or an extra cha	arge of \$
will be applied and billed to undersig	ned.	
Division TOOF Section	BIKIROW Q Lot 21	Grave _ 5 _ C
Grave space & Care Fund A	3106	
Overtime/Late Arrival Fees	- DAID	
Opening/Closing & Setup	PAID	199,00
Burial Container	DEC 2 6 2008	104.00
Handling Fees		114.00
Flower vases – Marker setti MQ U	NT HOPE CEMETERY	
Recording/Filing/Transfer Fees		85.00
Sales taxes		8.06
	B30 88 303 (2001)	510.00
	Paid receipt number R61363	$\frac{2}{5000}$
	Muster Carol	e due
I hereby certify I am the and this is your authority to make that I have the right to make this au any liability on account of said authority.	disposition of remains as above indicated. I thorization and I agree to hold Mr. Hope Cel prization and interment.	ove named decedent certify and represent metery harmless from \$32017
hereby authorize the interment in I	Ot 1	coper
Signature	* Brooklyn	1 11 11 225
10	7 917-568-1	6379
_	Invoice#	
Work Order # E 2107	3 Acct. #	

C. Protest on recycles paper

This information is available in alternative formats upon request.

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — VITAL STATISTICS

TYPE ON	200	Alta G	ERTIFICATE	OF DEATH		20080 STATE-FILE	014581
PRINT IN PERMANENT BLACK INK	1s. DECEASED-NAME (FIRST,MI Velma Jean	CARVER	A CAL		August 0	4, 2008	Clark
DECEDENT	2b CITY, TOWN OR LOCATION Las Vegas 5. RACE White	and number)	5850 Sky p		Inpatient(S	and the second	OP/Emer. Rm. 4. SEX Female DATE OF BIRTH (Mo/Day/N/)
* IF DEATH	(Specify) 98. STATE OF BIRTH (If not U.S.A.	No	Non-Hispanic	b-rthday (Years) 53	MOS DAYS	HOURS MINS	September 08, 1954 VIVING SPOUSE (If wife, give
OCCURRED IN INSTITUTION SEE HANDEDOK REGARDING	name country) California 13 SOCIAL SECURITY NUMBER 566-90-9271	United S	ATION (Give Kind of Wo	The state of the s	Distric	SINESS OR NOUSTR	
RESIDENCE ITEMS	2400 Dell 1000 Dell 100	a COUNTY Clark	15c CITY TOWN OF	AP MANUEL CO.	STREET AND NUMBE		I MITS (Speaky Yes
PARENTS	18 FATHER NAME (First Widdle Cla	Last Sumx) ire Everett CARVE	R	17, MOTHER	- NAME (First Middle Mina)	Mae ALEXAND	
2 600	18a. INFORMANT- NAME (Type or April CO 18a. BURIAL CREMATION, REMO	OOPER	188. MAILING A	1315 S	R F to No, City or Fown Santa Clara Eurek	a, California 9550	01 City or Town State
OSITION	Cremation 20a: FUNERAL DIRECTOR - SIGN	1 ATURE (Or Person Acting		Hites Crematory	AME AND ADDRESS O	Henders F FACILITY	son Nevada 89011
TRADE CALL		RE AUTHENTICATED		69		Hites Funeral Hos set Road Henders	7070
100	214. To the best of my know out to the cause(s) stated	(Signature & Title)		pale of ALAN	date and place and due E OLSON M.D.	in the cause(s) stated Sit	SNATURE AUTHENTICATED
CERTIFIER	S 2 214 NAME OF ATTENDING	F 50 20 10 10 10 10 10 10 10 10 10 10 10 10 10	R OF DEATH	0000	TE SIGNED (Mo/Day/Yr September 30, 20 GNOUNGED GEAD (M	08	14:45 CONOUNCED DEAD AT (Holir)
	23a NAME AND ADDRESS OF CE	RTIFIER (PHYSICIAN, ATT Alane Olson M.D.					14:45 LICENSE NUMBER 9482
THE RES SEC.	24a. REGISTRAR (Signature)	SUSAN ZI	ANNIS	246 DATE RECEIV	ED BY REGISTRAR otember 30, 2008	24c DEATH DUE YES	TO COMMUNICABLE DISEASE NO X
CAUSE OF DEATH	PARTI (9) Opiate into	ENTER ONLY ONE CAUSE XICATION A CONSEQUENCE OF:	EFER LINE FOR (8), (b)	AND (c) I	智力が	是一种	nterval between priset and death
CONDITIONS IF.	10000	A CONSEQUENCE OF:	0.00	a Dira	APA	A 132	nterval between onset and death
AUBE -> STATING THE UNDERLYING	DUE TO, OR AS	CONSEQUENCE OF				8 34	nterval between onset and death
CAUSE LAST	PART II	183 9	PEBL	100	In	26 AUTOPS (Specify Yes	
	28s ACC, SUICIDE HOM, UNDET SO OR PENDING INVEST, (Specify) ACCIDENT	August 04, 2008	1311	Medicati			
V	28e INJURY AT WORK (Specify Yes or No) No	er PLACE OF INJURY At hilliding, etc. (Specify)	Home	5850 Sky P	ON STREET OR Pointe Drive #8-1104		DR TOWN STATE Las Vegas Nevada
6945			STA	TE REGISTRAR		The state of	
VE 3	1/1						

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, VES Row 2008T STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

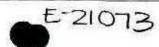
NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

by:

Date Issued: OCT 0.8 200

STATE OF SOMA



MOUNT HOPE CEMETERY

GRAVE	BLIND CHE	CK FORM			18
Write in the name of the decemarked with "X". Place the nather appropriate space (s) that	me's, lot # and	grave # of a	II exis	ting mark	er's ir
	X				т.
Flagged Yes	- aJean (ate:	_	
Interment Date: Dec 26 Div: Sect: Grave Laid out by:			21	Grave <u>:</u>	5
Agrees with Legal Card:	Yes	No.	ò		8
Agrees with Map: Blind Check & Verified By:	Yes	Date_	o		
Cremains were placed at:	*	of grave	ř.		2.

COF	FICIAL RECEIPT	
7	69	WHITE TO CU CANARY CE
11		-04

CITY OF SAN DIEGO, CALIFORNIA AT NEED BURGUAGE

61362

CANARY	MOUNT HOPE CEM (619) 527-3400	ETERY Dec	enber 2620 08
From: Angelon Coper Tive Hundred to	en and Oblus	imore st- #	ZF, Brooklyn Hars (\$ 510.06)
	of Taterment of Velma Je	an Carver	Grave 5
nvoice No. <u>E - 21073</u> Acct. No	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE,	20% Sales Care 77	7007
N.O	PAID	Opening/	100 7184 100 17181 100 104 100
Money Order	DEC 2 6 2008	Containers 7:	7182 100 7185 100
Charge MC AF	2 ISSUED BY POUNT HOPE CEMETERY	Misc Fees 77 Sales Tax 60	7183

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	ACCUSE MANAGEMENT		18. MIDDLE			1C LAST			
1A. NAME OF DECE VELMA	DENI-FIRSI		*			i	777		
	'E OF BIRTH (MONTH, DAY,	VEAD1	JEAN 4. DATE OF DEATH	MONTH DAY	VEAD!	CAR	***************************************	DATECER	NT (MONTH, DAY, YEAR)
	9/08/1954	TENN	08/04/2	17 30 10	TEAR)	5.	JEIAL DERIRONLY	LATECHEVE	NI (MONIN, DAY, TEAR)
& CITY OF DEATH				9	Mary Company of the C	of Death—	IF OUTSIDE OF CAU	FORNIA, ENTE	ER STATE
7A. NAME OF INFO Angela			78. RELATIONSHIP Daugh		LICENSED F	UNERAL DIRE	DRESS OF CALIFOR COTOR OR PERSON ET NUMBER AND NA	NUMBE	UFORNIA LICENSE R—IF APPLICABLE
287 Fen	FULL MAILING ADDRESS—S Almore Street In NY 11225	FREET NUMBER AND P	NAME, CITY, STATE, Z	IP CODE	287 F	a Coope enimore Lyn NY		er 🗀	
ACKNOWLEDGER	RENT OF APPLICANT—I ne sition pursuant to Health & Safe of the dispositions authorized b	ety Code Section 7100, a	end that the disposition		Sylenatydre	/			9B. DATE SIGNED 12/22/200
PERMIT AND A This permit is issued of California.	UTHORIZATION OF LO	CAL REGISTRAR— of the California Health	ANY CHANGE IN and Safety Code and is	DISPOSITION the authority for p	of disposition s	A NEW PI pecified in this	ERMIT TO SHOW permit NOTE: This p	FINAL DISI ermit gives no	POSITION right of disposal outsid
10A. AMOUNT OF F \$ 11.00	EE PAID	10B DATE PERMIT ISS 12/22/21		0	REOFLOCALI		by OB	-	
100. ADDRESS OF	REGISTRAR OF DISTRICT OF	F DEATH—IF DEATH Ó	OCURRED IN CALIFO	RNIA 10E. AD		acific	Hway, Rm		FFERENT FROM 10D
want the same of the same of		ETERY	D. SCIENTIFIC U				SITION PENDING		CONTRACTOR
☐ B. CREMATIO	ON OF CREMATED REMAIN AN IN A CEMETERY 12A. NAME AND ADDRESS Mt. Hoze: 0	OF CALIFORNIA CEME emetery t St.	☐ E. TEMPORARY ☐ F. DISINTERMEI ☐ G. SHIP IN TO C. ☐ H. TRANSIT OU	ENVAULTMEN NT ALIFORNIA	FORNIA	NAME /	AND ADDRESS	F-210	MBER—IF APPLICABLE
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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,

PAS NAPA

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

of	ALLEY	~ '		ons, to inter the remains 232005
in a	DD e of Buriol Container	Funeral, da	ite, time	
Church, Chapel,		95	_1	Mortua
All Funeral cars r	nust arrive before 3:0	20 ρ.m. of regular w	ork day or an extra	s charge of \$
will be applied ar	d billed to undersign	ed		V
Lancescone Duncas			1.04	
Division	Section _ 2_	Blk/Row	Lot 1 04	THE PERSON NAMED IN COLUMN TWO
700000000000000000000000000000000000000	are Fund	90.00000 S.C. 199.000000		2264.
Overtime/Late Ar	rival Fees			
Opening/Closing	& Setup(7-)		UIA	1006.
Burial Container			v + a 2000	539.
Handling Fees	farker setting fee	ONTOR MA	7 1 2 2003	454.
Flower vases - N	farker setting fee	4-01100	OPE CEME	TERY
Recording/Filing/	Transfer Fees	MOUNTE	10PE CEINE	130
Sales taxes				41.7
			Total Due	4494
		Paid receipt num	nber P015	779
			В	alance due 3715
I hereby certify I	am the		of th	ne above named decede
that I have the rig	authority to make dis ght to make this auth count of said authori	orization and I agre	e to hold Mt. Hope	ed. I certify and represe a Cemetery harmless fro
	e the interment in lot	1 0	LLEN D	LONGSK
hold under deed.	^ .) A	10 18 B	LOSOWAY
Storatore &)Zorg Sil	- 4	AND DIE	60 12102
0021	21 C FOR	MARL CHY	110-871	-5885 200
(BOD W	31 57	Robert	none	
umal	12.853	6 Y	ice#	
	21074			

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

P01578

()			(619) 527-	3400 Date:	17-	-17,20	20
•	SEVEN HUNDRE	o-Savavry	UING & NO	31857 Y		S-A	353
	in Down Raymon Payr	Sec	BIK/ Row	eust DD	Grave	2_	-
(=)	Acct. No. EZ1074	107.501 SCHOOL TO SERVE TO SER	P PURPOSES STATED UNL D" IN THIS SPACE.	CREDIT 20% Sales Care	67007 9 77184	452	80
į	W.OBALANCE DUE X_3715	727	PAID DEC 1-7 2008	80% Sales of Lots Pre-Need ,	100 77184	326	20
\bigcap		oney Order	THORE CEMETE	ERY	77186		
	Pre-Need Trust Cr	large 6 0 7// 55	9	TOTAL PAID	\$	719	00

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

REA-104 (3-04)

City of San Diego

Date 12 18 08

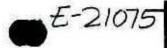
or Courtes to	<u> </u>	AD 12
in a	_ Funeral, date, time TUES, DEC	
Church, Chapel Graveside	CA Cremation	4 Burla I
All Funeral cars must arrive before 3:00 p	m. of regular work day or an extra charg	re of \$
will be applied and billed to undersigned,		
Division 12 Section 2	BIK/Row Lot 203	irave
Grave space & Care Fund		2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		523.0
Burial Container		270.0
Handling Fees	DEC 2 2 2008	2060
Flower vases - Marker setting fee	***************************************	
Recording/Filling/Transfer Fees	UNT HOPE CEMETERY	65,00
Sales taxes MO	UNI HOI 2 0-	20.93
P	Total Due	335893 3358.9
5700	CK416 Balance	due Ø
I hereby certify I am the	3727336	ve named decedent
and this is your authority to make dispos that I have the right to make this authoriz any liability on account of said authorizati	ition of remains as above indicated. I co ation and I agree to hold Mt. Hope Ceme	ertify and represent
I hereby authorize the interment in lot I hold under deed.	Print Name	99
	Address	
Bignahire 131074	× cel	MEC Za Code
Will-Ido North	Audiens Sele	, -, -, -, -, -, -, -, -, -, -, -, -, -,
	Invoice #	

@ Present on required paper

This information is available in alternative formats upon request.

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7) 	and instructed of	abject to your a	Tues Dec 23	2008	fil
TOW See hor elty and	Ta Flack	Funeral, date, time	Tues Dec 23	d5	
no July	of Femal Committee Graveside must prive before 3:00 and billed to undersigned	or requiet work de	y or an extra charge		
Church, Chapel	must arrive before 3:00 t	A.M. 01152	203	- Leve	*
All Funeral	and billed to undersigned	~ PM	- 10 ZO - 0	22640	3
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Division	& Care Fund	anna laki kada ka a laki kada ya mpaka ka a ma	garaging and a life of the same and the same	270	Tab
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Burish Co Jandins				-20	293
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Record	10000	Lon Andrews			
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	eraby certify I am the of this is your authority to make at I have the right to make a thing to the right to make a thing to the right to the	and authorizant	CHOIS	Missin W	108 -
	parety subscize the info	CONTRACTOR OF THE PARTY OF THE	I IUUEA-	Missin 92	7000
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	ina. La		Invoice #		its upon reques
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, /	PREATON (S.OM)	This in	C Profession security report		
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3	45				





MOUNT HOPE CEMETERY

GR	AVE BLIND CHE	CK FORM	3
IN GRAVE WITH	Ø		
Write in the name of the omarked with "X". Place the appropriate space (s)	e name's, lot # and that are adjacent to	grave # of all e	xisting marker's
Burial Container	_iner		_
	X		-
Blind check Initiated by: Interment space for:	Pamela F	No Date - ひして	
nterment Date: 122	<u>ර ග</u> ර Time:	11-WGY	-07
Grave Laid out by:			
Agrees with Legal Card:	Yes	No	
Agrees with Map:	Yes	No	
Blind Check & Verified By	r	Date	
Cremains were placed at:		of grave	

5-21075 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 TO LAST 18. MIDOLE PAMELA **JEAN FULLER** 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) 10/31/1959 12/17/2008 BA. CITY OF DEATH 168. COUNTY OF DEATH-IF OUTSIDE OF GALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO 7A. NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT 6A. TYPED NAME AND ADDRESS OF CALIFORNIA-8B. CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, CAROL FULLER STARKS SISTER FD1357 CITY, STATE, ZIP CODE TO INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, 20 CODE CALIFORNIA CREMATION & BURIAL CHAPEL 10669 MISSION ROAD #207 5880 EL CAJON BLVD SAN DIEGO, CA 92108 SAN DIEGO, CA 92115 ACKNOWLEDGEMENT OF APPLICANT-I hereby acknowledge as applicant that I have the SA. APPLICANT SIGNATURE 9B DATE SIGNED 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 103056. 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 Cattornia Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outsit of Cattornia. TOAL AMOUNT OF FEE PAID 108 DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 12/23/2008 WILMA WOOTEN, MD 100. 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 HAME AND ADDRESS OF CALIFORNIA CEMETERY 12C INTERMENT NUMBER-IF APPLICABLE 128 DATE BURIED BURIAL OR 123/08 E-21075 SCATTERING IN A MT HOPE CEMETERY 3751 MARKET 12D SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET SAN DIEGO CA 92102 (INCLUDES ENTOMBMENT) 13A NAME AND ADDRESS OF CAUFORNIA CREMATORY 13B DATE CREMATED 13C CREMATION NUMBER-IF APPLICABLE CREMATION 13D SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER 15A, NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

LIPON 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.*

TRANSIT

SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

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

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER

18D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER-IF APPLICABLE

188 DATE OF DISPOSITION

MT. HOPE CEMETERY

At Need INTER	MENT ORDER
in grave w Luly Twashita	Date 12 19 08
[[[[] 10 N H 전 H 전 H [[] [[] 11 N H [[] 12 N	subject to your rules and regulations, to inter the remains
Church, Chape Graveside Mort.	Funeral, date, time 1065, 18C 23, 2005 to de(. Wmmunity Mortuary.
All Funeral cars must arrive before 3:00 p. will be applied and billed to undersigned.	m. of regular work day or an extra charge of \$
Division 10 Section	BIK/Row Lot 5171 Grave
Grave space & Care Fund	
Overtime/Late Arrival Fees	100
Opening/Closing & Setup	1D 199.00 104.00
Handling Fees	9 2008 $114.\overline{00}$
See	===
Flower vases - Marker setting fee	E CEMETERY 85.00
Traceroning, may parameter speciments.	2 00
Sales taxes	510 00
	Jotal Due 10.00
Pa	id receipt number 101354 510.06
1	1 Trustee Balance due
I hereby certify I am the	out of the above named decedent
and this is your authority to make disposit	ion of remains as above indicated. I certify and represent tion and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deed.	+ SHIRLEY LUVITT
+ N- Hourt	ADDRESS PAR D. FF - (09)108
Synthure	Address AN DIEGO (492108 CRY 858 945 2236 ZA Code Telephone
	Invoice #
F 21076	*

This information is available in alternative formats upon request.

E-21076

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-25-01

Church, Chapet Graveside All Funeral cars must arrive before 3:30 p.m. of will be applied and billed to undersigned. Lot 5/7/ Grave Row Grave space & Care Fund Row Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker settling fee SATU Recording and filing fee	Section_ Section_ OFFIG	CHUM VISIN OF AN ENTER CHAR	/Block / O /Block / O /Block / O /OS:00 SS:00 2\0:0 45:0
All Funeral cars must arrive before 3:30 p.m. of will be applied and billed to undersigned. Lot 5/7/ Grave Row Row Pre- Grave space & Care Fund Pre- Additional spaces and care fund Roy Burial Container Recording and filing fee Recording fee Record	Section_ Section_ OFFIG	Chuly Vising or an extra char Division C-1282	/Block / O /Block / O /Block / O /OS:00 SS:00 2\0:0 45:0
will be applied and billed to undersigned. Lot 5/7/ Grave Row Row Pre- ! Additional spaces and care fund Pre- ! Additional spaces and care fund Pre- ! Burial Container Handling Fees Flower vases — Marker settling fee Sales taxes Paid ro	Section_ NEEd (DIVISION C-1282	105.00 55.00 210.00 45.0
Grave space & Care Fund	NEED O	C-1282 VENTIME	105.00 55.00 60.00 210.0 45.0
Grave space & Care Fund	NEED O	C-1282 VENTIME	105.00 55.00 60.00 210.0 45.0
Grave space & Care Fund	NEED O	C-1282 VENTIME	105.00 55.00 60.00 210.0 45.0
Additional spaces and care fund Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee SATU Recording and filling fee Sales taxes Paid re I hereby certify I am the Hulband and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	ROAY O	veatime	105.00 \$5.00 \$0.00 \$10.0 45.0
Opening/Closing & Setup Burial Container Handling Fees Flower vases – Marker setting fee Show Paid results taxes Paid results is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization any	RDAY O	vertime	105.00 \$5.00 \$0.00 \$10.0 45.0
Burial Container Handling Fees Flower vases – Marker setting fee 5 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	RDAY O	VENTIME	\$5.00 210:0 45:0
Flower vases — Marker setting fee	ROAY O	VEATIME	45.0
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I hereby certify I am the Huibaus and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as			
I hereby certify I am the Huilawii and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as	T	otal Due	479.13
I hereby certify I am the Huilawii and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization as		- 5431	0 47913
that I have the right to make this authorization any liability on account of said authorization a	N. S. A. S.		~
that I have the right to make this authorization any liability on account of said authorization a	7	Balance d	no care Aliabbia manasan
any liability on account of said authorization a	VI I GILLIGHTIG GO GIVE	ove indicated. I ce	e named decedent rtify and represent lery harmless from
I hereby authorize the interment in lot I		$\dot{\nabla}$	- ا
	1 Can	rugiva	luce
hold under deed.	Stinuture 735	- gada	UE.
	Address	AVISTA PA	91910
Signature of recorded holder of deed	X 619-	7.00	167 Zip Code
E 16700	Invoice #		

REA-104 (7-96)

This information is available in alternative formats upon request.

fur 619 426 -3666 atm. Delores

1 Mary F. Gillick, State Bar No. 116769 Jeremiah J. Moffit, State Bar No. 229878 2 LUCE, FORWARD, HAMILTON & SCRIPPS LLP 600 West Broadway, Suite 2600 3 San Diego, California 92101-3372 Telephone No.: 619.236.1414 Fax No.: 619.232.8311 4 DEC 1 n 2008 7M 5 Attorneys for Lee Lovitt CLERK BLPETION COURT 6 EAST DAY COUNTY ON 7 8 SUPERIOR COURT OF THE STATE OF CALIFORNIA 9 FOR THE COUNTY OF SAN DIEGO, PROBATE DIVISION 10 11 Case No. 37-2008-00152614-PR-TR-CTL In re the Matter of the 12 [prepered] ORDER INSTRUCTING TRUSTEE TO MARSHAL TRUST 13 IWASHITA FAMILY TRUST dated March 25, 1991, as amended. ASSETS AND PAY BILLS AND 14 SERVICES FOR BENEFIT OF PRIMARY BENEFICIARY 15 16 17 18 19 The hearing on the Ex Parte Application to Instruct Trustee to Take Possession of Trust 20 Property and Pay Trust Bills came regularly for hearing before this Court on December 10, 2008, 21 at 8:45 a.m., the Honorable Gerald C. Jessop, judge presiding. Jeremiah J. Moffit of Luce, 22 Forward, Hamilton, & Scripps, LLP, appeared on behalf of Lee Lovitt. No other appearances 23 were made 24 After review of the ex parte application and other relevant papers, the file in this matter 25 and upon consideration of arguments from counsel and with good cause appearing: 26 WHEREFORE, IT IS ORDERED, ADJUDGED, AND DECREED: 27 1. That all notices have been given as required by law; 28 2. That Lee Lovitt, as Successor Trustee of the Iwashita Family Trust dated March 25,

ORDER INSTRUCTING TRUSTEE TO MARSHAL TRUST ASSETS AND PAY BILLS AND SERVICES FOR
BENEFIT OF PRIMARY BENEFICIARY

LAS A # 078-085-04

DEVELOPMENT RESIDENCE TO CANA 8/15/1951

CANA SUN 7-15-10

1991 (the "Trust"), is authorized to marshal the assets of the Trust. That Lee Lovitt, as Successor Trustee of the Trust, is authorized to pay from the assets of the Trust those bills and services required to ensure the safety and care of Lynn Iwashita. IT IS SO ORDERED. DATED: SUPERIOR COURT JUDGE OF GERALD C. JESSOP 101135456.1 ORDER INSTRUCTING TRUSTEE TO MARSHAL TRUST ASSETS AND PAY BILLS AND SERVICES FOR BENEFIT OF PRIMARY BENEFICIARY

ACCEPTANCE OF SUCCESSOR TRUSTEE

ACCEPTANCE OF SUCCESSOR TRUSTEE LEE LOVITT:

I, SHIRLEY LOVITT, aka LEE LOVITT, am the named Successor Trustee of the Iwashita Family Trust dated March 25, 1991, as amended (the "Trust"), having been nominated by Successor Trustee of the Trust, Walter Iwashita, to serve in that capacity. I hereby agree to serve as Successor Trustee of the Trust and faithfully perform my duties pursuant thereto.

Dated: November 26th, 2008

SHIRLEY LOVITT, aka LEE LOVITT

STATE OF CALIFORNIA COUNTY OF SAN DIEGO

On Notary Public, personally appeared SHIRLEY LOVITT, 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.

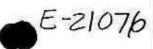
WITNESS my hand and official seal.

___(Seal)

Signature

101134540.1

	TO CUSTOMER CEMETERY	AT-NEED PURCHA MOUNT HOPE CEME (619) 527-3400	SE ETERY		35.	ρζ
From Shirled Levitt, 1	ristee address	ssbylie Frans Ro	It Une s	0)	911)8 510.0	
Div	sec	H of Kauru I	washit: 5171	Grave	nuins 1	
Invoice No. = 2107(0 Acct. No		PAID PAID	CREDIT 20% Sales Care 60% Sales of Lots Opening/	67007 77184 —— 100 77184 ——	1994	00/
BALANCE DUE		DEC 1 9 2008	Closing Burial Containers	77181 100 — 77182 100 —	104	00
☐ Money Order ☐ Charge ☐ Check 🐠		NT HOPE CEMETERY	Handling Fee Recording & Misc. Fees Sales Tax	77185 100 77183 60101 78390	85	OG
AC-212A (11-05) This information is available in alternative formats	1		TOTAL PAID	. S	.510	00



MOUNT HOPE CEMETERY

GRAVE	BLIND CHE	CK FORM	
IN GRAVE WITH LILY	Iwashu	ta &	
Write in the name of the dece marked with "X". Place the na the appropriate space (s) that	me's, lot # and	grave # of all e	xisting marker's in
Burial Container HSH	VAVA)		1
	x	4	
	- A		
Flagged Yes		No	W
Blind check Initiated by:		Date	*
Interment space for: Ka	oru Iwa	Shita &	
Interment Date: 12 23 [0	<u>8</u> Time: <u>∫</u>	1:00 6.S	<u>*:</u>
Div: 10 Sect:	Blk/Row:	Lot: <u></u>	7 Grave:]
Grave Laid out by:			
Agrees with Legal Card:	Yes	No	
Agrees with Map:	Yes	No	
Blind Check & Verified By:		Date	39
Cremains were placed at:		of grave	

	USE BLACK II	NK UNLT MAKE	NO ERASURES, V	WHITEOUTS,	PHOTOCOPIES	OR OTHER A	LTERATIONS	12772-0
1A. NAME OF DECE KAORU	DENT-FIRST		18. MIDDLE C.		110	IWASHITA		E-21070
THE REPORT OF THE PARTY CONTROL	e of Birth (Month, DAY,) /20/1920	EAR)	4. DATE OF DEATH 09/14/2008		EAR)	5. (FETAL DI	EATH ONLY) DAT	E OF EVENT (MONTH, DAY, YEAR)
SAN DIEGO					SAN DIEG		E OF CALIFORN	NIA, ENTER STATE
7A. NAME OF INFO		\$\text{\$\pi_{\pi}\$}	78. RELATIONSHIP DAUGHTER		8A. TYPED NAME LICENSED FUNER ACTING AS SUCH CITY, STATE, ZIP	AL DIRECTOR OF -STREET NUMBER	PERSON	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1682
735 2ND A	FULL MAILING ADDRESS—ST VENUE STA, CA 91910	REET NUMBER AND N	IAME, CITY, STATE, ZI	P CODE	855 BROAL	TY MORTU DWAY STA, CA 919	BORNETOTO	
right to control dispos	MENT OF APPLICANT—I he sition pursuant to Health & Safe of the dispositions authorized by	ty Code Section 7100, a	and that the disposition	BA. APPLICANT	SIGNATURE	0		98. DATE SIGNED
	UTHORIZATION OF LOC In accordance with provisions							AL DISPOSITION gives no right of disposal outside
\$ 11.00	EE PAID 1	08. DATE PERMIT ISS 09/23/2008	UED	£(6)	RE OF LOCAL REGIS NOOTEN,		ERMIT	E
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF D COUNTY VITAL ECRANS ST D, CA 92110		CCURRED IN CALIFOR	NIA 10E AD	DRESS OF REGIST	RAR OF DISTRICT	OF DISPOSITIO	N—IF DIFFERENT FROM 10D
11. AUTHORIZED D	(SPOSITION(S)				FOR	CORONER'S US	EONLY	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A. NAME AND ADDRESS	OF CALIFORNIA CEME	TERY		128. DATE BURIED 12 23 120. SIGNATURE	2008		ENT NUMBER—IF APPLICABLE L OR SCATTERING
CREMATION	13A. NAME AND ADDRESS SOUTHERN CAI 601-D CRANE S CA 92530	LIFORNIA CRI	EMATORY		13B, DATE ONEMA	28		TIONNIUMBER—IF APPLICABLE
SCIENTIFIC USE	14A, NAME AND ADDRESS	OF CALIFORNIA FACIL	ITY RECEIVING REMA	INS	14B. DATE RECEIV		ARGE OF FACIL	тү
TRANST	15A, NAME AND ADDRESS CREMATED REMAINS ARE		OR COUNTRY WHERE	REMAINS OR	15B. NAME AND AC	DORESS OF PERS	ON IN CHARGE	OF PLACING WITH THE CARRIER.
TRANSIT					15C. SIGNATURE C THE CARRIER	OF PERSON IN CH	ARGE OF PLACE	NO WITH 150. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A	RES LYNN IWAS	TINAL PLACE AND CAL STER LATITUDE AND I SHITA 735 2NI	IFORNIA DISTRICT OF ONGITUDE		16B. DATE OF DISF		REMAINS DIS	E NUMBER OF CREMATED POSER—IF APPLICABLE TERING OR BURIAL
CEMETERY	LUDINA VISTAL	PA 20 120 1 1 1		50				C20000 25 52 V (125 C V V V V Z Z

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 FERD AT SEA.*

ETAINED 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

REA-104 (3-04)

City of San Diego

t Need	City of Sair Diego	Date 121	19/08_
You are hereby authorized and instruct	ed, subject to your rule		
or Christine	Batie	232	016 101
ina Liner	Funeral, date, ti	me Weds. De	2C 24, 2008
Church Chapel, Graveside A PRIV	AL 11:30 :	Ragsdole	Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work	day or an extra charg	e of \$
will be applied and billed to undersigne	d		
Division 7 Section 14	Blk/Row	Lot 126 G	rava <u>3</u>
Grave space & Care Fund	1548	euvimbugggm—n	<u> </u>
Overtime/Late Arrival Fees			
Opening/Closing & Setup	DAIL		533.00
Burial Container	FAIL	<u></u>	270.00
Handling Fees	DEC 2 2 200)8	206.00
Flower vases - Marker setting fee	000-2000	· · · · · · · · · · · · · · · · · · ·	
Recording/Filing/Fransfer Fees MO	UNT HOPE CE	METERY	65.00
Sales taxes	and the second s		209
		Total Due	1,094.9
	Paid receipt number	R+01356	1,044.93
	et en an Arcania de Carantes Carania	Balance	tue _ CZ
I hereby certify I am the			e named decedent
and this is your authority to make disp that I have the right to make this authorizany liability on account of said authorizant	rization and I agree to	above indicated. I ce	rtify and represent
hereby authorize the interment in lot l	Poted Name	Sulita	and -
hold under deed.	Χ	arta	00 0015
Signature	X.	Selvi	232013
	Telephone	0	Zip Code
	119.00.000000000		
F 21077	Invoice #		-
Work Order # L Z U / /	Acct. #		

& Protection acycled paper

This information's available in alternative formats upon request.

(MON)080 22 2008 14:48/ST, 14:45/No. 7500000588 6

PROM

12/22/2008

MT. HOPE CEMETERY

City of San Diego

a+ need

2012/19/08

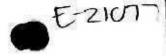
orChris	stine Batie	rules and regulations, to infe	the remains
in Liner	Funeral, del	te, time Weds. Dec	24,2008
Church Chapel, Gravesid	ARRIVAL LICTO	Ragsdale	Mortumy.
All Funeral cars must enty	re before 3:00 p.m. of regular w	ork day or an extra charge of	·
will be applied and billed t	o undersigned.		
Division Sec	tion 14 BM/Row	Los 126 Grand	3
Grave space & Care Fund	C1548	III II	♣_
Overtime/Late Antivel Feet			50000
Opening/Closing & Setup.		A	233.00
Surfail Complete:			20.00
Handling Fees	DEC 2.2	2008	20000
Flower vases - Merker se	Mang fee		12M
Recording Francis	MOUNT HOPE	SEMETERY	-00002
I hereby cedity I am the	Paid receipt number	. Balance due	1.094.93 1.04.93 — O
any lability on account of	ke this authorization and I agre- seld authorization and Internan		
Ab landy M	To the second se	2267 Hanis	man Dr 90105
2	Y_A	163-8334	N. S.
Work Orders E 2	1077 Acct		
REA-104 (3-84)	This Information is ave	deble in alternative formets	upon request.

ER THIS PAYMENT		15.48	Carl	PAYMENT OF		WHITE TO CUSTOMER BLUE SEMETERY FINA AUGITOR VELLOW RETAIN	DEFICIAL RECEIPT
			GRAVE TO NOT THE PROPERTY OF T	Paris .	in the		
ESSULD AY			NOT VALID FOR PURFOSE STANPED 'PAID' PAID'	ne !		Y OF SAN I	
1	1		E 2		*	m =	
XMel		100 00 RAP		TOE DOLLARS	ADORESS COM	OF SAN DIEGO, CALIFO PARTMENT CEMETERY DI	
Kankle Torn	PON PROM	1 0 964 2 964	STATES IN THIS	DOLLARS IS 120.		CITY OF SAN DIEGO, CALIFORNIA PARK DEPARTMENT CEMETERY DIVISION MOUNT HOPE CEMETERY	
TOTAL PAID :	HEMBERS 100 FOUNDATIONS 1783	TO 1964 OF LOTS 778	STATES IN THIS			STEGO. CALIFORNIA CEMETERY DIVISION Nº	

	city of san diego, califor	11-1	6	1964
ADDRESS 4501 /	Emanon Pl.	S.	10 9	2/02
ACTION AND ADDRESS OF THE PARTY	re-need			
OWNER_				
	no	DP 8		
ADDRESS				
MORTUARY				
LOT 126 G	R 3 ROW SEC 14	DIV 7	120	00
OPENING TIME	DAY DATE			
VAULT BOX	SIZE			
REMOVAL OR FOUNDATION _				
		TOTAL	120	00
PAID RECEIPT NUMBER	12918			70000
		BALANCE		
(148)				
42	[DAID	7		
	PAID			
	NOV 16 1964	1.2		
	MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.			
	S NO PROVISIONS FOR THE EXTE			
AGREE TO ABIDE BY T	HE RULES AND REGULATIONS OF	MT. HOP	E CEMETE	RY.
UTHORIZED O	ORDER	, 10		00 7
N PERSON / / /				
C 15	the Salie TAKEN BY	NO. C	wer	the !

FORM PR-974 REV.

No. of London



MOUNT HOPE CEMETERY

	GRAVE	BLIND (CHECK FO	ORM	WASHING TO STUD
IN GRAVE WIT	H Z	5			
Write in the nammarked with "X" the appropriate	. Place the nar	me's, lot#	and grave #	of all ex	kisting marker's in
Burial Containe	er <u>L</u>	ner	_	-	
				-15321	
30		X			
Flagged	Yes	100		No.	
Blind check Initi	ated by:	72		Date	1 x
Interment space	CONTRACT OF THE CONTRACT OF TH		The state of the s		
Interment Date:	12/24/0	28 Time	e: 10'0	o Oh	urch
Div: 7	Sect: 14	_Blk/Row	:Lo	t: 120	Grave:3
Grave Laid out t	oy:				
Agrees with Leg	al Card:	Yes		No	
Agrees with Map	o:	Yes		No	
Blind Check & V	erified By:		Da	te	
Cremains were	placed at:		of (grave	

E-21077

ADDITION AND DEDMIT FOR DISPOSITION OF HUMAN DEMAINS

A NAME OF DEC	EDENT—FIRST	18. MIDDLE		1C. L	AST			
CHRISTIN	E	-		BA	ATIE			
	DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DA 02/22/1930 12/18/2008		640 AV	YEAR)	5 (FETAL DEA	ITH ONLY) DAT	TE OF EVEN	IT (MONTH, DAY, YEAR
SAN DIEG				SAN DIEGO		OF CALIFORN	NIA, ENTER	RSTATE
A NAME OF INFO	STROKES	78. RELATIONSHIP DAUGHTER		LICENSED FUNERAL	AME AND ADDRESS OF CALIFORNIA- INERAL DIRECTOR OR PERSON IUCH—STREET NUMBER AND NAME 21P CODE		8B CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD1329	
2267 HANI	FULL MAILING ADDRESS—STREET NUMBER MAN DRIVE O, CA 92105	AND NAME, CITY, STATE, Z	IP CODE	ANDERSON- 5050 FEDER SAN DIEGO,	AL BLVD.	recotoreasis;/i	UARY	
ght to control dispo	MENT OF APPLICANT—I hereby acknowledgesition pursuant to Health & Safety Code Section of the dispositions authorized by Health & Safety	7100 and that the disposition	Sle	nnilla	Projon	Ĺ		98 DATE SIGNED
	UTHORIZATION OF LOCAL REGIST is accordance with provisions of the California							
DA AMOUNTOFF	FEE PAID 108. DATE PERF 12/23/20			RE OF LOCAL REGISTR WOOTEN, M		RMIT		Ę@
SAN DIEG 3851 ROSI	REGISTRAR OF DISTRICT OF DEATH—IF DE O COUNTY VITAL RECORD ECRANS ST O, CA 92110	AGNORITE ICTURACIONALI APPENDACIONES	RNIA 10E AD	DRESS OF REGISTRAF	R OF DISTRICT O	F DISPOSITIO	N-IF DIFF	ERENT FROM 10D
BU								
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	12A NAME AND ADDRESS OF CALIFORNIA MT. HOPE CEMETERY; 3 STREET, SAN DIEGO, CA	751 MARKET		12B DATE BLIRIE 12 - 2 H 12D SIGNATURE OF P	- 08 ersoninchar 07. (-	E-	210	DER-IF APPLICABLE 77 TERING
CREMATION	13A, NAME AND ADDRESS OF CALIFORNIA	A CREMATORY		13B. DATE CREMATED	_			BERIF APPLICABLE
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA	FACILITY RECEIVING REMA		14B DATE RECEIVED	ERSON IN CHAR	GE OF FACILI	TY	
	15A. NAME AND ADDRESS IN RECEIVING S CREMATED REMAINS ARE TO BE SHIPPED	STATE OR COUNTRY WHERE	REMAINS OR	15B. NAME AND ADDR	ESS OF PERSON			IG WITH THE CARRI
TRANSIT				THE CARRIER	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	GE OF PLAGE	NG WITH	15D, DATE SHIPP
TRANSIT SCATTERING URIAL AT SEA OF DISPOSITION	16A ADDRESS, NEAREST POINT ON SHOP SUFFICIENT TO IDENTIFY FINAL PLACE AN IF BURIAL AT SEA: ONLY ENTER LATITUDE	ID CALIFORNIA DISTRICT OF	TION			16C LICENSI	E NUMBER	OF CREMATED F 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 WHICH 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

0	- 1	leed	
40W	11	Come	

City of San Diego

10/04/08

LOW Income	Date 12/29(0)
7	instructed, subject to your rules and regulations, to inter the remains hnnv w. Move. 2320211120
ina Liner	Funeral, date, time TUESDAY DEC 30
Charcil, Chapel.)Graveside	CA BURIAL Montuary
All Funeral cars must arrive bef	fore 3:00 p.m. of regular work day or an extra charge of \$
Division MASON Section	L Blk/Row Lot _ 19 Grave _ 38
Grave space & Care Fund	J.132.∞
Overtime/Late Arrival Fees Opening/Closing & Setup	PAID ZGG.50
	DEC 2 6 2008
Handling Fees	
Recording/Filing(Transfer Fees	37(7)
Sales taxes	10.47
	Total Due
I hereby certify I am the	Wife AP07038 B Balance due
and this is your authority to ma	ake disposition of remains as above indicated. I certify and represent is authorization and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment hold under deed	Exercise to the second
am K. me	Address San Diego CA 92105
760-722-05	5 / 2 Invoice #
Work Order # E 210) 7 8 Acct. #
REA-104 (3-04)	This information is available in alternative formats upon request.

Properties an arrichet paper



Revised July 2008

£-21078

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:	Johnny	1 h	1. MOOY	e	
Address:	5332 W	right	man P	rve	
City:	Sandiago		State CA	_Zip Code_	anos
City of San Diego res	ident? (Circle)		YES		NO
Size of Family (chec	k one)				
Annua	l Income		33	Annual Inco	me
(1) \$14,933		(4)	\$41,459		
(2) \$24,463		(5)	\$48,926		38
(3) \$33,588		(6)	\$57,222		
Residency is the residence hospital unless said stay ex		or to e	itering a termi	nal care facili	ty, hospice, and/ or
I hereby certify under above statements are t		under	the laws of the	he State of C	California that the
ann R. I	noare	Will	Re	18-5	76-08
Signed/Relationship	2000		0	Date	
Proof of Residency: Valid Cone of the following: Current current month rent receipt pro	California Driver's Licens t Utility Bill Current M operty tax statement Othe	e/ Identi			
Current d	ocuments verified				
7191	_ 7			12 - 26	-08
Approved by				Date	(
			-		



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)
- 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 F	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

- 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. <u>Valid</u> 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
- Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
- 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 <u>first burial</u>. 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.
- 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.

Social Security Administration Supplemental Security Income

Notice of Planned Action

Date: November 30, 2008 Claim Number: 278-22-8643 AI

000004225 01 AT 0.346 954 08S1765D64964 B007,M1E,019



JOHNNY W MOORE 5332 WIGHTMAN AVE APT D SAN DIEGO CA 92105-3258

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(s) of this letter. The explanation shows how your income and your spouse's income, other than any SSI payments, affects your SSI payment. It also shows how we decided how much of your income and your spouse's income affects your payment amount. We include explanations only for months where payment amounts change.

Information About Your SSI Payments

- The amount due you beginning January 2009 will be \$275.99. This amount includes \$275.99 from the State of California.
- Even though the law provides for an increase in Supplemental Security Income payments beginning January 2009 your payment will be lowered. This is because there will be an increase in the amount of Social Security benefits in January 2009 which we must count in figuring your Supplemental Security Income payment.

Your Payment Is Based On These Facts

Our records show your total monthly income which was used to figure your Supplemental Security Income payment for January 2009 is \$1,047.00. This is based on the following income:

See Next Page

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.

Appeal In 10 Days To Keep Getting The Same Check

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

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

However, even if you appeal in 10 days, we may reduce the check in January 2009 as shown on page 1 if both of the following are true:

Our new decision is the same as the one appealed,

And

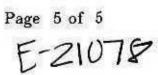
 We send or give you a letter with our new decision in time to reduce the check.

How To Appeal

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

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.
- Formal Conference. This is a meeting like an informal conference. The difference is we can make people come to help prove you're right. We can make them bring important papers about your case, even if they don't want to help you. You can question these people at your meeting.

11/30/2008



HOW WE FIGURED YOUR PAYMENT FOR January 2009 ON

Your Payment Amoun	t			
The most Federal SSI money the law allows us to pay Minus (-) the combined "Total income we count" (see below) Federal SSI money (no Federal payment due because of too		,011,00 ,027,02		
much combined income)			\$	0.00
The most State SSI money the law allows us to pay	\$	568,00		
Minus (-) remainder of combined income from State SSI money				
(\$1,027.02 minus (-) \$1,011.00 = \$16.02)	_	16.02		
State SSI money for you and your spouse	\$	551.98		
We divide this amount in half (1/2 of \$551.98 = \$275.99)				
State SSI money for you			+	275.99
Total Monthly SSI Payment for You				
for January 2009 on			\$	275.99
				257

Your Income and Your Spouse's Income Other Than SSI

Income you and your spouse receive in November 2008 on affects your payment for January 2009

January 2009 amount of your Social Security benefits	\$ 685.00
January 2009 amount of your spouse's Social Security benefits	362.00
Your income from interest, dividends,	
rents or royalties	0.01
Your spouse's income from interest, dividends,	-
rents, or royalties	+ 0.01
Subtotal of above income	\$1,047.02
By law we don't count \$20.00 of above income	- 20.00
Total income we count	\$1,027.02

SOCIAL SECURITY 1333 FRONT STREET SAN DIEGO CA 92101

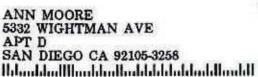
Social Security Administration Supplemental Security Income

Notice of Planned Action

Date: November 30, 2008 Claim Number: 423-14-2622 AS

000004226 01 AT 0.346 954 08S1910K88943 B007,M1E,019

N.



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- Even though the law provides for an increase in Supplemental Security Income payments beginning January 2009 your payment will be lowered. This is because there will be an increase in the amount of Social Security benefits in January 2009 which we must count in figuring your Supplemental Security Income payment.

Your Payment Is Based On These Facts

Our records show your total monthly income which was used to figure your Supplemental Security Income payment for January 2009 is \$1,047.00. This is based on the following income:

11/30/2008

- 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.

Appeal In 10 Days To Keep Getting The Same Check

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

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

However, even if you appeal in 10 days, we may reduce the check in January 2009 as shown on page 1 if both of the following are true:

Our new decision is the same as the one appealed,

And

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

How To Appeal

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

- Case Review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case.
- Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.
- Formal Conference. This is a meeting like an informal conference. The difference is we can make people come to help prove you're right. We can make them bring important papers about your case, even if they don't want to help you. You can question these people at your meeting.

11/30/2008

HOW WE FIGURED YOUR PAYMENT FOR January 2009 ON

Your Payment Amoun	t			
The most Federal SSI money the law allows us to pay Minus (-) the combined "Total income we count" (see below) Federal SSI money (no Federal payment due because of too much combined income)	- 1010	,011.00 ,027.02	\$	0.00
The most State SSI money the law allows us to pay Minus (-) remainder of combined income from State SSI money	\$	568.00	160	
(\$1,027.02 minus (-) \$1,011.00 = \$16.02) State SSI money for you and your spouse	<u>-</u>	16.02 551.98		
We divide this amount in half (1/2 of \$551.98 = \$275.99)				
State SSI money for you			<u>+</u>	275.99
Total Monthly SSI Payment for You for January 2009 on			\$	275.99

Your Income and Your Spouse's Income Other Than SSI

Income you and your spouse receive in November 2008 on affects your payment for January 2009 on

January 2009 amount of your Social Security benefits	\$	362.00
January 2009 amount of your spouse's Social Security benefits		585.00
Your income from interest, dividends,		
rents or royalties		0.01
Your spouse's income from interest, dividends,		
rents, or royalties	+	0.01
Subtotal of above income	\$1,0	047.02
By law we don't count \$20.00 of above income	=	20.00
Total income we count	\$1,	027.02

E-21078



E-21078

CITY OF SD MI HOPE CEMETERY 64 3751 MARKET ST SAN DIEGO CA 92102 619-527-5474

Term ID: 79598694 Ref #: 8882

Phone Order

AND STREET, SECTION S.

eF SD MT HOPE CEMETERY 64 - 3751 MARKET ST SAN DIEGO CA 92102 - 619-527-5474

Term ID: 79598694 Ref #: 0003

Sale

**************7525

WISA Entry Method: Manual

Total: 1,679,47

12/26/88 11:33:01

Inv #: 000003 Appr Code: 070388

Batch#: 000056

Zip Code:

I garee to pay above total smount according to card issuer agreement (Merchant agreement if credit voucher)

onefile Merchant/Copy

OFFICIAL RECEIPT



WHITE TO CUSTOMER CANARY TO CUSTOMER CEMETERY

AT-NEED PURCHASE MOUNT HOPE CEMETERY

61363

E-21078

(619) 527-3400 December 26, 20 08

From: Raymond Rowe Bliteen-Hundred, S in Full Payment of I	eventy-Ainc and 47/00 -	Marxe	Dollars (\$ _	1,679.47
Div MAS Sec	Bik/ Row Lo	1.77	Grave	38
Invoice No. E-2(078 Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE.	CREDIT' 20% Sales Care 80% Sales of Lots Opening/ Closing	67007 77184 — 100 77184 — 100 — 77181	452 80 679 20
☐ Money Order ☐ Charge A P 07038.B ☐ Check	DEC 2 6 2008 MOUNT HOPE CEMETERY ISSUED BY DAVID LEGET.	Burial Containers Handling Fee Recording & Misc. Fees Sales Tax	77182 100 — 77185 100 — 77185 — 77183 — 60101 78390 —	735.00 103.00 10 41

E-21078

MOUNT HOPE CEMETERY

GR/	AVE BLIND CHECK FORM
IN GRAVE WITH Write in the name of the d	deceased for which the grave is for in the block
marked with "X". Place the the appropriate space (s)	e name's, lot # and grave # of all existing marker's in that are adjacent to the burial space.
	X
Flagged Yes	No *
Blind check Initiated by:	Date:
	hnny W. Moore
	ec30 Time: 11:00 - Chapel
Div: MUS Sect: L	Blk/Row:Lot: 19
,Grave Laid out by:	KEN AND JUAN
Agrees with Legal Card:	Yes No
Agrees with Map:	Yes No
Blind Check & Verified By	: David Date 12-29-08
Cremains were placed at:	of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS =-21078

A. NAME OF DECEDENT—FIRST 18. MIDDLE JOHNNY W		CARL CONTROL OF THE PARTY OF TH	Mc U	OORE	
	e of Birth (MONTH, DAY, YEAR) /25/1930	4 DATE OF DEATH (MONTH, DAY, 12/22/2008	S. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY,		TE OF EVENT (MONTH, DAY, YEAR)
SAN DIEGO			SAN DIEGO	TH-IF OUTSIDE OF CALIFOR	MIA, ENTER STATE
ANN MOOF			LICENSED FUNERAL	DIADDRESS OF CALIFORNIA- DIRECTOR OR PERSON TREET NUMBER AND NAME, DE	BB. CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD 1357
5332 WIGH	FULL MALING ADDRESS—STREET NUMBER AND I ITMAN STREET #D D, CA 92105	NAME, CITY, STATE, ZIP CODE	CALIFORNIA 5880 EL CAJ SAN DIEGO,		URIAL CHAPEL
ight to control dispositisted herein is one of PERMIT AND A	MENT OF APPLICANT—I hereby acknowledge as a sition pursuant to Health & Safety Code Section 7100. of the dispositions authorized by Health & Safety Code UTHORIZATION OF LOCAL REGISTRAR-	and that the disposition Section 103055:			
The premit is issued of California.	in accordance with provisions of the California Health EE PAID 108. DATE PERMIT ISS 12/29/2008	SUED 10C SIGNATI	IRE OF LOCAL REGISTR A WOOTEN, M	AR ISSUING PERMIT	n gives no right of dispersal outside
SAN DIEGO 3851 ROSE	REGISTRAR OF DISTRICT OF DEATH—IF DEATHO D COUNTY VITAL RECORDS ECRANS ST D, CA 92110	OCURRED IN CALIFORNIA 10E. A	DORESS OF REGISTRAF	OF DISTRICT OF DISPOSITIO	ON-IS DIFFERENT FROM 100
	0, 07, 02, 1.0				
1. AUTHORIZED D	ISPOSITION(S)		FOR CO	RONER'S USE ONLY	
BU ,	ISPOSITION(S)		FOR CO	RONER'S USE ONLY	
BU ,		SATIONS AVAINABLE	128. DATE BURIED	120. INTERN	
BU , BURIAL OR SCATTERING IN A CEMETRING IN A CEME	12A NAME AND ADDRESS OF CALIFORNIA CEMI MT HOPE CEMETERY 3751 M	MARKET ST	128. DATE BURIED 12/30/ 120. SIGNATURE OF F MENNE 138. DATE CREMATED	12C, INTERA PRODUIN CHARGE OF BURIL	AL OR SCATTERING TION NUMBER—IF APPLICABLE
BU , BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	MT HOPE CEMETERY 3751 M SAN DIEGO CA 92102	MARKET ST	128. DATE BURIED 12/30/1 120. SIGNATURE OF F 138. DATE CREMATED 130. SIGNATURE OF F 148. DATE RECEIVED	12C. INTERA PERSON IN CHARGE OF BURIL THE COLLINS 13C CREMA	AL OR SCATTERING THON NUMBER—IF APPUCABLE MATION
BU , BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION SCHENTIFIC USE	12A NAME AND ADDRESS OF CALIFORNIA CEMI MT HOPE CEMETERY 3751 M SAN DIEGO CA 92102 13A, NAME AND ADDRESS OF CALIFORNIA CREM	MARKET ST MATORY LITY RECEIVING REMAINS	128. DATE BURIED 12/30/1 120. SIGNATURE OF F 138. DATE CREMATER 139. DATE RECEIVED 140. SIGNATURE OF F	ERSON IN CHARGE OF BURIA 13C CREMA ERSON IN CHARGE OF CREM	AL OR SCATTERING THON NUMBER—IF APPUCABLE MATION
BU , BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CEMI MT HOPE CEMETERY 3751 M SAN DIEGO CA 92102 13A. NAME AND ADDRESS OF CALIFORNIA CREM 14A. NAME AND ADDRESS OF CALIFORNIA FACIL 15A. NAME AND ADDRESS IN RECEIVING STATE	MARKET ST MATORY LITY RECEIVING REMAINS	128. DATE BURIED 12 / 30 / 120. SIGNATURE OF F 138. DATE CREMATED 138. DATE RECEIVED 14B. DATE RECEIVED 14C. SIGNATURE OF F 156 NAME AND ADDRESS 156 NAME AND ADDRESS	ERSON IN CHARGE OF BURIA 13C CREMA ERSON IN CHARGE OF CREM	AL OR SCATTERING ATION NUMBER—IF APPLICABLE MATION OF PLACING WITH THE CARRIER
BU , BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION SCHENTIFIC USE	12A. NAME AND ADDRESS OF CALIFORNIA CEMI MT HOPE CEMETERY 3751 M SAN DIEGO CA 92102 13A. NAME AND ADDRESS OF CALIFORNIA CREM 14A. NAME AND ADDRESS OF CALIFORNIA FACIL 15A. NAME AND ADDRESS IN RECEIVING STATE CREMATED REMAINS ARE TO BE SHIPPED 15B. ADDRESS, NEAREST POINT ON SHORELINE SUFFICIENT TO IDENTIFY FINAL PLACE AND CAL IF BURNAL AT SEA, ONLY ENTER LATITUDE AND CAL	MARKET ST MATORY LITY RECEIVING REMAINS OR COUNTRY WHERE REMAINS OR I, OR OTHER DESCRIPTION JEORNIA DISTRICT OF DISPOSITION.	128. DATE BURIED 12/30/ 120. SIGNATURE OF P 138. DATE CREMATED 139. DATE RECEIVED 146. SIGNATURE OF P 150. SIGNATURE OF P 150. SIGNATURE OF P THE CARRIER	ERSON IN CHARGE OF BURIL 19C CREMA 19C CREMA	AL OR SCATTERING ATION NUMBER—IF APPLICABLE MATION OF PLACING WITH THE CARRIER

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.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE:

MT. HOPE CEMETERY

INTERMENT ORDER

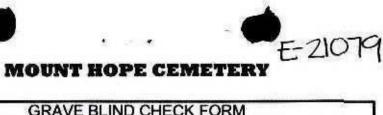
City of San Diego

12/23/08

	instructed, subject to your rules and regulations, to inter the remains Lee 232019
ina Liner	Funeral, date, time 12/26/08 € // am
Church, Chapel, Graveside	Featheringill Monuary.
All Funeral cars must arrive bef	ore 3:00 p.m. of regular work day or an extra charge of \$
will be applied and billed to und	ersigned:
Division 4 Section	Bik/Row Lot 23 Grave 4
Grave space & Care Fund Overtime/Late Arrival Fees	PAID
	533.°°
Burial Container	270.0
Handling Fees	MOUNT HOPE CEMETERY a06.00
Flower vases - Marker setting f	
Recording/Filing/Transfer Fees.	65.00
	20 43
sidency this	Paid receipt number 18-6/36/3,358.9
I hereby certify I am the	Balance due
and this is your authority to ma that I have the right to make this any liability on account of said a	s authorization and I agree to hold Mt. Hope Cemetery harmless from authorization and interment.
I hereby authorize the interment hold under deed.	Print Name
Muh J. Le	2 AMEGO CA 92117
ap	858 - 692 - 347/ Telephone
類	Invoice#
Work Order # E 210	79 Acct.#
REA-104 (3-04)	This Information is available in atternative formats upon request.

@ Primare in majories paper





GRAVE	BLIND CHECK	(FORM	
IN GRAVE WITH Write in the name of the decer marked with "X". Place the na the appropriate space (s) that Burial Container	me's, lot # and gra are adjacent to the	eve # of all exis	sting marker's in
Josephano Googhay	MAY BELLE		Gelen Sachs Sertrude Baker
Flagged Yes Blind check Initiated by: Interment space for: E Interment Date: 12/26/08 Div: 4 Sect: 1	Grevilla YIC Lee Time: //	No	Grave: 4/
Grave Laid out by:	Vivine (200	············
Agrees with Legal Card:	Yes] No	
Agrees with Map: Blind Check & Verified By:	Yes	No Date	<u> </u>
Cremains were placed at:		of grave	

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-21079

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A. NAME OF DECEDENT-FIRST 18. MIDDLE IC LAST ALLEN LEE **ERIC** 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) 12/17/2008 M 03/15/1957 BA. CITY OF DEATH 8B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE LEMON GROVE SAN DIEGO 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME. 7A. NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT 6B. CALIFORNIA LICENSE NUMBER---IF APPLICABLE MARK T. LEE BROTHER FD 1083 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE FEATHERINGILL MORT COLL CHAPEL 351 5TH AVE 6322 EL CAJON BLVD. CHULA VISTA, CA 91910 M. Domingue Z SAN DIEGO, CA 92115 SA. APPLICANT SIGNATURE 9B. DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT-I hereby acknowledge as applicant that I have the D right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 12/24 ldack stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is leaved in 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 outsides of California 10A AMOUNT OF FEE PAID 108. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 12/24/2008 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 100 SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 11 AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BURTAL . . 12C INTERMENT NUMBER-IF APPLICABLE 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128. DATE BURIED BURIAL OR 126/08 21 SCATTERING IN A MT, HOPE CEMETERY: 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST., SAN DIEGO, CA 92102 INCLUDES ENTOWRMENT renno 13C. CREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B DATE CREMATED CREMATION 13D, SIGNATURE OF PERSON IN CHARGE OF CREMATION. 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR 15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER CREMATED REMAINS ARE TO BE SHIPPED TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER 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. 16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE 16B. DATE OF DISPOSITION SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 16D, SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY 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.*

WERE SCATTERED AT SEA.*

COPY2). 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.

COPY3.— RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY4.— 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

atneed

City of San Diego

Date 12/26/08

	Esters Monday
n a	_ Funeral, date, time danuary 2, 2000
Church, Chapel, Graveside	: CA BURIAL Mortusin
All Funeral cars must arrive before 3:00 p.	m. of regular work day or an extra charge of \$
will be applied and billed to undersigned	(
Division IL Section 2	Bik/Row Lot 12 _ Grave 12
Grave space & Care Fund	2264
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.0
Burial Container	270.0
Handling Fees	206.0
Flower vases – Marker setting fee	
Recording/Filling/Toursfer Fees	1 6500
Sales taxes	-2006
Pi	aid receip number
	Balance due
von transport of the contract	of the above named deceder
hereby certify I am the X	
and this is your authority to make disposit	ation and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make disposit hat I have the right to make this authoriza- any liability on account of said authorization hereby authorize the interment in lot I	ation and I agree to hold Mt. Hope Cemetery harmless from
and this is your authority to make disposi hat I have the right to make this authoriza any liability on account of said authorization	ation and I agree to hold Mt. Hope Cemetery harmless from on and interment.
and this is your authority to make disposi- hat I have the right to make this authoriza- any liability on account of said authorization. hereby authorize the interment in lot I	ation and I agree to hold Mt. Hope Cemetery harmless from and interment. X Print Name
and this is your authority to make disposite to have the right to make this authorization liability on account of said authorization hereby authorize the interment in lot I hold under deed.	ation and I agree to hold Mt. Hope Cemetery harmless from and interment.
and this is your authority to make disposit hat I have the right to make this authorization in y liability on account of said authorization hereby authorize the interment in lot I hold under deed.	ation and I agree to hold Mt. Hope Cemetery harmless from and interment. April Name Address City Zip Cod Agree 1

POSINGENEN S

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

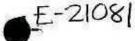
Date 12-29-08

na No Pert Yoult 140	step Funeral, date, time Mon Van 12 10:00
Church, Chapel, Graveside	CA BURIAL Mortuary
All Funeral cars must arrive before 3:0	00 p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigne	ed
Division & Section U	Blk/Row Lot 73 Grave 1
Grave space & Care Fund	E-19271
Overtime/Late Arrival Fees	
Opening/Closing & Setup	DAID 149.0
Burlal Container	FAIP
landling Fees	DEC 2 9 2008
lower vases - Marker setting fee	eregram and management and an arrangement and a second and
Recording/Filling/Transfer Fees	INT HOPE CEMETERY
Sales taxes	
	Total Due
	Paid receipt number ZIEI366 21410
	Balance due
hereby certify I am the	of the above named decedent sposition of remains as above indicated. I certify and represent orization and I agree to hold Mt. Hope Cemetery harmless from
that I have the right to make this authorized in the property of said authorized the interment in lot hold under deed.	Linda Panlee

& Printed on projected paper

At- Need atto

REA-104 (3-04)



, MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

						Date	7-1:	5-05
You are he	ereby aut	thorized and	instructe	j, subject to yo	ur rules and	regulatio	ns, to inter	the remains
of				nne Bo			219	406
ina _/	O AS	A Vaul	+ Re	Funeral, o	date, time	riday	Aug.	12 11:0
Church, C					CONTRACTOR - CONTRACTOR	200	de la constante de la constant	Mortuary.
All Funera	al cars me	ust arrive bef	or# 3:00	p.m. of regular	work day or	an extra	charge of	\$ 165.00
will be app	plied and	billed to und	ersigned				-	* **
pivision_	8	_ Section _	4	Blk/Row	Lo	73	Grave	
Grave spa	ace & Ca	re Fund		***************************************				330,00
Overtime/	Late Arm	val Fees		***************************************			(E. 9)	-
Opening/0	Closing &	Setup		***************************************		***************************************		116.00
Burial Cor	ntainer		UO A	sh vault	Req			2-03
Hendling I	Fees	B	a as					
Flower va	ses Me	ion ding	all	51.63				51.63
		ransfer Fees,					******************	50,00
Sales taxe	es	JUL A	65 20	J5				
					Tota	Due	Ø	5-47.63
	MO	IOH INU	PE CE	ME L ald receipt nu	mber od	byl	1159	547.63
					22.00		ance due	
I hereby c	artify (ar	n the K	KINT	on.				med decedem
and this is	s vour au	thority to ma	ke dispo	sition of remain ration and I ag	ns as above	indicated	i. I certify	and represent
any liabilit	ty on acc	ount of said a	uthoriza	ion and interm	ent.	, , ,	12940	
I hereby a	uthorize	the interment	in lot I	X	Line	la Pi	arle	e
hold under	r deed.			S.	354	ELL	orr	St
XXU	nda	Park	20	Addi	Thul	2 1/1	sta	9191
Sympa	TO A PROPERTY.	A 14 14 14 14 14 14 14 14 14 14 14 14 14	ARE 2011	City	619	-40	7-4	5 7 2 Code
.				Total	phone	_10		ريون
		2 8 865	877	lov	oice#			
Work Orde	er# E	1927	1		c1.#	- 5275		

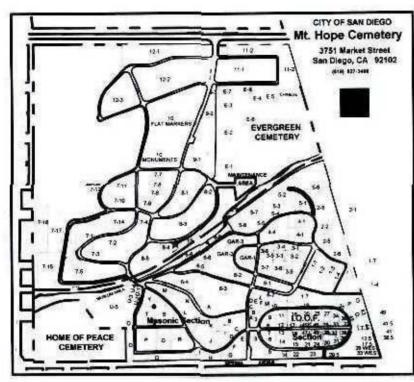
This information is available in alternative formats upon request.

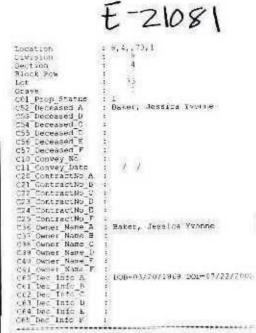
■ E-21081

MOUNT HOPE CEMETERY

	GRAVE	BLIND CHE	CK FORM	
IN GRAVE WITH	Jes	sica Ba	Ker &	
Write in the name of marked with "X". Plathe appropriate space	ace the nar	ne's, lot # and	grave # of all	existing marker's in
Burial Container U/		<u> </u>		urn Garde
10	,			
		X	_	_
		-		
flagged Ye	5		No	
Slind check Initiated	by:		Dat	Θ:
nterment space for:	Alic	e. Sohn	AKA	(Lynda)
nterment Date: \(\sqrt{2}	anizt	h Time:	io am	Gravesido
Div: Sec	t: 4	Blk/Row:	_ Lot: 73	Grave: /
Grave Laid out by:				
grees with Legal C	ard:	Yes	□ No	
grees with Map:		Yes	No	
ilind Check & Verifi	ed By:	,	Date	

Locator Map





Decsased Within A 15 Ft. Radius.

Ol-Becker, Mary Roselia (8, 4, 40, 1)

Ol-Bischett, John F (8, 4, 26, 1)

Ol-Bischett, John F (8, 4, 26, 1)

Ol-Bischett, Fancksen (8, 4, 12, 1)

Os-Critchett, Faulene Elizabeth (8, 4, 130, 1)

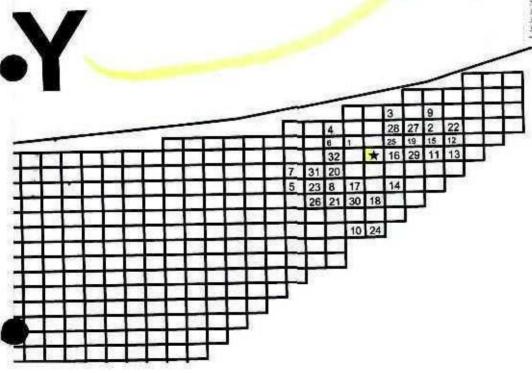
Os-Critchett, Faulene Elizabeth (8, 4, 130, 1)

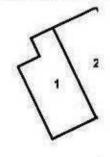
Os-Dallas, Mary (18, 4, 31, 1)

In-Hallas, Castale (18, 4, 13, 1)

In-Hallas, Castale (18, 4, 13, 1)

In-Hallas, George Lewis (18, 4, 13, 1)

In-Hallas, George Lewis (18, 4, 14,






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. MIDOLE 1C LAST ALICE LYDIA SOHN 3 DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 2 SEX S. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 01/22/1939 12/26/2008 FND 6A. CITY OF DEATH 168 COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO 8A. TYPED NAME AND ADDRESS OF CALIFORMA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME. CITY, STATE, ZIP CODE 88. CALIFORNIA LICENSE NUMBER-IF APPLICABLE 74 MAME OF IMPORMANT 78 RELATIONSHIP TO DECEDENT LINDA PARLEE DAUGHTER FD1689 TO INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE CALIFORNIA CREMATION & BURIAL CHAPEL 354 EL LORO ST. 2200 HIGHLAND AVENUE CHULA VISTA, CA 91911 NATIONAL CITY, CA 91950 SA APPLICANT SIGNATURE ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as applicant that I have the 98. DATE SIGNED right to control disposition pursuant to Health & Safety Code Section 7100, and that the disp laud stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION IT has permit is issued in 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 disposition appendix. TOAL AMOUNT OF FEE PAID SOB DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 01/06/2009 WILMA WOOTEN, MD 100. 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 . . . 12A NAME AND ADDRESS OF CALIFORNIA CEMETERY 129, DATE BURSED 12C. INTERMENT NUMBER-IF APPLICABLE SCATTERING IN A -12-09 MT HOPE CEMETERY, 3751 MARKET CEMETERY (INCLUDES ENTOMBMENT) 120 SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST., SAN DIEGO, CA 92102 134. NAME AND ADDRESS OF CALIFORNIA CREMATORY 130 DATE CREMATED 10C. CREMATION NUMBER-IF APPLICABLE -07-09 13600 SOUTHERN CALIFORNIA CREMATION 130 SIGNATURE OF PERSON TRYCHARGE OF CREMATION CREMATORY, 601-D CRANE ST., LAKE EL SINORE, CA 92530 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 148 DATE RECEIVED SCIENTIFIC USE 14C, SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 15B NAME AND AGORESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER .

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

SCATTERING BURIAL AT SEA OR DISPOSITION CEMETERY

COTY 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.*

18B DATE OF DISPOSITION

18D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

COPY 2 - RETURN TO COUNTY OF DEATH WHEN 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.

18A. 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

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

OFFICIAL RECEIPT

WHITE	TO CUSTOMER
The state of the s	CEMETERY

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

Date:

E-2108 |

17-29 20 108

ituo Herore	S	08388	TOF ALL	د ا		100	214,00	V
DIVS	Sec	4	Blk/ Row	Lot	MANAGES STATES	Grave _	1	
Invoice No Acct. No. ∈ ZI O ≤ W.O.		NOT VALID FOR STAMPED "PAID	PAID PAID	UNLESS	CREDIT 20% Sales Care 80% Sales of Lots	67007 77184 100 77184		
BALANCE DUE	0-	,	DEC 2 9 2008		Opening/ Closing Burial Containers	100 77181 100 77182	ita	Š
☐ Money Or ☐ Charge A			T HOPE CEMI	ETERY	Handling Fee Recording & Misc. Fees Sales Tax	77185 100 77183 60101 78390	45	-
AC-212A (11-05) This information is available in alte	mative formats upon request	ISSUED BY	18/		TOTAL PAID	s	214	_

MT. HOPE CEMETERY

INTERMENT ORDER

At Noed

City of San Diego

	Date 12 20	3/08
	232023	3
	ted, subject to your rules and regulations, to int	COLUMN COMPANY OF A PROPERTY OF A PROPERTY OF A PARTY O
a Koper-	1	(U:00)
ina vouble Depth /	Funeral, date, time Riday Jo	102,2009
Church Chapel, Graveside	CAEURIAL	Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work day or an extra charge o	d \$
will be applied and billed to undersigned	ed	
Division 7 Section 16	BIK/Row Lot Grav	e_4_
Grave space & Care Fund 0-36	1/E-16615	<u> </u>
Overtime/Late Arrival Fees	7	
Opening/Closing & Setup		533.00
Burial Container	DAID	_539.00
Handling Fees	FAID	454.00
Flower vases - Marker setting fee	DEC 3 1 2008	
Recording/Filling/Transfer Fees		65.00
Sales taxes	MOUNT HOPE CEMETERY	41.77
V mart l	Total Due	1,632:77
esidened.	Peld receipt number 61371 \$	1.700.00
esidency, verified our	Balance due	67.22
I hereby certify I am the and this is your authority to make disp	position of remains as above indicated. I certificated and I agree to hold Mt. Hope Cemeter	
I hereby authorize the interment in lot hold under deed.	Print Name	
C	Address o C 11 or 10	199
MORT. 2 PAY NA	VY City Ju Default	Zip Code
Work Order # E 21082	Invoice #	

MT. HOPE CEMETERY

INTERMENT ORDER

delt a		-
AL	N	0
At	1100	-

City of San Diego

Date 12/29/08

	Lee Esters	u inter the remains
in. Double Depth"A"		
Church Chapel, Graveside	CABURIA	Monvery.
All Funeral cars must arrive before 3:00 p.m	n of regular work day or an extra char	ge of 5
will be applied and billed to undersigned.		
Division 7 Section 16	BENROW LOT 72	Grave_4
Grave space & Care Fund 0-361/E	-16615	<u> </u>
Overtime/Late Arrival Face		
Opening/Closing & Salup		
Burial Container	the selection of the series of the transfer of the property of the series of the serie	AA CAM
Handling Foos		454.00
Flower vases ~ Marker setting fee		
Recording/Fiting/Transfer Fees		65.00
Salos taves	[(************************************	
	Total Due	1,692:77
Pak	d receipt number	
	Belance	duo
I hereby perfify I am the	of the abo	ve named decedent
and this is your authority to make disposition that I have the right to make this authorization.	ion and I same to boild life Hone Cam	artify and represent etery harmless from
any liability on account of sale authorization	and intermedit . I 11 +	-L
	V 11 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Lhereby outhorize the interment in lot i	Munda Hi K	200
hereby authorize the interment in lot i	1364 Cho	Ole St
thereby authorize the interment in lot in the control of the contr	Minda the Cond	Ole Str
Thata Edus	1364 Cho 5364 Cho 619-262-71	1921/1 621/1 06 84
Hereby authorize the interment in lot in lot in the interment in lot in l	1364 GND 51364 GND 5136 CA 619-265-71	192 06 04 06 04
Timeta Februs	TIMOLA HILL TIGHT CAND COLONIA CA COLONIA CA	1973.00 679.11 06 84

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 9-20-01

12.25	ETA ESTERS
In 8Type of Burlet Container	Funeral, date, time
	; Mortuary
All Funeral cars must arrive before 3:30 p.m.	n. of regular work day or an extra charge of \$
will be applied and billed to undersigned	
Lol 72 Grave 4 Row_	Section 16 Division/Stock 7
Grave space & Care Fund	
The state of the s	
Burlal Container	
PROM .	
Haliding (666	2444 (7)
Flower vases – Marker setting fee	ENEVA THOMAS
m Many mand differently -	
Hecoraing and tiling tee	mannament de la company de la
Sales taxes	Total Due
Sajes (axes	Total Due
Sales (axesPaid	Total Due
Paid I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorizatio	Total Due
Paid I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorizatio	Total Due
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	Total Due
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	Total Due
Paid I hereby certify I am the and this is your authority to make disposition that I have the right to make this authorization any liability on account of said authorization. I hereby authorize the interment in lot I	Total Due
Paid I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorizatio any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	Total Due
Paid I hereby certify I am the and this is your authority to make dispositio that I have the right to make this authorizatio any liability on account of said authorization I hereby authorize the interment in lot I hold under deed.	Total Due

REA-104 (7-96)

This information is available in alternative formats upon request

Lot #72 Re: Grave 4 Section 16

Division 7 Paralee Booker

TO WHOM IT MAY CONCERN:

I, Geneva L. Thomas, am the only living sibling of Paralee Booker. I gave this lot to my niece, Almeta Esters.

Teneva Thoma

Signed before me a Notary Public this 12th day of July, 2001.

My comm. expires:

Notary Public

7364 Dieble St. Son Diegr, Co. 92114

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

ROBERT	CEDENTFIRST		ITS, PHOTOCOPIES, OR OTHER ALTERATIONS 1C, LAST ESTERS SR					
2. SEX 3. DA	ATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY 12/26/2008							
BA CITY OF DEAT	50.000 W. 586.000	1220/2000	-	* SASSA C DOMESTIC (1997)		IF DUTSIDE OF CALIFOR	RNIA, ENTER STATE	
LA MESA				SAN DIE	GO			
ALMETA E		78. RELATIONSHIP WIFE	TO DECEDENT	T BA. TYPED NAME AND ADDRESS OF CALIFORNIA LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, 2P CODE TD 1357				
7364 GRIE SAN DIEG	IP COOE	CALIFOR 5880 EL C	CAJON	BLVD	URIAL CHAPEL			
right to control dispositated herein is one	MENT OF APPLICANT—I hereby acknowledge osition pursuant to Health & Safety Code Section 7 of the dispositions authorized by Health & Safety (MUTHORIZATION OF LOCAL REGISTR	100, and that the disposition Code Section 103055,	· cot	Kete	Rel	A SHOWE	98 DATE SIGNED	
This permit is issue of California.	d in accordance with provisions of the California H	ealth and Safety Code and is	the authority for the	he disposition spec	ified in this	permit, NOTE: This perm	it gives no right of disposal outsid	
\$ 11.00	12/30/200			A WOOTEN		SSUING PERMIT	€	
3851 ROS	O COUNTY VITAL RECORDS ECRANS ST O, CA 92110	3	_					
				100	R CORON	ER'S USE ONLY		
BU ,								
BURIAL OR	12A MAME AND ADDRESS OF CALIFORNIA MT HOPE CEMETERY 375 STREET SAN DIEGO CAS	1 MARKET		128, DATE BURI	ED 09	12C, INTERI		
BURIAL OR SCATTERING IN / CEMETERY (INCLUDES	MT HOPE CEMETERY 375	1 MARKET 32102		128. DATE BURIL /- Z - 120. SIGNATURE L 138. DATE CREM	ED 09 E OF PERS	12G. INTERI ON IN CHARGE OF BURI	AL OR SCATTERING	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT HOPE CEMETERY 375 STREET SAN DIEGO CA 9 13A. NAME AND ADDRESS OF CAUFORNIA	1 MARKET 92102 CREMATORY		128. DATE BURIL 120. SIGNATURE 138. DATE CREAT	O 9 E OF PERS	ON IN CHARGE OF BURI	AL OR SCATTERING	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMSMENT)	MT HOPE CEMETERY 375 STREET SAN DIEGO CA 9 13A. NAME AND ADDRESS OF CALIFORNIA 14A. NAME AND ADDRESS OF CALIFORNIA -	1 MARKET 92102 CREMATORY	AINS	128. DATE BURIL 120. SIGNATURE 138. DATE CREA 130. SIGNATURE 148. DATE RECE	ED 09 E OF PERS	ON IN CHARGE OF BURI	AL OR SCATTERING ATOR NUMBER—IF APPLICABLE MATION	
BURIAL OR SCATTERING IN A CEMETIETY (INCLUDES ENTOMBMENT)	MT HOPE CEMETERY 375 STREET SAN DIEGO CA 9 13A. NAME AND ADDRESS OF CALIFORNIA 14A. NAME AND ADDRESS OF CALIFORNIA -	1 MARKET 32102 CREMATORY FACILITY RECEIVING REMA	ains	128. DATE BURIL 1- Z- 120. SIGNATURE 138. DATE CREA 130. SIGNATURE 148. DATE RECE	ED OPPERS WISC MATED OF PERS	ON IN CHARGE OF BURY 13C CREM ON IN CHARGE OF CREM	AL OR SCATTERING ATOR NUMBER—IF APPLICABLE MATION	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT HOPE CEMETERY 375 STREET SAN DIEGO CA 9 13A. NAME AND ADDRESS OF CALIFORNIA 14A. NAME AND ADDRESS OF CALIFORNIA 15A. NAME AND ADDRESS IN RECEIVING ST	1 MARKET 32102 CREMATORY FACILITY RECEIVING REMA	AINS E REMAINS OR	128. DATE BURIL /- 2 - 120. SIGNATURE 138. DATE CREM 130. SIGNATURE 140. DATE RECE 140. DATE RECE 140. DATE RECE	O 9 E OF PERS E OF PERS EIVED ADDRESS	ON IN CHARGE OF BURY 13C CREM ON IN CHARGE OF CREM	AL OR SCATTERING TOR NUMBER—IF APPLICABLE MATION LITY OF PLACING WITH THE CARRIER	
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	MT HOPE CEMETERY 375 STREET SAN DIEGO CA S 13A. NAME AND ADDRESS OF CALIFORNIA 14A. NAME AND ADDRESS OF CALIFORNIA 15A. NAME AND ADDRESS IN RECEIVING ST CREMATED REMAINS ARE TO BE SHIPPED 16A. ADDRESS, NEAREST POINT ON SHORE SUFFICIENT TO IDENTIFY FINAL PLACE AND IF BURIAL AT SEA, ONLY ENTER LATITUDE ARE	TATE OR COUNTRY WHERE	AINS E REALAINS OR	128. DATE BURIL 1-2- 120. SIGNATURE 138. DATE CREW 130. SIGNATURE 140. DATE RECE 140. SIGNATURE 150. NAME AND 150. SIGNATURE 150. SIGNATURE 150. DATE OF DE	ED 09 E OF PERS	ON IN CHARGE OF FACE ON IN CHARGE OF FACE OF PERSON IN CHARGE ON IN CHARGE OF PLACE I 18C. LICENS	AL OR SCATTERING ATOR NUMBER—IF APPLICABLE MATION LITY OF PLACING WITH THE CARRIER CING WITH 150 DATE SHIPPED SE NUMBER OF CREMATED ISPOSER—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 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.*

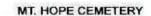
COPY 4 - RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

OFFICIAL RECEIPT WHITE CANARY PINK	TO CUSTOMER CEMETERY	AT-NEED PUR IOUNT HOPE C (619) 527-3	CHASE EMETERY	615 4	-21082 79
From: AIMETA ESTERS Unchundred ten	and 7	BU4 CRIBB	LE ST. SD CA	921/4 ollars (\$ 110.	77 Robert Lee
In fill Payment of Pay	NOT VALID FOR PUI	BIK/ Row	Lot 72	_ Grave	4 Esters
W.OBALANCE DUE	STAMPED "PAID" IN	THIS SPACE.	20% Sales Care 80% Sales of Lots Opening/ Closing Burial	67007 77184 100 77184 100 77181 100	16
☐ Money Order ☐ Charge	APR By	1 4 2009	Handling Fee Recording &	77182 100 77185 100 77183 60101 78390	10.77 MSC
AC-212A (11-08) This information is evoltable in elemative formats upon rec	ISSUED BY	UI AND C	TOTAL PAID	s <u>1</u>	10. 77

E21083

not included in this Spindle: £21051_E21099 at newo



INTERMENT ORDER

City of San Diego

	67	
Date	12-31-08	

of	ROSALIND	A VENTURA	232	2027_
in e	Type of Burial Container	Funeral, date, time	-09	3:30 MD
Church, Cha	Type of Bunal Container	COMMU		PACEFERE
All Funeral o	cars must arrive before 3:00 p.m	o of regular work day or an extra	charge of \$	213
will be applie	ed and billed to undersigned.			
Division		BIK/Row Lot 119		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Overtime/La	te Arrival Fees	AFTER	-X0.	213.00
Opening/Clo	sing & Setup	PAID		- 533.00
Burial Conta	iner			210,00
Handling Fe	89	DEC 3-1-2008		206.00
Flower vase	s – Marker setting fee	print, maranambratza, poutra		
Recording/F	iling/Transfer FeesMOUN	THOPE CEMETERY		
Sales taxes	,		············ •	20.93
		Total Due		
	Pai	d receipt number 12613	12	35749
	ما در در ام	Bala	ance due _	_0
that I have to any liability	the right to make this authorization on account of said authorization horize the interment in lot !	on and I agree to hold Mt. Hope	entur 1 St. 1 CA.	92109
Work Order	The state of the s	Acct. #		i i
		motion is amilable in alternative	o esperante de la companie de la co	River of the sealer

Q Primed on recycled paper

MOUNT HOPE CEMETERY

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NO LIGHT		GRAVE E	BLIND C	HECK FOR	RM	+
IN GRAVE	WITH				va nevi 684	
marked with	n "X". Plac	e the name (s) that ar	e's, lot # a re adjacer	nt to the buria	f all exis I space	sting marker's in
Burial Con	tainer	DUC	rypt	- Tai	ylor	Prive
			Sims Luela			
		ZIAN.	Ibarya Pablo	Lois		
	n'	Honderson AllCe	X	Perez Jose		
		Hendevsos Clarenco		Kirsey Kevane		
-		Bradley	Foster	Holmes		2
Flagged	Yes			No		
Blind check					Date:	
Interment s	pace for:	Kosa	linda	Ventu	va	·
Interment D			Time	: 3:3	0	
Div: 12	Sect:	2	Blk/Row:	Lot; /	19	Grave: 9
Grave Laid	out by:	KE	X			
Agrees with	Legal Ca	rd:	Yes		No	
Agrees with	Мар:		Yes		No	
Blind Check	& Verifie	d By:		Date		
Cremains w	ere placed	d at:		of gra	ive	

E-21084

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1A. NAME OF DECEDENT—FIRST 1B, MIDDLE -				1C. LAST VENTURA					
2. SEX 3.	DATE OF BIRTH (MONTH, DA 06/14/1960	Y, YEAR)	4. DATE OF DEATH 12/27/2008		(EAR)	5. (FETAL DEATH ONLY) DATE		NATE OF EVENT (MONTH, DAY, YEAR)	
SAN DIE		HE	1		SAN DI	F DEATH—IF OUTS	SIDE OF CALIFORI	NIA, ENTER	STATE
	NI CANE VICANTI IDA CONTROL CONTROL DISCONICIO DI CONTROL DI CONTR				NERAL DIRECTOR	AL DIRECTOR OR PERSON NUMBER—IF APPLICAB SODE			
4475 BO	T'S FULL MAILING ADDRESS— IND STREET GO, CA 92109	-STREET NUMBER A	ID NAME, CITY, STATE, ZI	PCODE	855 BRC	NITY MORT DADWAY VISTA, CA 9			
SAN DIEGO, CA 92109 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		=		III DIOD	98. DATE SIGNED
his permit is to d California.	O AUTHORIZATION OF L	ns of the California Her	alth and Safety Code and is	the authority for the	ne disposition spe		NOTE: This permi		
10A. AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED 10C.				WOOTE	CONTROL CONTROL OF	PERMI		E	
SAN DIE 3851 RC	OF REGISTRAR OF DISTRICT GO COUNTY VITA SECRANS ST GO, CA 92110		H OCCURRED IN CALIFOR	RNNA 10E. AD	DRESS OF REG	ISTRAR OF DISTRIC	OT OF DISPOSITIO	N—IF DIFF	ERENT FROM 100
BURIAL OF SCATTERING CEMETERS	MA MOUNT HOPE		EMETERY SAN DIEGO CA			BED - 09 RE OF PERSON IN 0	l E	-210	
(INCLUDES ENTOMBMEN	m l				· pl	wid)	Torie	10	
CREMATIO	13A. NAME AND ADDRE	SS OF CALIFORNIA C	REMATORY		13B. DATE CRE	MATED RE OF PERSON IN (U		ER—IF APPLICABLE
	14A, NAME AND ADDRE	SS OF CALIFORNIA F	ACILITY RECEIVING REMA	UNS	148. DATE REC	ENED			
SCIENTIFIC L	SE				14C, SIGNATUR	RE OF PERSON IN (CHARGE OF FACIL	ΠΥ	
52240014500	15A. NAME AND ADDRE CREMATED REMAINS A		ITE OR COUNTRY WHERE	REMAINS OR	15B. NAME AN	ADORESS OF PER	RSON IN CHARGE	OF PLACIN	G WITH THE CARRIE
TRANSIT					15C. SIGNATUR THE CARRIER	RE OF PERSON IN (CHARGE OF PLAC	ING WITH	15D. DATE SHIPPED
BURIAL AT BEA	SUFFICIENT TO IDENTIF G/ IF BURIAL AT SEA, ONLY	Y FINAL PLACE AND	INE, OR OTHER DESCRIP CALIFORNIA DISTRICT OF NO LONGITUDE		188 DATE OF	DISPOSITION			OF CREMATED FAPPLICABLE
OTHER THAN	CATTERING/ IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE RIAL AT SEA OR RISPOSITION RER THAN IN A CEMETERY					RE OF PERSON IN C	HARGE OF SCAT	TEDNIC OD	BUBIEL:

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 - 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

REA-104 (3-04)

INTERMENT ORDER

City of San Diego

Date
23 2032
o your rules and regulations, to inter the remains
1 P. DUNBAK ZOC
ral, date, time Weds Jan 7, 2009
Beardsley Mort Mortuary.
ular work day or an extra charge of \$
Lot 58 Grave 8
001
<u>5.33.0</u> 0
<u>355.0</u> 0
263.00
2 2008
CEMETERY 65.00
PE CEMETERY 65.00
Total Due 1, 243.5 /
ot number R 6/374 124351
Balance due
of the above named decedent emains as above indicated. I certify and represent I agree to hold Mt. Hope Cemetery harmless from terment.
Ann P. Dumbar
9174 Huntington Ave.
San Diego CA 92123-3/23
(619) 384-7598 Telephone
Invoice #
Acct.#

@ Printed on more led paper.

This information is available in alternative formats upon request.

MARGE Elizabeth F. U.	
SEDRESS 4562 Misgara ano. W	
DAME OF DECEASED Pre-need	-
OWNER Same	
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58 GR 8 ROW SEC 17 DIV 2 145	C.C.
JOPENING TIME DATE	
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THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT	多类
AGREE TO ABIDE BY THE RULES AND REGULATION TO HAPPENGEMENTERY	
IN PERSON BIO O GROER DELLO	
PHONE BY TAKEN BY SAL ALER	
HO, N. D 00001 INVOICE NO. CLASSA	-
FORM PR-974 REV.	200 S 100 S

€-21085

MOUNT HOPE CEMETERY

	0	BRAVE E	BLIND C	HECK FO	RM	
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Write in the marked with the appropriate Burial Contact	"X". Place ate space	the name	e's, lot # a	and grave #	of all ex	disting marker's in
Buriar Conta				-		-
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		Dunbar	X	Jackson		
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Interment Da	nte: <u>W</u> ed	s 1/7	Time	:		-3
Div:	Sect:	17	Blk/Row:	Lot:	58	Grave: 8
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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 18 MIDDLE 1C LAST 1A NAME OF DECEDENT-FIRST DUNBAR **ELIZABETH** ANNA 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY YEAR) 2 SEX 10/02/1916 12/28/2008 88. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE BA CITY OF DEATH SAN DIEGO SAN DIEGO BA TYPED NAME AND ADDRESS OF CALIFORNIA 7A NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT BR CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON NUMBER-IF APPLICABLE ANN DUNBAR DAUGHTER ACTING AS SLICH-STREET NUMBER AND NAME FD816 CITY STATE ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE ZIP CODE BEARDSLEY-MITCHELL FUNERAL HOME 9174 HUNTINGTON AVENUE 1818 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92123 SAN DIEGO, CA 92107 9A. APPLICANT SIGNATURE 9B DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the pght to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 01/05/2009 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION This permit is assued in 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. 10C SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A. AMOUNT OF FEE PAID 108. DATE PERMIT ISSUED \$ 11.00 01/05/2009 WILMA WOOTEN, MD 10E ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 10D 10D ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS STREET SAN DIEGO, CA 92110 11. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BURIAL 2A NAME AND ADDRESS OF CALIFORNIA CEMETERY 12B DATE BURIED 12C. INTERMENT NUMBER-IF APPLICABLE BURIAL OR E-21085 -7-09 SCATTERING IN A MOUNT HOPE CEMETERY CEMETERY 12D SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING 3751 MARKET STREET **ENTOMBMENT**

SAN DIEGO, CA 92027 auro 136 DATE CREMATED 13C. CREMATION NUMBER-IF APPLICABLE 13A NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14B DATE RECEIVED 4A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 1158, NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER -18A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 16B DATE OF DISPOSITION 16C LICENSE NUMBER OF CREMATED SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE REMAINS DISPOSER-IF APPLICABLE SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 160. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

UPON AUTHORIZATION OF PERMIT. DISTRIBUTE COPIES AS FOLLOWS

CEMETERY

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.*

WERE SCATTERED AT SEA.

OPY PRETAINED 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-21089 CITY OF SAN DIEGO, CALIFORNIA OFFICIAL RECEIPT 61446 AT-NEED PURCHASE WHITE TO CUSTOMER CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 2-6,2009 Date: From: ANN OUNBAR Address: Dollars (\$ Payment of MARKER SETTING FEE FOR DWW D Row Lot 58 Grave Invoice No. 146427 NOT VALID FOR PURPOSES STATED UNLESS TAMPED "PAID" IN THIS SPACE. CREDIT 67007 Acct. No. 000760 20% Sales Care 77184 80% Sales 100 6749 of Lots 77184 Opening/ 100 BALANCE DUE Closing 77181 100 Burial FEB 0 6 2009 Containers 77182 100 Handling Fee 77185 Money Order 100 Recording & HODE CEMETERY Misc. Fees 77183 Charge LP076UA Sales Tax 60101 Check 78390 ISSUED BY AC-212A (11-05) TOTAL PAID This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

atneed

City of San Diego

Date	1	20	19	
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			27	**

in a Liner	_ Funeral; date, time January 9th
Church, Chapel, Graveside	: AZTZAN U Mortuery.
All Funeral cars must arrive before 3:00	p.m. of regular work day or an extra charge of \$
will be applied and billed to undersigned.	<u> </u>
Division 12 Section 2	Lot 11
Grave space & Care Fund	5183
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container Handling Fees	PAID 270
Handling Fees	<u> 200.</u>
Flower vases - Marker setting fee	JAN 5 2009
Recording/Filing/Transfer Fees	65
Sales taxes MOU	INT HOPE CEMETERY 2093 P
6/9/331	Paid receipt number R 61377 109500 M O 2 34 84 0 3188 Define due
that I have the right to make this authorized any liability on account of said authorized	sition of remains as above indicated. I certify and represent zation and I agree to hold Mt. Hope Cemetery harmless from
I hereby authorize the interment in lot I hold under deep.	5an Diego Ca 92114
Work Order # <u>E 21086</u>	Invoice #
REA-104 (3-04) This is	nformation is available in atternative formats upon request.

Money order for .07¢ over

9 0 E-21086 400.00 4 43.00 105.00 8 6.00 180.00 00 895,00 San Diego, 92105 Pre-need Lot N Y Y 12 Div 4061 Euclid Ave., #J 0 20 2, VALDEZ, LEIDY Sec Opened Pre-need Lot Lot 151, Grave 11, 532 64 53 99 R-51380 R-51759 R-51753 VALDEZ, LEIDY 07-26-99 00-3 õ 8-23-3-29 -70

61704.131.

MT. HOPE CEMETERY

INTERMENT ORDER

Pre-rech

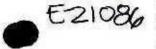
City of San Diego

Date 7-26-99

	eldez	
in a	Funeral, date, time	
Church, Chapel, Graveside		
All Funeral cars must arrive before	p.m. of regular work day or an extra charge	of \$
will be applied and billed to undersigne	p.m. of regular work day or an extra charge of	
131		
	w Section 2 Division/Bi	CONTRACTOR OF THE PARTY OF THE
Grave space & Care Fund	······································	89500
Additional spaces and care fund	·	
Opening/Closing & Setup	Ni 017	
Handling Fees	8-6-01 R-53995	
Flower vases - Marker setting fee	R-53995	
Sales taxes		
Sales taxes	Total Due	895.01
Sales taxes	Total Due	895.01
Sales taxes	Paid receipt number R-513,80	895 01 400.0
I hereby certify I am the	Paid receipt number R-5/3/20 Balance due	895.01 400.0 4950
and this is your authority to make dispethat I have the right to make this author	Paid receipt number R-513 PC Balance due of the above nosition of remains as above indicated. I certification and Lagree to hold Mt. Hope Cameter	895.00 400.0 495.00 amed deceden
I hereby certify I am the and this is your authority to make dispithat I have the right to make this author	Paid receipt number R-513 PC Balance due of the above nosition of remains as above indicated. I certification and Lagree to hold Mt. Hope Cameter	895.00 400.00 495.00
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I hereby certify I am the and this is your authority to make dispethat I have the right to make this authoriany liability on account of said authorize the interment in lot I	Paid receipt number R-5/3/30 Balance due of the above nosition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeters atlon and interment.	895.01 400.0 495.0
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I hereby certify I am the	Paid receipt number R-313 PC Balance due of the above nosition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeters at lon and interment. Address Address City (09-284-5110	895 01 400 0 495 0 amed deceder y and represer harmless from
I hereby certify I am the _ and this is your authority to make disp	Paid receipt number Paid receipt number Balance due of the above nosition of remains as above indicated. I certification and I agree to hold Mt. Hope Cemeters atlon and interment. Address 895 01 900 0 195 0 amed decedent y and represer harmless from	

REA-104 (7-96)

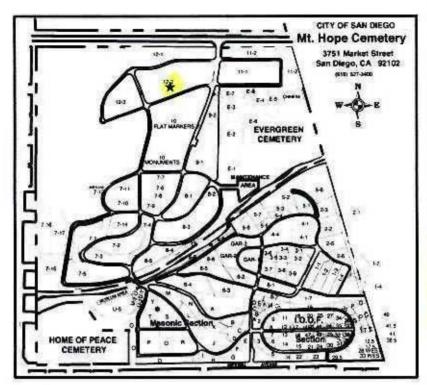
This information is available in alternative formats upon request.



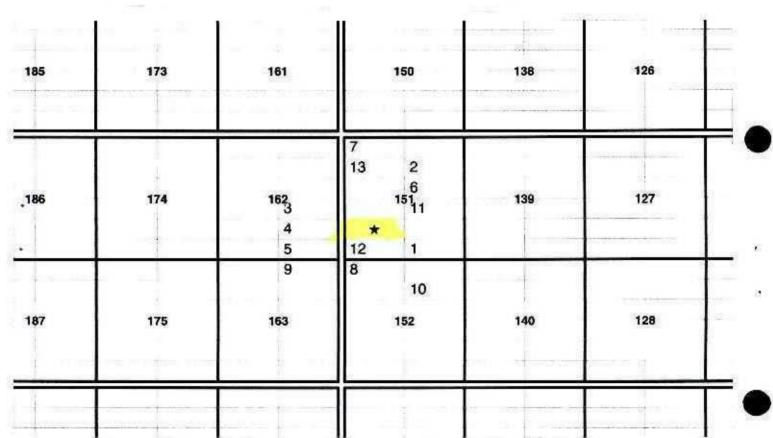
MOUNT HOPE CEMETERY

GF	RAVE BLIND CHE	ECK FORM	
IN GRAVE WITH	Ø		
Write in the name of the marked with "X". Place to the appropriate space (s	ne name's, lot # and	grave # of all e	xisting marker's i
Burial Container	Liner		r
	x		
	A		
lagged Yes	 0	No	
Blind check Initiated by:		Date	
nterment space for:			
nterment Date: Frida			
Div: 12 Sect:	ZBlk/Row: _	Lot: KOL	Grave: 1.1
Agrees with Legal Card:	Yes	□ No	
grees with Map:	Yes [— No	
llind Check & Verified B	у:	Date	
Cremains were placed at		of grave	

Locator Map



	The second secon
Location	: 12, 2, , 151, 11
Division	12
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Block_Row	S DOWN
Lot	: 1/1
Grave	11
CO1_Prop_Status	3 5
C52_Deceased_A	20
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C20_ContractNo_A	E-015183
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C25_ContractNo_F	The recessor independent
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C60_Dec_Infc_A	1 DOB= / / (XOD= // /
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C64_Dec_Info_E	*
C65_Dec_Info_F	8
Deceased Within A	15 PC, MG0108
01-Alvarez, Maria	
02-Powens, humali	
33-Buchardt, Haro	
Ht-Euchardt Fait	h Harold (12.2.,162.5)
	ia (sabella (12,2,,162,6)
D6-Carron Claran	ce Frederick (12.2.,151,3)
07-Cherry, Marvin	
	ward (12,2,.152.7)
	illian B (12.2169.1)
10-martes, Sherr	v Ann. 112 2 152 21
II-Tofigi, Anna	(12, 2, , 151, 4)
12 Valdez, Humber	to Anguino (12,2,.151,12)
13-Wenceslab, Wil	liam (12,2,,151,8)



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 18. MIDDLE IC LAST LEIDY VALDEZ 4. DATE OF DEATH (MONTH, DAY, YEAR) 2 SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 01/03/1949 12/30/2008 6B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE 6A CITY OF DEATH SAN DIEGO SAN DIEGO BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH.—STREET HUMBER AND NAME, 88. CALIFORNIA LICENSE NUMBER - IF APPLICABLE 7A. NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT CESAR VALDEZ SON FD1658 CITY STATE ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE FUNERARIA AZTLAN MORTUARY SVC 402 63RD ST #266 7856 LA MESA BL SAN DIEGO, CA 92114 LA MESA, CA 91941 ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the SA APPLICANT SIGNATURE 98. DATE SIGNED right to control deposition pursuant to Health & Safety Code Section 7100, and that the disposition 01/06/2009 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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 Celifornia Health and Safety Code and is the authority for the disposal of Celifornia. ition specified in this permit, NOTE: This permit gives no right of disp 10A. AMOUNT OF FEE PAID 10B. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 01/06/2009 WILMA WOOTEN, MD 100. 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 FOR CORONER'S USE ONLY 11. AUTHORIZED DISPOSITION(S) BU 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128, DATE BURIED 12C. INTERMENT NUMBER-IF APPLICABLE SCATTERING IN MOUNT HOPE CEMETERY, 3751 MARKET 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST, SAN DIEGO CA 92102 **UNCLUDES** ENTOMBMENT War. 13C, CREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 130 DATE CREMATED CREMATION 13D, SIGNATURE OF PERSON IN CHARGE OF CREMATION 4A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 148. DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 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. TRANSIT 15C, SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER 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 SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 16D, SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

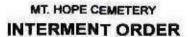
COPY 1 - ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 4 - 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

REA-104 (3-04)

City of San Diego

		Date 1 - =	5-2009
You are hereby authorized and instruct		s and regulations, to in	nter the remains
	Elias	2320	37
in a Double Depth "	B" Funeral, date, ti	me Thurs. J	an 8thio
Type of Burtal Container Church, Chapel, Graveside		Goodbodi	Mortuary.
All Funeral cars must arrive before 3:0	0 p.m. of regular work of	tay or an extra charge	of \$
will be applied and billed to undersigne			NO.780E
Disciolan 10 Section		2386	ì
Division 10 Section	E-16612	Lot 2000 Gra	we
Grave space & Care Fund	E-10015		10
Overtime/Late Arrival Fees		narramaja aanaa aa	
Opening/Closing & Setup	008 NO Inter	tuncl	
Burial Container Trown	Ster payment	was	
Handling Fees	ished into o	jeneral	
Flower vases - Marker setting fee	Fund		
Recording/Filing/Transfer Fees			
Sales taxes			
		Total Due	
	Paid receipt number .	NA	
		Balance du	.0
I hereby certify I am the		of the above	named decedent
and this is your authority to make disp that I have the right to make this autho any liability on account of said authoriz	rization and I agree to I	above indicated. I cert	ify and represent
The Court of Court o	\		232038
I hereby authorize the interment in lot I hold under deed.	A. Prini Name		
inote direct deco.	Address		Truck
Digneture	*	ak	agred 2000
fax 19-582-7740	L City	, 0	Zip Code
619-584	Talephone	See	
	Invoice #	40	
Work Order # E 21087	Acct. #	1	

& Primator rescue paper

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

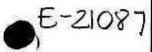
INTERMENT ORDER

at need

City of San Diego

Date 1-5-2009

Section 1. Control of the section of			////
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Double D	eoth "B" Funeral, date, time	Thurs. Jan 8	thio co
Church Chapel, Graveside		Ma-11 1	lortuary.
	before 3:00 p.m. of regular work day		without y.
will be applied and billed to			
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Grave space & Care Fund .	E-16612		}
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AND CALLS ASSESSED AND CONTRACTOR		0	
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	Paid receipt number	V/A -	
-	1 10	Balanca due	-
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and this is your authority to	make disposition of remains as abor- this authorization and I agree to hold	ve indicated. I certify and re-	present
any factory on account of as	id authorization and interment.	WALEST ST	L 0
nersby suprorize the inter-	ment in total 1 x _ La	yne Ma	ntel
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Nork Older # E 21	087 Acct. #		22 3
EA-'04 (3-04)	This information is available in	exemative formats upon n	quest.



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

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144	B	บ	R.	A	-

REA-104 (7-96)

Date 9-12-0

in a Double Depth	5 i M. Funeral, date, tin	RLIAS INTURS	
Church Chapel, Graveside			DY Mortuary.
All Funeral cars must arrive before 3:30			
will be applied and billed to undersigne	The state of the s		
	w Section		
	0.11.000.000.000.000		- COMPANIES - COMP
Additional spaces and care fund 200)1	(11)	
Grave space & Care Fund Additional spaces and sere fund 200 Opening/Closing & Setup	TAX 375		750.00
Opening/Closing & Setup	GO, Cr		<u>380. €</u>
Handling Fees CITT			340.00
Flames was Made a sattle for M	The voor		46.85
Recording and filing fee	2 at	45	90.00
Sales taxes			28,50
			21102
		Total Due	46100
\sim	Paid receipt number	Total Due	2610.3
	Paid receipt number _	VISA	2610.3
$\sqrt{\chi}$	Paid receipt number _	V \ S A Baland	2610.3 = 0
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hereby certify I am the	Paid receipt number	Balanc of the at	te due
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hereby certify I am the and this is your authority to make disposited that I have the right to make this authorizany liability on account of said authorizance thereby authorize the interment in lot I nold under deed.	Paid receipt number	Balanc of the at	te due
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hereby certify I am the and this is your authority to make dispinate I have the right to make this author	Paid receipt number	Balanc of the at	te due

This information is available in alternative formats upon request.

CITY OF SAN DIEGO DAILY CASH RECEIPTS	DEPARTMEN	T Recreation/M	ount Hope C	emetery	September 19	, 2001	OCR No)4649 o.
EXPLANATION	FUND (18-21)	DEPT (22-27)	ORG.LEVEL (28-38)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACI	050 CO	AMOUNT (89-99)
Credit Card Payments	67007			77184			1	\$478.00
	100	072		77184				\$1,912.00
Interments: Eileen Rousseau, Jim	100	072		77181				\$1,125.00
Elias (Trion flower vase)	100	072		77182				\$615.00
	100	072		77185				\$521.00
Flower vases: Doris Manson	100	072		77183				\$360.00
(temporary marker also), Jesse Owens	63033			9022				\$0.00
(also marker setting fee)	60101			78390				\$47.63
Marker setting fee: Helen Poole								
		11.						
0								
PREPARED BY VI Williams (527-3400)	DEPOSITED Mt. Hope	BY: MS 72 e Cemetery	AUDITED BY;	KEY PUNC				\$5,058.63

F-21087

MOUNT HOPE CEMETERY

	GRAVE	BLIND C	HECK FO	RM	
IN GRAVE WITH	Lim	Elias	. "A"		
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Burial Container	DO	``&``	-		
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	hossell	Hospita	-		
	Harp	X	Criner	Smith	
	Hayb	Elias.	Elias		
Flagged Y	es		N	0	
Blind check Initiate	d by:			Date:	
Interment space for	: Ju	li etle	Elias		
Interment Date:		Time:	10:0	D C	nurch
Div: 10 Se	ct:	Blk/Row:	Lot:	2386	Grave: 1
Grave Laid out by:		1			
Agrees with Legal (Card:	Yes		No	
Agrees with Map:		Yes	- 23	No	
Blind Check & Veril	ied By:		Date		
Cremains were place	ced at:		of g	rave	

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 18. MIDDLE 1C. LAST JULIET E. 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) F 04/12/1928 01/02/2009 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA ENTER STATE CITY OF DEATH EL CAJON SAN DIEGO 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH... STREET NUMBER AND NAME. CITY, STATE, ZIP CODE. 74 NAME OF INFORMANT 78 RELATIONSHIP TO DECEDENT 8B. CALIFORMA LICENSE NUMBER-IF APPLICABLE SON ISA ELIAS FD790 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE GOODBODY MORTUARY 9557 MAVIN DRIVE 5027 EL CAJON BLVD. SANTEE, CA 92071 SAN DIEGO, CA 92115 9A. APPLICANT SIGNATURE 98 DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT-1 hereby acknowledge as applicant that I have the right to control disposition pursuent to Health & Safety Code Section 7100, and that the disposition 01/07/2009 d herein is one of the dispositions authorized by Health & Safety Code Section 103055. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMITTO SHOW FINAL DISPOSITION This permit is issued in 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 disposition for the disposition specified in this permit. 10B. DATE PERMIT ISSUED 10A. AMOUNT OF FEE PAID 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 01/07/2009 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 AN DIEGO COUNTY VITAL RECORDS 851 ROSECRANS ST SAN DIEGO, CA 92110 11. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY BURIAL 12C. INTERMENT NUMBER-IF APPLICABLE 12A, NAME AND ADDRESS OF CALIFORNIA CEMETERY 12B. DATE BURIED BURIAL OR SCATTERING IN =-2108 -8-09 MOUNT HOPE CEMETERY, 3751 MARKET CEMETERY 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING (INCLUDES ENTOMBMENT) STREET, SAN DIEGO, CA 92102 13C PREMATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 134 DATE CREMATED CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION

14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 148, DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 16A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH \$15D. DATE SHIPPED THE CARRIER 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 SCATTERING! BURIAL AT SEA OR DISPOSITION

IN AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

OPY 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.*

OTHER THAN IN A

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

^{*}THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

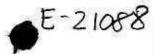
Date 1/5/09

You are hereby authorized and instructed from 12 M	a, subject to your rules at	232036	@ /2:30
DD "8"	Firment data time	Wed Ton	7 2008
Type of Burnal Container	Funeral, date, time	11	nin la
Church Chapel Graveside	: <u>w</u>	INS SO MEMO	Y/Q/ Mortuary.
All Funeral cars must arrive before 3:00	p.m. of regular work day	or an extra charge o	f\$
will be applied and billed to undersigned			
Division // Section 2	Blk/Row	Lot 37 Grav	.5_
Grave space & Care Fund	E- BA	D	<u>+</u> -
Overtime/Late Arrival Fees		- 0000	522 M
Opening/Closing & Setup	JAN 6	2009	200.00
Burial Container		COLUETERY	
Handling Fees	MOUNT HOPE	CEMETER	
Flower vases - Marker setting fee			
Recording/Filing/Transfer Fees			65,00
Sales taxes			1000
	Ja	tal Due	548. a
8	Paid receipt number	61380	598.00
	18 IAM	Balance due	CI
×		TO STORILLE TO STORY	amed decertent
I hereby certify I am the	zation and I agree to hole	ve indicated. I certify	y and represent
I hereby authorize the interment in lot I hold under deed.	Print Name		ofinal
	X	LOA (1950	Mud
Signature	- X	you -	
	X 1019)	248-427	16 Ap Code
•	Invoice#		
Work Order # E 21088	Acct. #		

Work Order# E 21088

REA-104 (3-64)

This information is evallable in alternative formets upon ne



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

	Da	ne 1-10-9/
You are heraby authorized and instructed, su	ibject to your rules and re	egulations, to inter the remains
Double Dorth Curst :	uneral, date, time SA	T. 1/12 1:00 pm
Church, Chapel, Graveside Church &		P Burel
		E DUKINE Mortuary
Il Funeral cars must arrive before 3:30 p.m	. of regular work day or	an extra charge will be applied
nd billed to undersigned. War time veteran	yesww.	IL-
37 . 5	·	
Grave Row	Section	Division
rave space & Care Fund 001/.8/.	2009 Cynthia h	as 495.00
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dditional spaces and care fund bank 1	isting her loa	n'she'took
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ales taxes	************	23.10
	Tatal Du	2,163.10
1000	Total Due	
Paidr	eceipt number	
		Balance due
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hereby certify I am the	gree	of the above named decedent
nd this is your authority to make disposition at I have the right to make this authorization	of remains as above in	dicated. I certify and represent
ny liability on account of said authorization	and interment)	
	1 dieno	1.111
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old under deed.	1444	do. 49 # de!
matters of recorded holder of dead	Address A	92113
	State O	- 5235 Ze Code
	Tologramo (od)	<u> </u>
25	(619 68	2-16/3
9	Invoice # 14	41580
F 9171	0/-	2738
Vork Order #	Acet # UU.	-1-0

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Last Name: SUffix: SW/TIN Type: Individual SN SSW/TIN Type: U.S. Person SW/TIN Type: U.S. Person U.S. Person SW/TIN Type: U.S. Person U.		CYNTHIA	Death Date:	
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Effective APR:

Escrow ID:

Prepaid Finance Chg:

Unamortized Fees:

03/30/1995

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Charge Off Date:

Charge-off Type:

Charge-off Amount:

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MOUNT HOPE CEMETERY

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Agrees wit	h Map:		Yes		No	
Blind Chec	k & Verified	By:		Date	·	
Cremains	were placed	i at:		of gr	rave	

19E-21088 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

	USE BLACK	INK ONLY - MAKE	NO ERASURES, 1	WHITEOUTS,	PHOTOCOP	IES, OR O	THER ALTERATION:	5		
1A NAME OF DEC	CEDENT—FIRST		18. MIDDLE MAE			1C. LAST MOO	RE			
	ate of Birth (MONTH, DAY 1/07/1929	(.YEAR)	4 DATE OF DEATH (MONTH, DAY, 1 01/01/2009		EAR)	5	5. (FETAL DEATH ONLY) DATE OF EVENT (MC		T (MONTH, DAY,	YEAR)
EA CITY OF DEA	erent.		*		SAN DI		IF OUTSIDE OF CALIFOR	NIA, ENTER	STATE	-
7A NAME OF INF	The state of the s		78. RELATIONSHIP DAUGHTER		LICENSED FL	UCH-STRE	DRESS OF CALIFORNIA COTOR OR PERSON ET NUMBER AND NAME,		FORNIA LICENS —IF APPLICABL	
4442 WIN	c: INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 4442 WINONA AVE #6 SAN DIEGO, CA 92115			WILLIAMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104				••		
right to control disp stated herein is on	EMENT OF APPLICANT—1 to position pursuant to Health & Si e of the dispositions authorized AUTHORIZATION OF LO	afety Code Section 7100, a by Health & Safety Code	and that the disposition Section 103055.	BA. APPLICANT	-:02	A NEW P	ERMIT TO SHOW FI	NAL DISP	OF DATE SIG	1. 0
This permit is issue of California.	ed in accordance with provision	s of the California Health	and Safety Code and is	the authority for th	e disposition sp	ecified in this	permit. NOTE: This perm	it gives no r	ight of dispose	al outside
\$ 11.00	FEE PAID	108. DATE PERMIT ISS 01/06/2009	UED	WILMA			SSUING PERMIT		EG)
SAN DIEG 3851 ROS	F REGISTRAR OF DISTRICT SO COUNTY VITA SECRANS ST SO, CA 92110		CCURRED IN CALIFOR	RNIA 10E AD	DRESS OF REC	SISTRAR OF	DISTRICT OF DISPOSITION	ON-IF DIFF	ERENT FROM	100
BU .	112A NAME AND ADDRES	SO OF CALIFORNIA CENTA	erent.	9	128. DATE BUI	DIED.	'Agg MATERIAL	NEWT AND ASSESSED.	SED IF ADDI	CARLE
SCATTERING IN CEMETERY (INCLUDES ENTOMBMENT	MT HOPE CEN	METERY, 3751 I	TOOLS AND THE PARTY OF THE PART		1-7	-09	ON IN CHARGE OF BURI	-210	SER-IF APPLI	
CREMATION	13A, NAME AND ADDRES	S OF CALIFORNIA CREA	MATORY		13B DATE CRI	6.101.2652.000	13C CREMO	ASCIVENTIALS	ER-IF APPLIC	ABLE
SCIENTIFIC USI	14A, NAME AND ADDRES	S OF CALIFORNIA FACIL	ITY RECEIVING REMA	uns .	148. DATE REC		ON IN CHARGE OF FACIL	LITY		_
TRANSIT	15A, NAME AND ADDRES CREMATED REMAINS AR		OR COUNTRY WHERE				OF PERSON IN CHARGE	4-9101 (1000-1000)	G WITH THE C	
	1				THE CARRIER					HARACOTTAN
SCATTERING/ BURIAL AT SEA O DISPOSITION OTHER THAN IN		Y FINAL PLACE AND CAL	IFORNIA DISTRICT OF	DISPOSITION;	16B. DATE OF		REMAINS D	ISPOSER—II	OF CREMATE F APPLICABLE	
CEMETERY	52.				IGU. SIGNATU	RE OF PERS	ON IN CHARGE OF SCAT	I ERING 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 INEAREST 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

AL	4	reed
+47	1	-

Date 1-5-09

	hereby authorized and ins ARTIE N	structed, subject to your ru		
of	Liner		time Weds J	
	Type of Buriel Container Chapel, Graveside		1) (Mortuary:
$\overline{}$	7	3:00 p.m. of regular work		Y
	oplied and billed to under			
Division ,	12_ Section_	2_ BIK/ROW	Lot <u>197</u> Gran	SOUTH STREET STREET STREET
Grave sp	oace & Care Fund			2264.00
Overtime	s/Late Arrival Fees			e
Opening	/Closing & Setup	P		533.00
	ontainer	The Court of the C		270.00
Handling	Fees	101	7 2009	206.00
				t
Recordin	ng/Filing/Transfer Fees	MOUNT H	OPE CEMIETELL	65.00
Sales tax	xes			20.93
AND SHOULD SHOUL	(TO PAY		Total Due	3,358.93
. 2	(10 "	Paid receipt numbe	R61381	3,35893
MOS	69 C-130	, û	Balance due	a de
and this	certify I am the I I I is your authority to make we the right to make this slity on account of said aut	Aughter disposition of remains a authorization and I agree t thorization and interment.	above indicated. I certi	named decedent fy and represent ry harmless from 232033
	authorize the interment in	lot I + Ch	12 MASSACHUS	ests Ave
7 W Signature	all Son	Address / DP Chy / 78 Talkprone	eKa, KS 5-783-3614	6660) H Zip Code
Work On	_{dec#} E 2108	Invoice	STATE OF THE PARTY	in the second second

MOUNT HOPE CEMETERY

	GRAVE	BLIND C	HECK FOR	KM.	
marked with '	ame of the decease "X". Place the name te space (s) that a	ie's, lot#a	and grave # o	of all ex	isting marker's
Burial Conta	1 . 4.	- 25	-	и орасс	24.
Ð			Easley		
	raylor	X	-	-	-
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Flagged Blind check li Interment spa	ace for: Ant	ie m.	-ttearo	Date:	
Interment Dar Div:l2	te: Weds I	Unime Blk/Row:	Lot:	19	7 7 Grave: 7
Grave Laid o	ut by:				
Agrees with L	egal Card:	Yes		No	
Agrees with M	Л ар:	Yes		No	
Blind Check	& Verified By:	<u> </u>	Date	·	
Cremains we	re placed at:		of gr	ave	

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 ARTIE MAE HEARD 7 SEY 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 5. FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 07/20/1924 12/29/2008 SA CITY OF DEATH 88. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO BA, TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, 7A. NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT 8B. CALIFORNIA LICENS NUMBER---IF APPLICABLE **ODELL JONES** DAUGHTER FD1746 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE PREFERRED CREMATION AND BURIAL 2017 S.E. MASSACHUSETTS AVENUE 6163 UNIVERSITY AVENUE **TOPEKA, KS 66607** SAN DIEGO, CA 92115 BA APPLICATE 98. DATE SIGNED SIGNATURE 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 01/07/2009d herein is one of the dispositions authorized by Health & Sefety Code Section 103055. PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES ANEW PERMIT TO SHOW FINAL DISPOSITION
This permit is leased in accordance with provisions of the California Health and Salety Code and is the authority for the disposition splicitled in this permit phase no right of disposal outside
of California. 108, DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A AMOUNT OF FEE PAID 01/06/2009 \$ 11.00 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 FOR CORONER'S USE ONLY 11. AUTHORIZED DISPOSITION(S) BURIAL 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128. DATE BURRED 12C. INTERMENT NUMBER-IF APPLICABLE BURIAL OR

E-21089 1-7-09 MT HOPE CEMETERY 3751 MARKET SCATTERING IN A CEMETERY 120. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET SAN DIEGO CA 92102 (INCLUDES ENTOMBMENT avid NATION NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 13B. DATE CREMATED CREMATION 13D, SIGNATURE OF PERSON IN CHARGE OF CREMATION 148. DATE RECEIVED 14A, NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 158. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D DATE SHIPPED THE CARRIER 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. 16C. LICENSE NUMBER OF CREMATED 168 DATE OF DISPOSITION REMAINS DISPOSER-IF APPLICABLE SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 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 HIBBESCATTERED AT SEA.*

COPY 3 - 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. HÔPE CEMETERY INTERMENT ORDER

at need

REA-104 (3-04)

City of San Diego

~ (1100			Date	1-5-0	79	
You are	hereby authorized and in-	structed, subject t	o vour rules	and regulati	ons, to inte	er the remain	ns
of	Patricia				232	1040	188
na_	Liner		ral, date, tim	Fride	sy Ja	n9th	6
enti ton	Chapel Graveside	C-1000		oms :		200 Mortu	arv
	eral cars must arrive before	a 3:00 n m of reo		Self auto-re-conventional		Y. Y. A.	
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	pace & Care Fund				annia arrer		
	ne/Late Arrival Fees			00110000000		583	0
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ouriai C	Arkairer					206	
	g Fees		6 2009				-
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and this	y certify I am the s is your authority to make eve the right to make this a dility on account of said aut	authorization and	I agree to ho	ove indicate	d. I certify		ent
hereby	y authorize the interment in	n lot i		č	2320	139 n	0
	der deed.	ANTSON.	Print Name			5.00	
Signature			Address		. 200	Qr-	1000
and a second			City	_ 0	OC-	ded	Code
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	F 2109	9.0	And #	-	73	28172-1.2	-58

@ Printed on Mayeled paper

This information is available in alternative formats upon request.

.))
MT HOPE	CEMETERY
	NT ORDER
AL -10	san Diego
at need ""	Day 1-5-09
Yatricia Robles	eral, date, time Friday Jan 9 440:3
All Funeral care must arrive before 3:00 p.m. of re- will be applied and billed to undersigned.	
Division 12 Section 2 BituRo	
Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	2 0.00 2 6.00
Handing Fees	<u> </u>
Flower vases - Marker setting fee	
Recording/Plang/Transfer Fees	45.05
Safet (grad	20 000
100 mg	Total Due
Peid recei	lgt number
8: H	Salance due
thereby certify I am the	d I some to hold MI. Hope Cornetery harmilies from

Involce #

T0:5273403 E-21090

Work Order # E 21090 REA-104 (204) This

This information is available in ellernetive formats upon request

Administration according to the

E-Z1090

MOUNT HOPE CEMETERY

	GRAVE	BLIND CH	IECK FOR	M	
IN GRAVE W	пн	0			
marked with " the appropria	ame of the dece X". Place the na te space (s) that	me's, lot # ar are adjacent	nd grave # o	all ex	isting marker's
Burial Contai	ner Lir	iei			
*		Gleman	William	3	+
	Navo		Olea-Vega		
-+	Maduen		perazas		
Flagged	Yes		No		
Blind check In	itiated by: ce for: <u>Pab</u>	. 2		Date:	-
	e: 1/9/09		10:30	Ch	apel
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Grave Laid ou	it by:	-			
Agrees with L	egal Card:	Yes		No	
Agrees with M	lap:	Yes		No	
Blind Check &	Verified By:	-	Date		
Cremains wer	e placed at:		. of gra	ve	

51E-21091 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 **ANGELINA** ROBLES PATRICIA 4. DATE OF DEATH (MONTH, DAY, YEAR) 2 SEX 3. DATE OF BIRTH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) 01/01/2009 FND F 02/14/1957 6A. CITY OF DEATH 68. COUNTY OF DEATH---IF OUTSIDE OF CALIFORNIA, ENTER STATE SAN DIEGO SAN DIEGO 7A. NAME OF INFORMANT 17B. RELATIONSHIP TO DECEDENT BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON 88. CALIFORNIA LICENSE NUMBER--- IF APPLICABLE GONZALO ROBLES FATHER ACTING AS SUCH-STREET NUMBER AND NAME, FD1575 CITY, STATE, ZIP CODE 76. INFORMANT'S FULL MAILING ADDRESS... STREET NUMBER AND NAME, CITY, STATE, ZIP CODE WMS SAN DIEGO MEMORIAL CHAPEL 927 MARIA AVE 2441 UNIVERSITY AVENUE SPRING VALLEY, CA 91977 SAN DIEGO, CA 92104 9A. APPLICANT SIGNATURE 9B DATE SIGNED ACKNOWLEDGEMENT OF APPLICANT - hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the dispositi stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10B. DATE PERMIT ISSUED 10A AMOUNT OF FEE PAID \$ 11.00 01/05/2009 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 FOR CORONER'S USE ONLY 11. AUTHORIZED DISPOSITION(S) BU 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128. DATE BURIED 12C. INTERMENT NUMBER-IF APPLICABLE BURIAL OR SCATTERING IN A MT HOPE CEMETERY, 3751 MARKET SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST, SAN DIEGO, CA 92102 (INCLUDES ENTOMBMENT) 138. DATE CREMATED ATION NUMBER-IF APPLICABLE 13A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C. CR CREMATION 13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B. DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

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

TRANSIT

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D. DATE SHIPPED THE CARRIER

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

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* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE

17 1/50 CO 1/5

REA-104 (3-04)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

		cted, subject to your ru		2320	111
of	U.Serytress	LS DOWGO	The second second	5	0-1
Charles to the County father, day you will be	pe of Buriel Container		time 1-23-00	Sver	117.50
Church, Chapel	, Graveside		TELEPINA	<u> </u>	Mortuary
All Funeral cars	must arrive before 3:	00 p.m. of regular work	k day or an extra ch	narge of \$	
will be applied a	and billed to undersign	ned			
Division 8	Section	Blk/Row	Lot <u>871</u>	_ Grave	1
Grave space &	Care Fund CY 8	63/4925			0_
Overtime/Late A	rrival Fees		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Opening/Closing	g & Setup	DAID			149.00
Burial Container	g & Setup	PAID			79,00
Handling Fees					85,00
Flower vases -	Marker setting fee	JAN 1 3 2009			
Recording/Filing	/Transfer Fees				65-00
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			Total Due		384.17
		Paid receipt number	2. 1201	Ų.	384.1
				ce due	<u>-e-</u>
and this is your that I have the ri	ight to make this auth	sposition of remains as portization and I agree to ization and interment.	s above indicated.	I certify and	d decedent d represent miless from
hold under doed	to the interment in lot	Prier Name Prier Name PS // Address	JEN DOU JENAMOS J. Z.	10 S	27 2/0 9 2p tode
		Telephoria	8-01-0		

A Printed on recycled paper

This information is available in alternative formats upon request.



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

	am the legal heir to the gravesite located at Mt. Hope Cemetery in ivision8Section1Lot872Grave1
N	ly legal authority to the above property is based on the following
	acts: DANGATTER & HEIR
18	
-	THERE IS ONLY ONE OTHER
	LIVIDE HEIR - WHO DOES
8	5/.
13.	NOT OBJECT TO THIS
S	INTERMENT. NOTORIZED KETT
	WILL BE SUBMITTED.
-	Win 130 Suphilion.
SE -	
1).	
172	
	have presented the following evidence to support the above facts.
1	
1	
1	BIRTH CERTIFICATE
1.	
1	
1	

Signe	ed on	1-22-0	19	in	SAN	X860
Signa	ature House	free service 1	Edent Full Na			iv) I, Down
	+ 1			resida desserva		
		sent to you, fil	ā			
		ip Code				
4.	(1) File this		Hope Cemeter Notary Public	y Administrativ	ve Office; OR	ER: notarization at the eet, San Diego, CA
	92102. (3) Enclose	a check or money hese monies will I	y order for (\$13	0) for Transfe	r fee (\$65) and	
5.	Notarization:	Use only if yo	u do <u>NOT</u> fi	le the decla	ration with M	t. Hope Staff
	Notarization:	9.53 %	ou do <u>NOT</u> fi	le the decla	ration with M	ft. Hope Staff
		SS	ou do <u>NOT</u> fi s.	le the decla	ration with M	ft. Hope Staff
State Count	of	SS	s.			*
State Count On thi	of ty of	SS	s. in the year		e	*
State Count On thi perso me (o	of by of ls day of	sis of satisfactory evid	s. _in the year	, before m	e	, personally known to

Signed on	- Jani	nici 22	2119	c San Diggo
Documents Presented: Birth Certificate. Processed by:	Signed on	(Bate)	, <u>aw</u> i	(City)
Documents Presented: Birth Certificate. Processed by: Maria Flor Papara Approved by Cemetery Manager: Transfer allowed: Yes No	Signature Mula	lor facco	Print Full Name	Maria Flor Popara
Processed by: Maria Flor Papara. Approved by Cemetery Manager: Transfer allowed: Yes No				
Processed by: Maria Flor Papara. Approved by Cemetery Manager: Transfer allowed: Yes No		70 U		
Processed by:		70 6050 MMV		
Approved by Cemetery Manager: Transfer allowed: Yes No If no, reason:	Birth Ce	ertificate	2	
Approved by Cemetery Manager: Transfer allowed: Yes No If no, reason:		80		
Approved by Cemetery Manager: Transfer allowed: Yes No If no, reason:	V			
Approved by Cemetery Manager: Transfer allowed: Yes No If no, reason:				
Approved by Cemetery Manager: Transfer allowed: Yes No If no, reason:				
Transfer allowed: Yes No	Processed by:	Man	in Flow Do	WG.
If no, reason:	Processed by:	Man	ia Flor Pap	α a
Section and the control of the contr	50 20		*	σα
Section and a second and a section and a	Approved by Ceme	etery Manager	:	<u>a</u>
-tamily does not wish to transfer ownership	Approved by Ceme	etery Manager	:	<u>aa</u>
TENTE DE LA CONTRACTOR	Approved by Ceme Transfer allowed: If no, reason:	etery Manager Yes_	:	<u>aa</u>
	Approved by Ceme Transfer allowed: If no, reason:	etery Manager Yes_	:	ransfer ownership

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

FOR OFFICE USE ONLY

WAS PROPERLADED USED IN CHILD'S EXEST NES. 1005 DEPARTMENT OF VITAL STATISTICS 702 SEASONALD CONSTRUCTION OF STREET Read tool No. movemen Homes of er af extilles york in this mother, holiding graving terms 2. Number of stabilisation extend down have been CERTIFICATE OF ARTENDING PHYSICIAN OR MIDWIT

at this is a true and sorrect copy, made of

Amendment properly executed and Tiled July 9, 1941 with the Division of Vital Statistics shows the following information-Name of child should be: - HELEN IRENE CARL

Frie P. Sfeiffer, M. D., C. P.H.

Eric P. Pfeiffer M.D.

Director of Viata Statistics

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

Re: Division_8_Section_1_Lot_872_Graves_____

In regards to the above referenced grave sites I hereby give my permission to my sister, Helen I.Dowell, and brother-in-law, Douglas E.Dowell, to be buried with my/our parents, Roy H.Carl and Ruth M.Carl.

Vivian L. Dorland

State of <u>Califoria</u>
county of San Diego
on the A3rd day of January in the year 2009,
before me Courtney M. Fougeron personally
appeared Vivian L. Dorland , personally known
to me (or proved to me on the basis of satisfactory evidence
to be the person whose name is subscribed to the instrument,
and acknowledged that she executed it.

Courtney M. Jongeron

COURTNEY M. FOUGERON
Commission # 1742625
Notary Public - California
Son Diego County
MyComm.SpineApr29, 2011

PLEASE REFER TO

DOUG DOWELL INURNMENT.

HELEN DOWELL (858)270-0818

871 DIAMOND St

SAN DIEGO (A 92109)

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 18. MIDDLE IC LAST **DOUGLAS** EDWARD DOWELL 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) 11/23/1917 M 12/27/2008 6A. CITY OF DEATH 168. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA. ENTER STATE SAN DIEGO SAN DIEGO 7A. NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT 8A. TYPED NAME AND ADDRESS OF CALIFORNIA-88 CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH... STREET NUMBER AND NAME. NUMBER-IF APPLICABLE HELEN DOWELL WIFE FD1272 CITY, STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE TELOPHASE CREMATION SOCIETY-SD **871 DIAMOND ST** 7851 MISSION CENTER CT #104 **SAN DIEGO, CA 92109** SAN DIEGO, CA 92108 ACKNOWLEDGEMENT OF APPLICANT -- I hereby acknowledge as applicant that I have the 9A. APPLICANT SIGNATURE 9B DATE SIGNED right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition 01/08/2009 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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. MOTE: This permit gives no right of disposition appeared in this permit. gives no right of disposal outside of California. 108. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A. AMOUNT OF FEE PAID \$ 11.00 01/08/2009 WILMA WOOTEN, MD 100. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH-IF DEATH OCCURRED IN CALIFORNIA 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 100 SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 FOR CORONER'S USE ONLY 11 AUTHORIZED DISPOSITION(S) CR/BU 12C. INTERMENT NUMBER-IF APPLICABLE 12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY 128 DATE BURSED BURGAL CR 1-23-09 SCATTERING IN A MOUNT HOPE CEMETERY 3751 MARKET CEMETERY 12D SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ST SAN DIEGO CA 92102 (INCLUDES ENTOMBMENT) 13C. CREMATION NUMBER-IF APPLICABLE 13B DATE CREMATED 13A NAME AND ADDRESS OF CALIFORNIA CREMATORY 11107 09-6074 LENEDA INC 14065 HWY 8 BUSINESS CREMATION 13D SIGNATURE OF PERSON IN CHARGE OF CREMATION EL CAJON CA 92021 148. DATE RECEIVED

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150 DATE SHIPPED THE CARRIER • 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 18B. DATE OF DISPOSITION 16C LICENSE NUMBER OF CREMATED REMAINS DISPOSER-IF APPLICABLE **SCATTERING!** BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY 160. 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 PERSON WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT BEA.*

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 2 - 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.

INTERMENT ORDER

City of San Diego

Pre-need

Trust

REA-104 (3-04)

1/8 Mailed Coupons

Date 01/6/2009

		Mortuary.
.m. of regular work day	y or an extra charge of	s
The state of the s	Control of the Contro	8
		B 220
		2500
		205.00
		20000
moussamanmaenss		
		65.00
		2751
		1.2435
aid receipt number	PD1589 -	- 249.0
	Delenes due	994.5
	12757570207537575	NO. H. H. S. WANNER
	ove indicated. I certify	and represent
ation and I agree to he on and interment.	id Mt. Hope Cemetery	harmless from
17663	w 19	840
Frink Name	(A 1) "	1.26
Address 1	May the	DY WE.
X	CHILIN .	ture
X	SIGN	2000
Talephone	5	100
	Blik/Row76/4	Blik/Row Lot

© Printed in recycled paper

This information is available in alternative formats upon request.

This check is for the down payment for the "Pre-need Trust Only" for Juana Ramirez. Lot: 153, Grave: 8, Section: 2, Division/Block: 12

Thank you so much, Starla Doss (602) 973-8096

OFFICIAL RECEIPT	WHITETO	CUSTOMER PRE-NEED	EGO, CALIFORNIA PURCHASE	P01589
From: Starla	BUR Joy J	uana Ramivez — Address:	PE CEMETERY 527-3400 Date:	115 209 collidge St, Ah
in Partial Div 12	1 -1	unpayment of	n trust po	pollars (\$ 249.00 rtion of Pre-new Grave 8
Acct. No W.O BALANCE DUE \$\frac{1}{2}\$	994.51	NOT VALID FOR PURPOSES STATED STAMPED PAID" IN THIS SPACE. PAID JAN 5 2009	CREDIT 20% Sales Ca 80% Sales of Lots Pre-Need	100 77184 68033 249.
Pre-Need Lot	☐ Money Order ☐ Charge	MOUNT HOPE CEMET	ERY	77186
CITIC NOCU HUSE	Check	ISSUED BY Daulette		nu o

INTERMENT ORDER

or local

at need

REA-104 (3-04)

City of San Diego

at need	Date_O	1100
You are hereby authorized and instructed, subj		s, to inter the remains 232042 100
V	Funeral, date, time Frida	1 0 10
Type of States Container	Fami	15
Church, Chapel Graveside		1
All Funeral cars must arrive before 3:00 p.m. o	f regular work day or an extra cr	rarge of \$
will be applied and billed to undersigned.		
Division 8 Section 4 Bilk	/Row Lot_ 37	Grave
Grave space & Care Fund		<u> 566 -</u>
Overtime/Late Arrival Fees		(
Opening/Closing & Setup		199
Buriel Container		
HINDER ALD GAL	vanize Vase	45.47
Flower vases (Market setting fee)	vanizevase Settingfee	237.00
Recording/Fillipp rans 7000	J	85
MOUNT HOPE CEMETERY Paid re	Total Due R6138	1,130 ⁴⁷
I hereby certify I am the K Dought and this is your authority to make disposition	of the a	bove named decedent
that I have the right to make this authorization any liability on account of said authorization an	and I agree to hold Mt. Hope Ce	
hereby authorize the interment in lot I fold under deed.	Maria L	nevas ord St
tomber audices	Chula Ves	ta G 9/9//
1	Tolephore	
M	Invoice #	
Work Order # E 21093	Acct.#	

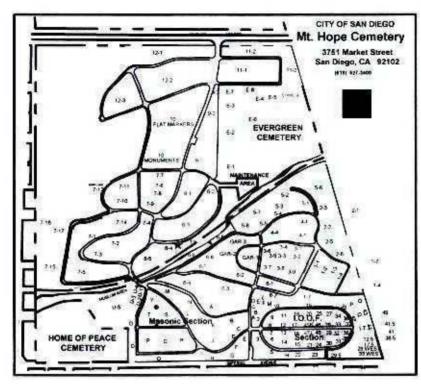
Ф Романия породи раркт

This information is available in alternative formats upon request.

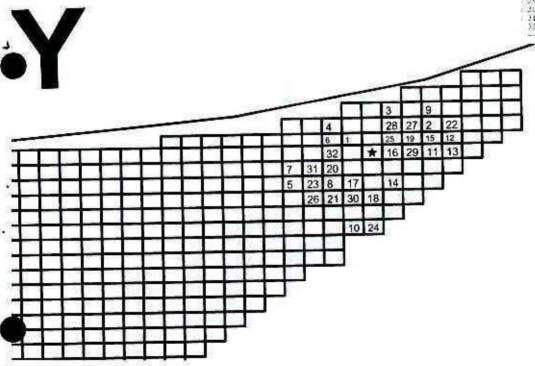
MOUNT HOPE CEMETERY

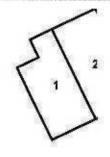
GRAVE	BLIND CHECK FORM
IN GRAVE WITH	
marked with "X", Place the nar	ased for which the grave is for in the block me's, lot # and grave # of all existing marker's i are adjacent to the burial space.
Burial Container N	<u>A</u>
	X
Flagged Yes	No
Blind check Initiated by:	Drotea Cuevas &
nterment space for:	ingth 10:00 GS.
Div: 8 Sect: 4	Blk/Row: Lot: 371 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

Locator Map



E-21093







E-21093 APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 18

DOROTEA	DENT—FIRST	18 MIDDLE		104 13	CUEVAS		
1.19(1.19(1.1)) Heavier 11(1.1)	OF BIRTH (MONTH, DAY, YEAR)	4 DATE OF DEATH 12/22/2008		(EAR)	5. (FETAL DEATH	ONLY) DATE	E OF EVENT (MONTH, DAY YEAR)
NATIONAL	CITY			SAN DIEG	EATH—IF OUTSIDE OF	FCALIFORN	HA ENTER STATE
A NAME OF INFOR		78 RELATIONSHIP DAUGHTER	Talan decret entronners	LICENSED FUNER	AND ADDRESS OF CAL AL DIRECTOR OR PER -STREET NUMBER AN CODE	RSON	BB CALIFORNIA LICENSE NUMBER—IF APPLICABLE FD 1907
376 OXFOR	ULL MAILING ADDRESS—STREET NUMBER RD ST. TA, CA 91911	AND NAME CITY STATE, 2	IP CODE	DIRECT CF 2861 ADAM SAN DIEGO			3
ight to control disposi stated herein is one of PERMIT AND AU	ENT OF APPLICANT—I hereby acknowledge ilion pursuant to Health & Safety Code Section if the dispositions authorized by Health & Safety ITHORIZATION OF LOCAL REGISTS	100 and that the disposition Code Section 103055. VAR—ANY CHANGE IN		N REQUIRES A N			
This permit is issued in of California. 10A. AMOUNT OF FE	n accordance with provisions of the California H E PAID 108: DATE PERM		(9)	At +1 000	d in this permit NOTE:	1911	gives no right of disposal outsid
\$ 11.00	12/29/200	8	► WILMA	WOOTEN,	MD		ĘQ
SAN DIEGO), CA 92110		400 000 0				
CR/BU-	e wearners at tall	į.		FOR	CORONER'S USE ON	ILY	140
CR/BU-	e wearners at tall	CEMETERY	1	126 DATE BURIED	ļū		ENT NUMBER IF APPLICABLE
	* 4	1 MARKET		126 DATE BURIED	99 IF PERSON IN CHARGE	ZC INTERIM	-21093
CR/BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES	12A NAME AND ADDRESS OF CALIFORNIA MT.HOPE CEMETERY, 375	51 MARKET 2 CREMATORY		126. DATE BURIED 1-9-0 120. SIGNATURE O 138. DATE CREMAT	99 IF PERSON IN CHARGE A Mon	E OF BURIA	-21093 LOR SCATTERING TION NUMBER—IF APPLICABLE
CR/BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	124 NAME AND ADDRESS OF CALIFORNIA MT.HOPE CEMETERY, 375 S.T., SAN DIEGO, CA 9210 134 NAME AND ADDRESS OF CALIFORNIA COUNTY CREM. 192 COM	51 MARKET 2 CREMATORY IMERCE DR.,	AINS	126. DATE BURIED 1-9-0 120. SIGNATURE O 138. DATE CREMAT	P PERSON IN CHARGE	E OF BURIA	-21093 LOR SCATTERING TION NUMBER—IF APPLICABLE
CR/BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	124 NAME AND ADDRESS OF CALIFORNIA MT.HOPE CEMETERY, 375 S.T., SAN DIEGO, CA 9210 134 NAME AND ADDRESS OF CALIFORNIA COUNTY CREM. 192 COM PERRIS, CA 92571	51 MARKET 2 CREMATORY IMERCE DR.,	AINS	126 DATE BURIED 120 SIGNATURE O 138 DATE CREMAT 12-3 9 130 SIGNATURE O	P PERSON IN CHARGE	E OF BURIAN	-21093 LOR SCATTERING TION NUMBER—IF APPLICABLE 1014
CR/BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	124 NAME AND ADDRESS OF CALIFORNIA MT.HOPE CEMETERY, 375 S.T., SAN DIEGO, CA 9210 134 NAME AND ADDRESS OF CALIFORNIA COUNTY CREM. 192 COM PERRIS, CA 92571	51 MARKET 2 CREMATORY IMERCE DR., FACILITY RECEIVING REMATER THE PROPERTY WHERE	0.00	126. DATE BURIED 120. SIGNATURE O 130. SIGNATURE O 140. DATE RECEIVE	PERSON IN CHARGE	E OF GREMAT	-21093 LOR SCATTERING TION NUMBER—IF APPLICABLE 1014
CR/BU BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION SCIENTIFIC USE	12A NAME AND ADDRESS OF CALIFORNIA MT.HOPE CEMETERY, 378 S.T., SAN DIEGO, CA 9210 13A NAME AND ADDRESS OF CALIFORNIA COUNTY CREM. 192 COM PERRIS, CA 92571 14A NAME AND ADDRESS OF CALIFORNIA	51 MARKET 2 CREMATORY IMERCE DR., FACILITY RECEIVING REMATER THE PROPERTY WHERE	0.00	126. DATE BURIED 120. SIGNATURE OF 138. DATE CREMAT 12 - 3 9 130. SIGNATURE OF 140. DATE RECENT 140. SIGNATURE OF 150. NAME AND AD	PERSON IN CHARGE	E OF CREMATE OF FACILI	-21093 LOR SCATTERING TION NUMBER—IF APPLICABLE TOLAL ATTON OF PLACING WITH THE CARRIER
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) CREMATION	12A NAME AND ADDRESS OF CALIFORNIA MT.HOPE CEMETERY, 378 S.T., SAN DIEGO, CA 9210 13A NAME AND ADDRESS OF CALIFORNIA COUNTY CREM. 192 COM PERRIS, CA 92571 14A NAME AND ADDRESS OF CALIFORNIA	CREMATORY IMERCE DR., FACILITY RECEIVING REMATORY TATE OR COUNTRY WHERE ELINE, OR OTHER DESCRIE D CALIFORNIA DISTRICT OF	E REMAINS OR	126. DATE BURIED 120. SIGNATURE O 138. DATE CREMAT 12 - 3 9 130. SIGNATURE O 140. DATE RECEIVE 140. SIGNATURE O 150. NAME AND AD 150. SIGNATURE O THE CARRIER	PERSON IN CHARGE F PERSON IN CHARGE	E OF FACILI	-21093 LOR SCATTERING TION NUMBER—IF APPLICABLE TOLAL ATTON OF PLACING WITH THE CARRIER

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

12 chairs or 2:30 INT

MT. HOPE CEMETERY

INTERMENT ORDER City of San Diego

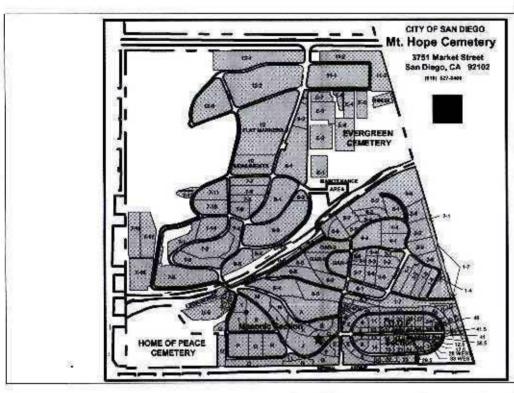
Date 01 06 09

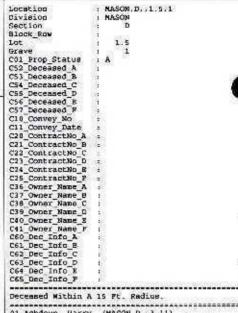
You are hereby authorized and instructed,	subject to your subsected condition	se to later the remains
of Joseph	Jesse 232	044 ath
in a Liner	F . A	coril bug fre
Church Chapel, Graveside	:Kagsc	lace Mortuary.
All Funeral cars must arrive before 3:00 p.r	n. of regular work day or an extra o	charge of \$
will be applied and billed to undersigned.		
Division MASON Section D	BIK/Row ot 1, 5	Grave
Grave space & Care Fund	PAIU	2264.00
Overtime/Late Arrival Fees	1AN 9 2009	
		_ 533.00
Burial Container	UNT HOPE CEMETER	Y <u>270.0</u> 0
Handling Fees	,	_206.00
Flower vases - Marker setting fee	8.00	
Recording/Filing/Transfer Fees		_65.00
Sales taxes		20.93
	Total Due	3,358.93
Pai	d receipt number R-61383	1,608.93
3	Bala	nce due 1,750.00
I hereby certify I am the SISTER and this is your authority to make dispositi	of the on of remains as above indicated.	above named decedent
that I have the right to make this authorizat any liability on account of said authorization	ion and I agree to hold Mt. Hope C and interment.	emetery harmless from 23204
hold under deed.	GERAHIAC PHIN Name	#111
Gualdin Dets	Address ChillA Vis	HALLEL AVE TA. CA. 91911
36 Act 100	City (Lef9) 328	-8325 Ep Code
M.	ALIE PACE I	
F 01004	Invoice #	
Nork Order # E 21094	Acct. #	

MOUNT HOPE CEMETERY

GRAVE	BLIND CHE	CK FOR	M	
IN GRAVE WITH Write in the name of the decea	ised for which	the grave	is for in	the block
marked with "X". Place the nar the appropriate space (s) that a	ne's, lot # and	grave # of	all exi	sting marker's in
Burial Container	er			
	+ +			
	X			
Flagged Yes	-	No		
Blind check Initiated by:	-, 		Date:	<u></u>
Interment space for:	seph A	essie		
Interment Date: Friday //	9 Time:_	Ipn	7_	
Div: MASON Sect: D	_Blk/Row: _	Lot:	1.5	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 gra	ve	

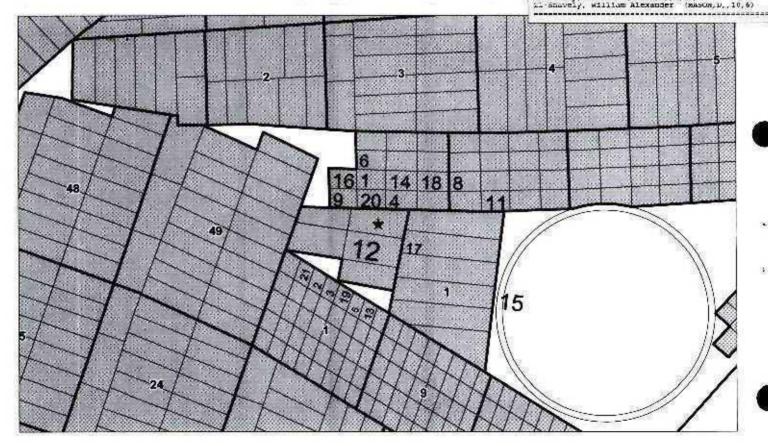
Locator Map





Decembed Mithin A 15 Ft. Radius.

01-Ashdown, Harry (MASON.D.,3.11)
02-Bouton, Florence Bema (MASON.D.,16.15)
03-Boyts, Glenn C (MASON.D.,10.16)
04-Carton, Frank Robert (MASON.D.,3.17)
05-Childs, Alexina Renaudin (MASON.D.,10.26)
06-Collean, Frederick A (MASON.D.,3.12)
07-Denton, Daniel Miller (MASON.D.,3.22)
08-Denton, Olive Troendly (MASON.D.,3.22)
09-Gardiner, Henry Chester (MASON.D.,3.21)
10-Gates, Katherine Haines (MASON.D.,3.23)
11-Gray, Charlotte M (MASON.D.,4.2)
12-Hanna, Lillian Alemeda (MASON.D.,1.5,2)
13-Hughes, Dagmar Strom (MASON.D.,1.0)
15-Miller, Alpha Fort (MASON.D.,3.16)
15-Miller, Alpha Fort (MASON.D.,1.3)
16-Meumann, Berts (MASON.D.,1.2)
18-Rasmussen, Henry , Sr (NASON.D.,3.15)
19-Sari, Edward (MASON.D.,10.25)
20-Sidney, Elvira (MASON.D.,10.25)
20-Sidney, Elvira (MASON.D.,10.25)
20-Sidney, Elvira (MASON.D.,10.25)
20-Sidney, Elvira (MASON.D.,10.25)



		E-21094
OFFICIAL RECEIPT		IFORNIA 61788
CANARY	MOUNT HOPE CEM	ETERY
	(619) 527-3400 Date	January 9 2009
From Interson-Kaasdall	Address: 5050 Feder	01 BIVD SD 92102
no thounist love	whimpood with no	100 Dollars (\$ 1,750.00)
n Payment of	Thermont of Tosex	on Jessie
DIV MASON Sec	D Bik/ Lo	b E
nvoice No. E-21094	P	Glave
Acct. No.	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE	CREDIT 67007 452 80
W.O	PAID	20% Sales Care 7/184 80% Sales 100
BALANCE DUE	JAN 9 2009	of Lots 77184 200 27 Closing 77181 5 2 2 00
ALANCE DUE	27.6	Burial 100 3.3.3 00 Containers 77182
Money Order	MOUNT HOPE CEMETER	Handling Fee 77185 206 00
☐ Charge	C 100	Recording & 100 65 00 Misc. Fees 77183
17217	ISSUED BY MARIG	Sales Tax 60101 20 93
C-212A (11-05) his information is available in alternative formats upon requ	1 200	TOTAL PAID 8 1/30/00
	速	NV
	75	
	**************************************	S# 39
		©# 392
Florida Andrews Control of the Contr	CITY OF SAN DIEGO, CAL	
Consequence of the Control of the Co	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA	ASE 01365
OFFICIAL RECEIPT WHITE	CITY OF SAN DIEGO, CAL TO CUSTOMER AT-NEED PURCHA	ASE 01365
OFFICIAL RECEIPT WHITE CANARY	TO CUSTOMER CEMETERY MOUNT HOPE CEMI (619) 527-3400 Date	ASE 01500 ETERY 2009
OFFICIAL RECEIPT WHITE CANARY	TO CUSTOMER CEMETERY MOUNT HOPE CEMI (619) 527-3400 Date	ETERY AG
OFFICIAL RECEIPT WHITE CANARY	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date	ASE 01366 ETERY 7 2009
From: Devaldine Hill	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita	SE 01365 ETERY ! Jan 7 .2009 ker Aug (V)
From: Devaldine Hill Payment of	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita	SE 61365 ETERY :
Payment of	CITY OF SAN DIEGO, CALL AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita Buyia Of Joseph Biki Row Lot	SE 61365 ETERY :
Payment of	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita	Dollars (\$ 1,608.93) CREDIT 67007
Payment of	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita BUY A JOYAN BIKI Row Lot NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE.	SE
From: Devaldine Hill Payment of Div	CITY OF SAN DIEGO, CALL AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita BUVIA Of JOVAN BIRI Row Lot NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE. PAID	ETERY
Payment of	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita BUY A JOYAN BIKI Row Lot NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE.	ETERY
Payment of	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita BIKI Row Lot NOT VALID FOR PURPOSES STATED UNLESS STAMPED *PAID* IN THIS SPACE. PAID JAN 7 2009	ETERY :
From: Payment of	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita BIKI Row Lot NOT VALID FOR PURPOSES STATED UNLESS STAMPED *PAID* IN THIS SPACE. PAID JAN 7 2009	ETERY Dollars (\$ 1,608.93) 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
From: Payment of	CITY OF SAN DIEGO, CALL AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita BUVIA Of JOVAN BIRI Row Lot NOT VALID FOR PURPOSES STATED UNLESS STAMPED 'PAID' IN THIS SPACE. PAID	ETERY Dollars (\$
From: Payment of	CITY OF SAN DIEGO, CALL TO CUSTOMER AT-NEED PURCHA MOUNT HOPE CEMI (619) 527-3400 Date Address: 1298 Whita BIKI Row Lot NOT VALID FOR PURPOSES STATED UNLESS STAMPED *PAID* IN THIS SPACE. PAID JAN 7 2009	ETERY Dollars (\$

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

51 E-21094

USE BLACK INK ONLY - MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS 1A NAME OF DECEDENT-FIRST 18 MIDDLE 1C LAST JOSEPH CHARLES JESSIE 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). 01/04/2009 M 11/12/1957 6A. CITY OF DEATH 5B. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA. ENTER STATE SAN DIEGO SAN DIEGO 74 NAME OF INCODMAND BA. TYPED NAME AND ADDRESS OF CALIFORNA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, TR RELATIONSHIP TO DECEDENT BR. CALIFORNIA LICENSE NUMBER-IF APPLICABLE MAE BELLE JESSIE MOTHER FD1329 CITY STATE ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME CITY, STATE, ZIP CODE ANDERSON-RAGSDALE MORTUARY 5514 SAN MARGARITA STREET 5050 FEDERAL BLVD. SAN DIEGO, CA 92114 SAN DIEGO, CA 92102 CANT SIGNATURE 98 DATE SKINED SA APP 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 dispo stated herein is one of the dispositions authorized by Health & Safety Code Section 103055 PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR-ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION A nd is the authority for the disposition specified in this permit. NOTE This permit gives no right of disp of California. 108 DATE PERMIT ISSUED THE SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 10A AMOUNT OF FEE PAID \$ 11.00 01/08/2009 WILMA WOOTEN, MD 100. 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 FOR CORONER'S USE ONLY 11. AUTHORIZED DISPOSITION(S) BU 12A NAME AND ADDRESS OF CALIFORNIA CEMETERY 12C INTERMENT NUMBER-IF APPLICABLE BURIAL OR SCATTERING IN 09/2009 MT. HOPE CEMETERY: 3751 MARKET CEMETERY CHARGE OF BURIAL OR SCATTERING 12D. SIG NATURE OF PERSON STREET, SAN DIEGO, CA 92102 ENTOMBMENT 13A, NAME AND ADDRESS OF CALIFORNIA CREMATORY 13C CREMATION NUMBER-IF APPLICABLE 13B. DATE CREMATED CREMATION 13D SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B DATE RECEIVED SCIENTIFIC USE 14C SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 150, DATE SHIPPED THE CARRIER 16A ADDRESS NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION 18C LICENSE NUMBER OF CREMATED 168, DATE OF DISPOSITION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE REMAINS DISPOSER-IF APPLICABLE SCATTERING BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 16D SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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 4 - RETURN TO COUNTY OF CEATH 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.

OFFICIAL RECEIPT	WHITE TO CUST:	TERV	RCHASE	616	2109
	n's that	FILE MOUNT HOPE (619) 527		5/20	20_09
two hundred	1 +hirty - S Payment or Sett	ry fee for Jose	ph c. Jegie	pollars (\$ 23	7.00
Invoice No. E-2	1094 NOT	VALID FOR PURPOSES STATED UNI	CREDIT	Grave	1
W.O. BALANCE DUE		DEGELVE	20% Sales Care 80% Sales of Lots Opening/ Closing Burial	77184 100 77184 100 77181 100 77182	
☐ Money Ord	PLICECULO	MAY 2 0 2009	Containers Handling Fee Fiscording & Misc. Eees Sales Tax	77185 100 77183 60101	37. 00
AC-212A (11-08) This information is everlable in elect	21,402	JEDBY JULIUS	TOTAL PAID	s Z 3	7.00

INTERMENT ORDER

City of San Diego

			100			Date	<u>. 11</u>	710	9
You are here	eby autho	rized and ins	structed,	subject to	your rule:	s and regu	alations, to	inter th	e remains
of	le	ana	(chap	ma	n	232	048	
in a	Line	r		Funeral	, date, tin	ne Thu	is Jan	150 l	1 pm_
Church, Che		reside			;1	n .	1-Raga	dale.	Mortuary.
All Funeral o	cars must	arrive before	3:00 p.	m. of regula	ar work d	ay or an e	xtra charg	e of \$	
will be appli	ed and bil	led to under	signed.						
Division	12	Section	2	Blk/Row_		Lot_/	59 G	rave	8
Grave space	e & Care I	Fund			********			2	264,00
Overtime/La	te Arrival	Fees				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			74-00
Opening/Clo	osing & Se	stup		PA	ID			ر <u>ب</u>	533 00
Burial Conta							***************************************		27000
Handling Fe	es			JAN 1	3 2009				20600
Flower vase	s - Marke	er setting fee	80+4F	THAD	- OCK	CTED	V		72.00
Recording/F	lling/Tran	sfer Fees	10011	I HOF	CEN	IEIEN		nii .	65,00
Sales taxes								A	20.90
MUZUU						Total Due	יתונעים		358.43
to pay			Pi	aid receipt	number _	KOI	240	_3	3589
I hereby cer and this is that I have t any liability	your authories to account acco	he D >	authoriza horizatio	tion and I	agree to t	bove indi	cated, I co	e name	od decedent d represent miless from 32047
hold under of Curo Signature		0 1	ewa	d i	7482 LAN	MESA	hawl CA	LST.	91941
				Í	edephone	201	11		
1					nvoice #				
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@ Prosted on recycled paper

REA-104 (3-04)

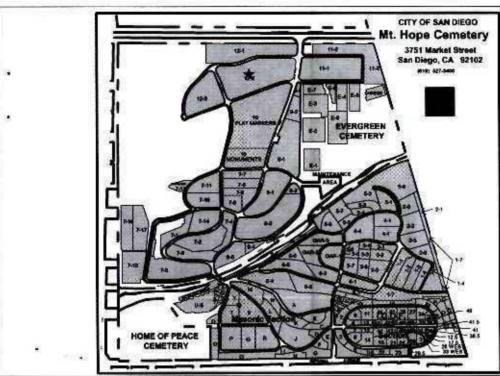
This information is available in alternative formats upon request.

Win som	ORDER	MT. HOPE CEMETER
And Pacin	CITY OF SAN DIESO CALIFORN	A 100 P
ADDRESS NAME OF DECEASED	below Lauren	ce L Chagma
OWNER Lear	ra Chapmon	233-3716
^	sdele	7~173
LOT 20	GR 6 ROW SEC 12	7 120 00
OPENING TIME		69 8500
У		5250
Dovt mas	16827	2500 TOTAL 28250
Mil. o Regular	letar To lush War	sker Only
.1/24	P	AID
THE CITY CHARTER N I AGREE TO ABIDE I	ORDER ORDER	MIS ON 1968RED IT. MT. HOPE CEMETRY. PE CEMETERY IN DIEGO, CALIP.
W.O. NO C 791	3	NO. CUEH

MOUNT HOPE CEMETERY

GRAV	E BLIND CH	ECK FORM	
IN GRAVE WITH			
Write in the name of the dece marked with "X". Place the na the appropriate space (s) tha Burial Container	ame's, lot # and	d grave # of all e	xisting marker's in
Mile			
Edros	1000	7	
	X	,	
	Martina	z Hevnaudez	•
Flagged Yes		No	
Blind check Initiated by:		Date	e
Interment space for:	-	<u>Mapmai</u>	
Interment Date: 1 115 109 Div: 12 Sect: 2	Time:_		<u>JewCreatro</u> 2 Grava: 8
Div:(OXSect: Grave Laid out by:	Blk/Row:	Lat: <u>/ /</u>	/ Grave: O
Agrees with Legal Card:	Yes [No	
Agrees with Map:	Yes [No	
Blind Check & Verified By:	я	Date	
Cremains were placed at:	31 - 2	of grave	

Locator Map



Location	: 12,2,,159,8
Division	1 12
Section	2
Block Row	Pi week
Lot	1 159
Grave	1 8
C01 Prop Status	1 A
C52 Deceased A	t ·
C53 Deceased B	ii sa
C54 Deceased C	
CSS Deceased D	
C56 Deceased B	ii .
C57 Deceased P	T.
C10_Convey_No	10
Cll_Convey_Date	
C20 ContractNo A	
C21 ContractNo B	i
C22 ContractNo C	1
C23 ContractNo D	
C24 ContractNo B	\$\circ\$
C25 ContractNo F	
C36_Owner_Name_A	5
C37 Owner Name B	1
C38_Owner_Name_C	\$ XX
C39_Owner_Name_D	5
C40_Owner_Name_E	*
C41_Owner_Name_F	1
C60_Dec_Info_A	•
C61_Dec_Info_B	\$
C62_Dec_Info_C	\$ #f
C63_Dec_Info_D	\$3 M
C64 Dec Info B	1
C65 Dec_Info_P	a Nacasara na managa a managa ana ana
Deceased Within A	
01-Antunez, Manue	
	Branch (12,2,,171,5)
	eroy (12,2,,158,11)
	. Audrey (12.2159.7)
	el (12,2,,171,4)
06-Edrosalam, Esp	eranza Salinas (12,2,,171,1)
07-Gipson, Curtis	Lee (12,2,,159,12)
08-Guarderas, Ans	Julia (12,2,,158.6)
09-Hernandez-Fari	as. Jose Alfredo (12.2159.3
	Jane (12,2,,170,5)
	e A. (12,2,,159,9)
12-Miller, Paul K	enneth (12,2,,170,6)
13-Mose Menry /	12.2., 159.51
14 Sauls Barber	Mishell Rena (12.2., 159.11)
13-Moss, Henry (14-Sauls-Barber, 15-Ward, Vera Mas	

7 16						
193	182	170-	15	158	147	135
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			2	8	31.25	
		6	4 *			
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194	183	1715	Control of the last of the las	159	148	136
		2		13		
			7			
•						
195	184	172		160	149	197
	355 B					

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 18. MIDDLE 1C, LAST CHAPMAN LEANA MARIE 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), 10/17/1923 01/06/2009 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-8B CALIFORNIA LICENSE LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME, CAROL STEWARD DAUGHTER FD1329 CITY STATE, ZIP CODE 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE ZIP CODE ANDERSON-RAGSDALE MORTUARY 7482 MOHAWK STREET #8 5050 FEDERAL BLVD. LA MESA, CA 91941 SAN DIEGO, CA 92102 94. APPHEANT SIGNATURE ACKNOWLEDGEMENT OF APPLICANT-I hereby acknowledge as applicant that I have the ATE SIGNED 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. stated herein as one of the dispositions authorized by Health & Safety Code Section 103055

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 dispo 10A AMOUNT OF FEE PAID 10B DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 01/13/2009 WILMA WOOTEN, MD 100. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH---IF DEATH OCCURRED IN CALIFORNIA 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION-IF DIFFERENT FROM 100 SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110 11. AUTHORIZED DISPOSITION(S) FOR CORONER'S USE ONLY 25 3 12A, NAME AND ADDRESS OF CALIFORNIA CEMETERY 128: DATE BURIED 12C INTERMENT NUMBER-IF APPLICABLE BURIAL OR -2 1-15-09 SCATTERING IN MT. HOPE CEMETERY: 3751 MARKET CEMETERY 112D SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING STREET, SAN DIEGO, CA 92102 (INCLUDES ON NUMBER-IF APPLICABLE 13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY :13B. DATE CREMATED 13C CREMAN CREMATION 130. SIGNATURE OF PERSON IN CHARGE OF CREMATION 14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 14B, DATE RECEIVED SCIENTIFIC USE 14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY 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 TRANSIT 15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 15D, DATE SHIPPED THE CARRIER 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 SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A 160. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL CEMETERY

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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

INTERMENT ORDER

City of San Diego

Date_ 1/7/09

of	Pre-1	need	LOTS			
in a	and the state of t		Funeral, date, t	ime		
Type Church, Chapel, G	of Burial Container Braveside		=115 201 (1/145 - 1/145)			
All Funeral cars m	100 march 100 ma	U.P. Williams				
will be applied and				any or an order		
will be applied and		2000		0000		
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Division	Section	-2	@\$9 11	11	_ Grave	1 119000
Grave space & Ca	re Fund	2	2000	J		01112.
Overtime/Late Arri	val Fees		PATD			
Opening/Closing &	k Setup				······································	
Burial Container		AUG	2 6 2009			
Handling Fees		************				
Flower vases - Ma	arker seMOU	INT HO	DPE CEME	TERY		
				de de la constante de la const		
Recording/Filing/T	ransfer Fees					
Recording/Filing/T	ransfer Fees					
Recording/Filing/T	ransfer Fees			Total Due		
Recording/Filing/T	ransfer Fees			Total Due	2	
Recording/Filing/T	ransfer Fees			Total Due		
Recording/Filing/T Sales taxes	m the uthority to mak	Pai	d receipt number	Total Due	2 above name to certify	6,792.0 1,358.40 5,433.60 med decedent and represent
Recording/Filing/T Sales taxes	m the_ uthority to make to make this.	Pai e dispositi authorizati	d receipt number on of remains as on and I agree to	Total Due	2 above name to certify	6,792.0 1,358.40 5,433.60 med decedent and represent
Recording/Filing/T Sales taxes	m the_ uthority to make to make this.	Pai e dispositi authorizati	d receipt number on of remains as on and I agree to	Total Due	2 above name to certify	6,792.0 1,358.40 5,433.60 med decedent and represent
Recording/Filing/T Sales taxes	m the uthority to make this count of said au	Pai e dispositi authorizati authorization	d receipt number on of remains as on and I agree to	Total Due	2 above named to the control of the	6,790.00 1,358.40 5,433.60 med decedent and represent harmless from 231546
Recording/Filing/T Sales taxes	m the uthority to make this count of said au	Pai e dispositi authorizati authorization	on of remains as on and I agree to and interment.	Total Due	2 above nand. I certify to Cemetery I	6,790.0 1,358.40 5,433.60 med decedent and represent harmless from 23/546
Recording/Filing/T Sales taxes	m the uthority to make this count of said au	Pai e dispositi authorizati authorization	on of remains as on and I agree to and interment.	Total Due Bala P 0160 Bala of the above indicated hold Mt. Hope of the property of the prop	2 above nand. I certify to Cemetery I	6,790.0 1,358.40 5,433.60 med decedent and represent harmless from 23/546
Recording/Filing/T Sales taxes	m the uthority to make this count of said au	Pai e dispositi authorizati authorization	on of remains as on and I agree to and interment.	Total Due	2 above nand. I certify to Cemetery I	6,790.0 1,358.40 5,433.60 med decedent and represent harmless from 23/546
Recording/Filing/T Sales taxes	m the uthority to make this count of said au	Pai e dispositi authorizati authorization	on of remains as on and I agree to and interment.	Total Due Bala P 0160 Bala of the above indicated hold Mt. Hope of the property of the prop	2 above nand. I certify to Cemetery I	6,790.0 1,358.40 5,433.60 med decedent and represent harmless from 23/546
Recording/Filing/T Sales taxes	m the uthority to make this count of said au	Pai e dispositi authorizati authorization	on of remains as on and I agree to and interment.	Total Due	2 above nand. I certify to Cemetery I	6,790.0 1,358.40 5,433.60 med decedent and represent harmless from 23/546

	WHITE TO CUSTOMER ANARY CEMETERY	PRE-NEED PUR	CHASE EMETERY	P016	-2109k
From: Donna J. G. TWO Hundre		and	pate: <u>teb 10</u> 71e) ollars (\$ <u>23</u>	0,-,
in <u>Qara</u> F in <u>Qara</u> F in <u>12</u> Invoice No. E-210	96 NOT YOUR SOC 2	BIRV ROWRPURPOSES STATED UNLES	tot 216	Grave 7,8	1 paymen
W.OBALANCE DUE 5,20	STAMPED PAI	AID 1 0 2009	CREDIT 20% Sales Care B0% Sales of Lots Pre-Need	67007 77184 100 77184 63033 77186	230 -
Pre-Need Lot Pre-Need Trust AC-212 (2-08)	Money Order MOUNT HOUSE AP 335986 Charge Issued BY	De CEMETERY De Watte C.	TOTAL PAID	s _ Z	230.—

		HITE TO CUSTOMER				SE F016 02		
3	From: Donna Ed	ien Addres	(619) 5 22 2 2	27-3400 Date:	1/7	92113	09	
		ayment of Pre-Not	d COTS	BOWNPAYM Lot 21	Dollars (1 DUT Grav	70	10 , \$9	
١.	Invoice No. F-21 Acct. No.	MOT VALID FOR STAMPED "PAIL	PURPOSES AT TO THIS SPACE. JAN 7 20	CREDIT 20% Sales of Lots METERY Pre-Need Trust	67007 Care 77184 -	1,358	40	
3	Pre-Need Lot Pre-Need Trust AC-212 (2-08)	Money Order Charge ISSUED BY	Maria	TOTAL PAI		1,358	40	

INTERMENT ORDER

City of San Diego

	1 1	-1	XC)
Date	11	11	07	35

of	Pre-no	eed lot		2.0
ina	fel Container	Funeral, date, ti	me	
Church, Chapel, Grav		;		Mortuary.
All Funeral cars must	arrive before 3:00	p.m. of regular work	day or an extra charge of \$	
will be applied and bill	ed to undersigned	d/		
10	Λ		11/	12
Division	Section	Blk/Row	_ Lot <u>2/6</u> Grave	10
Grave space & Care F	und		d	1264.0
Overtime/Late Arrival	Fees			
Opening/Closing & Se	tup			
Burial Container				
Handling Fees				
Flower vases - Marke	r setting fee		· · · · · · · · · · · · · · · · · · ·	
Recording/Filing/Trans	sfer Fees			
Sales taxes				a AIII
			Total Due	21264.0
		Paid receipt number	P-01601	730.80
			Balance due _	1811.20
I hereby certify I am the		ceition of remains as	of the above name	
that I have the right to any liability on accoun	make this author	rization and I agree to	hold Mt. Hope Cemetery h	armless from
		DUF		tollis
I hereby authorize the hold under deed.	interment in lot I	Print Name	cia young /	10,775
Latricia V	J. Holle	O JACO	2 Gloaming	mve.
Streture) -	- SAN	Diego, Ca.	92114 21p Code
		Tolophone	1) 262-1340	2
		22 23 - 23 - 32		
F	21097		<u> P</u>	
Work Order #	4107/	Acct.#_	CONTRACTOR OF STREET	DODGE TO THE PARTY OF
REA-104 (3-04)	This	information is availab	le in alternative formats u	pon reque

D Proceed on recycled paper

OFFICIAL RECEIPT WHITE	MOUNT HOPE CEME (619) 527-3400	ASE		7 30	0
in Payment of Sec	Downprymout Yor L	ning A	Oollars (\$.80
Invoice No	JAN 7 2009	CREDIT 20% Sales Care 80% Sales of Lots Pre-Need Trust	67007 77184 — 100 — 77184 — 63033 —	452	8
Pre-Need Lot		TOTAL PAID	- - - -	452	8

E-21096

Transaction History

Contract: E-21096-L

Contract Date: 01/07/2009

Purchased By: Eden, Donna J

Status: Paid In Full

Co-Purchaser: Eden, Angela M

1,358.40

	Ave							
San Diego, (Dept: Mt	Hope Cemeter	•		
619-236-191	10			Counselo		FLOR POPOCA		
Deferred Pa	yment Price	6,792.00	Amount Paid	6,79	2.00 Balance I	Due		0.0
Base Price		6,792.00			Amount F	inanced		5,433.6
Interest		0.00	Downpayment	1,35	8.40 Number o	of Installments		2
Sales Tax		0.00	Transfer Allowance		0.00 Regular P	ayment of		230.0
Credit Life		0.00	Discount		0.00 Odd Payn			143.6
			Late Charges/Fees		0.00 Date First	t Payment Due		02/07/2004
			25 (10 State - 10 C) 15 (10 State - 10 State		Payment 1	Plan		Monthl
Items Purch	nased		Oı	antity Oty	Fulfilled			Price
		D. D		3	0			6,792.00
Divisio Divisio	dent - Division 12-2 SI on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2	16, Grave	: 7-A : 8-A	5 5 4	9E.0			
Divisio Divisio	on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2	16, Grave 16, Grave 16, Grave	7-A 8-A 9-A			Allocations		
Divisio Divisio Divisio Date	on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2 Transaction Type	16, Grave 16, Grave 16, Grave	: 7-A : 8-A	Trans	Amount 1,358.40	Allocations	8	
Division Division Division Date 01/07/2009	on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2 Transaction Type Downpayment	16, Grave 16, Grave 16, Grave	: 7-A : 8-A : 9-A Receipt No - Ref No	Trans	Amount	Allocations	8	
Divisio Divisio Divisio Date 01/07/2009 02/10/2009	on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2 Transaction Type	16, Grave 16, Grave 16, Grave	: 7-A : 8-A : 9-A Receipt No - Ref No 9570 P-01602	Trans	Amount 1,358.40	Allocations	s	
Divisio Divisio Divisio Date 01/07/2009 02/10/2009 03/05/2009	on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2 on 12, Section 2,, Lot 2 Transaction Type Downpayment Installment Paymen	16, Grave 16, Grave 16, Grave	: 7-A : 8-A : 9-A Receipt No - Ref No 9570 P-01602 9690 P-01637	Trans	Amount 1,358.40 230.00	Allocations	8	
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TOTALS:

INTERMENT ORDER

at need

City of San Diego

Var. and beauty system and and	instructed, subject to your rules and regulations,	to leter the remains
Tou are nereby authorized and		2046 11:00
in a Double-Dept	erome tamplin 23	A A
Church, Chapel, Graveside	CA BUR	AL Mortuary
All Funeral cars must arrive before	ore 3:00 p.m. of regular work day or an extra cha	rge of \$
will be applied and billed to unde	ersigned.	_
Division 1 Section 2	2 BIK/ROW Lot <u>G2</u>	Grave 11
Grave space & Care Fund		2,264.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup		_533.00
Burial Container		539.00
Handling Fees	PAIU	4.54.00
	90 JAN 8.2009	
Recording/Filing/Transfer Fees.		65.00
	HOPE CEMETERY	4177
Sales taxes	MOONING	3 896 77
	Total Due	229/ 27
Cut	Paid receipt number 101307	20 16.11
10	Balance	due
I hereby certify I am the and this is your authority to me that I have the right to make this any liability on account of said a	ike disposition of remains as above indicated. I s authorization and I agree to hold Mt. Hope Cen	ove named decedent certify and represent netery harmless from
	> +1 -6 /	1 der 632001.
hereby authorize the interment	Prior Name	1 . 1
Wital -Ja	7 33949 1(AS/W)	al ance
Signature /	Murrist (72363
•	JU9 939-15	70
7	Tellephone	
	Invoice #	
Work Order # E 210	98 Acct.#	37
REA-104 (3-04)	This information is available in alternative fo	rmats upon request.

& Prosent an excycled paper

€-21098

MOUNT HOPE CEMETERY

G	RAVE B	LIND (CHECK	FORM		
IN GRAVE WITH	Q	1				
Write in the name of the marked with "X". Place the appropriate space (see Burial Container	the name s) that an	e's, lot# e adjace	and gravent to the	e # of all	existing ma	
			T		1	-
	orter	Arnold				
——————————————————————————————————————	hrter	X Wrigh:		-	-	
11 000	zarine Ble Deanna	Bern! MITCHO TIMOTH	y			100
Flagged Yes_				No_		
Blind check Initiated by:				Dat	e:	Ĥ
Interment space for: _	Je	rom	e Pa	mpli	'n.	
Interment Date: MO	n-Jar	14,411	e:	11:00	am	
Div: Sect:	2	Blk/Row	\simeq	Lot: 6	2 Grave	:11
Grave Laid out by:	<u>75</u>					
Agrees with Legal Card	:	Yes		No		l
Agrees with Map:		Yes		No]
Blind Check & Verified B	Ву: _			Date	1	
Cremains were placed a	at:			of grave		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

JEROME		18. MIDDLE CHANTEL	VVIII EOU 13,	;1C.	LAST AMPLIN	ions
1 A 10 A	TE OF BIRTH (MONTH, DAY, YEAR) 2/02/1985	4. DATE OF DEATH 01/05/2009	The second contract of the second	EAR)	5. (FETAL DEATH ONL)	Y) DATE OF EVENT (MONTH, DAY, YEAR)
SAN DIEG				SAN DIEGO	ATH-IF OUTSIDE OF CAL	JFORNIA, ENTER STATE
7A NAME OF INFO	RMANT NNER-CARTER	78. RELATIONSHIP MOTHER	TO DECEDENT	LICENSED FUNERAL	ND ADDRESS OF CALIFOR L DIRECTOR OR PERSON STREET NUMBER AND NO DOE	NUMBERIF APPLICABLE
33949 NAS	FULL MAILING ADDRESS—STREET NUME STURTIUM LANE A, CA 92563	ER AND NAME, CITY, STATE, Z	IIP CODE	2200 HIGHL	A CREMATION & AND AVENUE CITY, CA 91950	BURIAL CHAPEL .
right to control disposated herein is one PERMIT AND A	MENT OF APPLICANT—I hereby ecknown esition pursuant to Health & Safety Code Sect of the dispositions authorized by Health & Sa UTHORIZATION OF LOCAL REGIS	ion 7100, and that the disposition dety Code Section 103065 STRAR—ANY CHANGE IN	DISPOSITION	REQUIRES A NE		
of California. 10A. AMOUNT OF I		RMIT ISSUED	draction range to the	SECTION ALL SECTIONS OF THE SECTION	in this permit. NOTE: This RAR ISSUING PERMIT	permit gives no right of disposal outside
\$ 11.00	01/09/2	009	► WILMA	WOOTEN, M	1D	50
SAN DIEG 3851 ROS	REGISTRAR OF DISTRICT OF DEATH—IF O COUNTY VITAL RECOR ECRANS ST O, CA 92110		RNIA 10E. AP	DRESS OF REGISTRA	ir of district of disp(OSITION—IF DIFFERENT FROM 10D
11. AUTHORIZED C	ISPOSITION(S)			FOR CO	RONER'S USE ONLY	
BURIAL						
	12A NAME AND ADDRESS OF CALIFOR	NIA CEMETERY		128 DATE BURIED	ACT 1550(0)	TERMENT NUMBER—IF APPLICABLE
SURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT. HOPE CEMETERY ST., SAN DIEGO CA 92	Manager and the contract of th		/- (2 - 0		E-21098 BURIAL OR SCATTERING
	13A. NAME AND ADDRESS OF CALIFOR	NIA CREMATORY		138. DATE CREMATE	D 130,	REMATION NUMBER—IF APPLICABLE
CREMATION	9			13D. SIGNATURE OF	PERSON IN CHARGE OF	CREMATION
X.	14A. NAME AND ADDRESS OF CALIFOR	MA FACILITY RECEIVING REMA	UNS	14B DATE RECEIVED		
SCIENTIFIC USE	This control is the control of the c					
SCIENTIFIC COE			i	14C SIGNATURE OF	PERSON IN CHARGE OF I	FACILITY
	15A. NAME AND ADDRESS IN RECEIVING CREMATED REMAINS ARE TO BE SHIPP		REMAINS OR	158. NAME AND ADDI	RESS OF PERSON IN CHA	RGE OF PLACING WITH THE CARRIER
TRANSIT	-		3	THE CARRIER	PERSON IN CHARGE OF I	PLACING WITH 150, DATE SHIPPED ,
SCATTERING/	16A ADDRESS, NEAREST POINT ON SH SUFFICIENT TO IDENTIFY FINAL PLACE IF BURIAL AT SEA, ONLY ENTER LATITU	AND CALIFORNIA DISTRICT OF	TION	168 DATE OF DISPOS		CENSE NUMBER OF CREMATED AS DISPOSER—IF APPLICABLE
BURIAL AT SEA OF DISPOSITION OTHER THAN IN A CEMETERY	-		į	ned eignature of	PERSON IN CHARGE OF S	SCATTERING OR BURIAL

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 DECURRED 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

OFFICIAL RECEIPT CITY OF SAN DIEGO, CALIFORNIA AT-NEED PURCHASE WHITE TO CUSTOMER 61753 CANARY CEMETERY MOUNT HOPE CEMETERY (619) 527-3400 Date: From Address: Dollars (\$ Blk/ Sec & Div Row Invoice No NOT VALID FOR PURPOSES CHATED UNLESS STAMPED "PAID CREDIT 67007 Acct. No. 20% Salas Care 77184 80% Sales 100 JUN 2 2 2009 W.O. of Lots 77184 100 Opening/ **BALANCE DUE** Closing 77181 MOUNT HOPE CEMETERY Burial 100 Containers 77182 100 Money Order Handling Fee 77165 Piecordina & 100 Misc. Fees 77183 Sales Tax 60101 Check 78390 AC-212A (11-08) TOTAL PAID This information is available in alternative formats upon request.

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OF	FIC	IAL	RE	CEI	PT
		21	0		

This information is available in alternative formets upon request.

WHITE TO CUSTOMER
CANARY CEMETERY
PINK FILE

AT-NEED PURCHASE MOUNT HOPE CEMETERY (619) 527-3400

61754

Date: From: Address: Dollars (\$ Payment of Blk/ Row Lot Sec Invoice No NOT VALID FOR PURPOSES STATED UNLESS CREDIT 67007 STAMPED "PAID" IN THIS SPACE. Acct. No. 20% Sales Care 77184 BO% Sales 100 W.O. of Lots 77184 100 Opening/ PAID **BALANCE DUE** Closing 77181 Burist 100 Containers 77182 JUN 2 2 2009 100 Handling Fee 77185 Money Order Recording & 100 Y Charge Misc. Fees 77183 MOUNT HOPE CEMETERY Sales Tax 80101 Check 78390 ISSUED BY AC-212A (11-08) TOTAL PAID

INTERMENT ORDER

MT. HGTS-CEMETERV 3751 MARKET STREET SAN DIEGO, CA. 92102 Date

P.	a Galvar	time Sottunday	Jan 170
irlal Container 1 11 -	ide.	AZTLAN	Mortuary
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er setting fee	JAN		1500
sfer Fees	MAINT HOP	FCEMETERY	65.00
	MOOM! !!O.		20.93
dead		Total Due	4,109,9
axe	Paid receipt numbe	r K-6/391	475.0
sev4	N /	R-6139 Balance	Jue 3,7:34.8
he H	usband	of the abov	e named decedent
prity to make dispo make this authori	sition of remains a zation and I agree t	s above indicated. I ce to hold Mt. Hope Ceme	rtify and represent tery harmless from
nt of said authoriza	tion and interment.	17	23200
ipterment in lot I	\mathcal{H}	ABTIN UABG	
and C	737	E- Cexing for	Av. # 9
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4.6	- F/	Colon Ca	91020
4.2)	- "E/	(ajon (a,	92020 Zip Code
ury)	Cally G[Cajon (a, 19-7156972	92020 Zip Code
4.4)	Cay G/ Telephona	19- +156972	
	reside HILIS reside HILIS arrive before 3:00 led to undersigned Section 2 Fund	service HILISIDE service before 3:00 p.m. of regular work led to undersigned. Section	reside HILISIDE : AZTLAN reside HILISIDE : AZTLAN service before 3:00 p.m. of regular work day or an extra charge led to undersigned Section

REA-104 (3-04)

This information is available in alternative formats upon request.

	CITY OF SAN DIEG AT-NEED PL CEMETERY MOUNT HOPE (619) 527	URCHASE CEMETERY	61	3 91	
From: Martin Vara	198 Address: 732 E.	LEXINGTON	AVE F	, 20 19 175, C	09
In HarTIAL Payme	C-1 1 C-11000		W. C.	6	
Invoice No E-2109 Acct. No	STAMPED "PAID" IN THE PARE U	CREDIT 20% Sales Care 80% Sales	100		
W.O. BALANCE DUE 3, 734.	JAN 1 4 2009 MOUNT HOPE CEI	Closing	77184 100 77181 100 77182		
☐ Charge	-63 719 (Magin	Handling Fee Recording & Misc. Fees Sales Tax	100	475	05
Check AC-212A (11-05) This information is available in alternative formats	ISSUED BY 11 CUCC	TOTAL PAID	78390 \$	475	05

	CITY OF SAN DIEGO, C. TO CUSTOMER AT-NEED PURCH CEMETERY MOUNT HOPE CE	HASE 01372 METERY
	Emergen Address: 330 West	Broadway 92101
in Payment of Self	Gabriela Galvan 1	nd 88/160 Dollars (\$ 3,734.88) OHENMENT Lot 199 Grave 6
Invoice No. <u>E-21099</u> Acct. No W.O BALANCE DUE	NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.	CREDIT 67007 20% Sales Care 77184 80% Sales 100 of Lots 77184 Opening 100 Closing 77181 CREDIT 67007 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
☐ Money Order ☐ Charge ☐ Check 001325	ISSUED BY MALÍA	Burlal 100 Contamers 17192 2.70 0.0 Handling Fee 17185 2.06 0.0 Hisc. Fees 17183 4.90 9.5 Sales Tax 60101 78390 3.734 88

MOUNT HOPE CEMETERY

	GRAVE I	BLIND C	HECK FOR	M	
IN GRAVE WITH					
Write in the name of marked with "X". P the appropriate spa	lace the nam ace (s) that a	e's, lot#a	nd grave # o t to the buria	f all exis	sting marker's in
		Chaep James			
		Cheek	Haleyle		
	Crosby	X	Goodman		8
	Gondies	.	Jones		
Flagged Y	es		No	×	
Blind check Initiate Interment space fo	d by: r: G0	briela	a Galu	Date:	-
Interment Date:	117/00			33	
Div: <u>12</u> Se	ct: <u>2</u>	Blk/Row:	Lot:	199	Grave: 6
Grave Laid out by:					
Agrees with Legal	Card:	Yes		No	
Agrees with Map:		Yes		No	
Blind Check & Veri	fied By:		Date		
Cremains were pla	ced at:		of gra	eve	



THE CITY OF SAN DIEGO

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:	GABRIELA GALVAN	
	X.	
Amount:	\$3,734.88	

Sincerely

M. David Lugo Cemetery Manager



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 18. MIDDLE IC. LAST GABRIELA GALVAN ROMAN 3. DATE OF BIRTH (MONTH, DAY, YEAR) 4. DATE OF DEATH (MONTH, DAY, YEAR) 5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR) FND 10/11/1975 01/01/2009 **6A. CITY OF DEATH** 68. COUNTY OF DEATH-IF OUTSIDE OF CALIFORNIA, ENTER STATE **EL CAJON** SAN DIEGO BA. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH-STREET NUMBER AND NAME. 7A. NAME OF INFORMANT 78. RELATIONSHIP TO DECEDENT 8B. CALIFORNIA LICENSE NUMBER---IF APPLICABLE MARTIN VARGAS HUSBAND FD1658 7C. INFORMANT'S FULL MAILING ADDRESS-STREET NUMBER AND NAME, CITY, STATE, ZIP CODE 732 E. LEXINGTON AVE #9, EL CAJON, CA 92020 FUNERARIA AZTLAN MORTUARY SVC 7856 LA MESA BLVD LA MESA, CA 91941 JOSE LUIS GAJON JR 9A. APPLICANT SIGNATURE 98. DATE SIGNED 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 dispos 01/15/2009 stated herein is one of the dispositions authorized by Health & Safety Code Section 103055. 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 disposation specified in this permit, NOTE: This permit gives no right of disposal outside of California. 10A. AMOUNT OF FEE PAID 108. DATE PERMIT ISSUED 10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT \$ 11.00 2900043 01/15/2009 10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST, 10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D SAN DIEGO, CA 92110

B. CREMATION	ENTOMBMENT) E. TEMPORARY ENVAULTMENT EM F. DISINTERMENT IN OF CREMATED REMAINS G. SHIP IN TO CALIFORNIA IN IN A CEMETERY H. TRANSIT OUTSIDE OF CAL	Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SUITIAL OR SCATTERING IN A CEMETERY (INCLUDES . ENTOMBMENT)	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO,CA. 92102	128. DATE BURIED 12C. INTERMENT NUMBER—IF APPLICABLE 1/17/69 E-21099 12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ***Xempla (Allies)
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	148. 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 15D. DATE SHIPPED THE CARRIER
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	18A. 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 DREMATED REMAINS DISPOSER—IF APPLICABLE 16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL

D. SCIENTIFIC USE

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

11, AUTHORIZED DISPOSITION(S)-CHECK APPLICABLE ITEMS

A. BURIAL OR SCATTERING IN A CEMETERY

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.*

FOR CORONER'S USE ONLY

□ I. DISPOSITION PENDING—LOCATION OF REMAINS—

^{*} THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.