MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 01/13/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Ruiz 1:00

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Friday Jan 16, 2009

Church, Chapel, Graveside ____ : Poway - Bernardo Mortuary.

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

will be applied and billed to undersigned. ____

Division 11 Section 1 Blk/Row ____ Lot 15 Grave 3

Grave space & Care Fund ..... E-20998 P-01431 -0-

Overtime/Late Arrival Fees .....

Opening/Closing & Setup .....

Burial Container ..... Interfund Transfer

Handling Fees ..... DP 3821422

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

Total Due .....

Paid receipt number ____

Balance due -0-

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

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

X ____
Signature

X ____
Print Name

X See attached
Address

X 231884
City Zip Code

X ____
Telephone

fax 858-748-4089

Invoice # ____

Work Order # E 21100

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21100

619-527-3403

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 01/13/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Ruiz 11:00

In a Double-Depth "A" Funeral, date, time Tuesday Jan 20, 2009 Friday, Jan. 16, 2009 @1:00pm.

Church, Chapel, Graveside Poway-Bernardo Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 15 Grave 3

Grave space & Care Fund E-20998 P-01431 0

Overtime/Late Arrival Fees .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

Total Due .....

Paid receipt number _____

Balance due Ø

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

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

X [signature]
Signature

X Raymundo Ruiz
Print Name

X 12477 Senda Rd
Address

X San Diego 92128
City Zip Code

X 858-592-9908
Telephone

fax 858-748-4089

Invoice # _____

Work Order # E 21100

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E-21100

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES; ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP 3821422

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

TRANSFER OF FUNDS FROM THE CEMETERY PRE-NEED TRUST FUND FOR THE INTERMENT OF MARIA RUIZ. PRE-NEED 20998, at need E-21100.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE [redacted]

RESPONSIBLE DEPT. NO.: 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 01 /24 /2009

FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT / VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
		Interfund Transfer					-0-		[redacted]

TOTAL AMOUNT $ -0-

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100			77181					(533.00)
		100			77182					(539.00)
		100			77185					(454.00)
		100			77183					(65.00)
		60101			78390					(41.77)
		63033	63033		4226					1,632.77

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Maria Popoca

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

[redacted]

AGENT

AUDITOR APPROVAL

PREPARED BY Paulette Crawford CAII PHONE x73400 DATE 01/14/2009 DEPT./ DIV. NAME Park/Rec CPI M.S. 072 # DP

AC-468 (REV. 5-86) 593525

E-21100

Pre-need
lot, trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/10/2008

231884 231885

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAY RUIZ + MARIA RUIZ

in a Double-Depth A&B (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 15 Grave 3

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 @ $533.00	1,066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2 @ $65.00	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number P-01431	4,494.77
Balance due	Ø

PAID
OCT 10 2008

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

MOUNT HOPE CEMETERY

231884

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

x Ray Ruiz
Signature

x RAY RUIZ
Print Name

x 12477 SENDA, RD.
Address

x SAN DIEGO CA. 92128
City Zip Code

x 858 592-9908
Telephone

CDL 51382398
3-15-09

Invoice # _____

Work Order # E 20998

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

3/13 Mailed Certificate of Ownership

E-21100

OFFICIAL RECEIPT

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

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

P 01431

Date: October 10, 20 08

From: Raymond Ruiz Address: 12477 sencla Rd San Diego CA 92129

Four Thousand, Four Hundred Ninety-four 77/100 Dollars ($ 4,494.77)

in Full Payment of Pre-need lot, trust for Raymond/Maria Ruiz

Div 11 Sec 1 Blk/Row — Lot 15 Grave 3

Invoice No. E-20998

Acct. No.

W.O.

BALANCE DUE Ø

☑ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☒ Check 545

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

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

PAID

OCT 10 2008

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	452	80
20% Sales Care	77184	2,230	77
Pre-Need	63033		
Trust	77186		
100/77184		1,811	20
TOTAL PAID	$	4,494	77

E-21100

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container "DD" A"

	CHARLES BRYANT		X			
			JESSE ELLIOTT			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Maria Ruiz

Interment Date: Tues. 1/20 Time: 11:00 AM GS

Div: 11 Sect: 1 Blk/Row: ____ Lot: 15 Grave: 3

Grave Laid out by: KEN COLLINS

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: DAVID N. Date 1-14-09

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87 E-2100

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
MARIA	M	RUIZ

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	07/10/1921	01/12/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
POWAY	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
RAYMUNDO RUIZ	HUSBAND	POWAY-BERNARDO MORTUARY 13243 POWAY RD POWAY, CA 92064	FD1195

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

12477 SENDA RD
SAN DIEGO, CA 92128

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Raymundo Ruiz — 9B. DATE SIGNED 01-15-2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/15/2009	▶ 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	–

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO CA 92102

12B. DATE BURIED: 1-16-09

12C. INTERMENT NUMBER—IF APPLICABLE:

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY:

13B. DATE CREMATED:

13C. CREMATION NUMBER—IF APPLICABLE:

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS:

14B. DATE RECEIVED:

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER:

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED:

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

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

16B. DATE OF DISPOSITION:

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE:

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 1/13/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teshai Kidane 232051

in a Liner (Type of Burial Container) Funeral, date, time Friday Jan 16 10:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary Kevin

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

will be applied and billed to undersigned. _____

Division MAS Section T Blk/Row ~ Lot 31 Grave 7

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	209.93
Total Due	3,358.93
Paid receipt number R 61399	3,358.93
Balance due	Ø

PAID
JAN 15 2009
MOUNT HOPE CEMETERY

Mort. to pay

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

232050

I hereby authorize the interment in lot I hold under deed

Signature

Print Name Dagnachew Teshome

Address 850 Victor Ave #50

City Inglewood, CA 90302 Zip Code

Telephone (323) 896-2577 (cell)

Residency Verified (92105) UCSD Printout

Invoice # _____

Work Order # E 21701

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21101

OFFICIAL RECEIPT

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

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

613

Date: 01/15, 2009

From: [illegible] Address: 5050 Federal Blvd, SDCA 92102

Three Thousand, Three hundred, fifty-eight 93/00 Dollars ($ 3,358.93)

in Full Payment of Teshai Kidane Interment

Div MASON Sec T Blk/Row Lot 31 Grave 9

Invoice No. E-21101

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 17239 CR

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

PAID
JAN 15 2009
MOUNT HOPE CEMETERY

ISSUED BY [illegible]

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

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

E-2110

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Teshai Kidane

Interment Date: Fri. 11/16/09 Time: 10:00 Church

Div: MAS Sect: T Blk/Row: ~ Lot: 31 Grave: 7

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

323-896-2577

E-21101

OFFICIAL RECEIPT

[redacted]

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

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

61439

Date: 02/04/ , 20 09

From: Daniel Tshame Address: 54th Street. San Diego CA

Two Hundred Dollars ($ 275.20)

in full Payment of Foundation/Border for Tshai Kidane

Div MAS Sec T Blk/Row ~ Lot 31 Grave 7

Invoice No. E21101

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP 640750
☐ Check WO # 6734

BARG 12x2V

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

PAID

FEB 4 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	275.20
Sales Tax	60101	
	78390	
TOTAL PAID	$	275.20

AC-212A (11-05)

This information is available in alternative formats upon request.

E-21101

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

65

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
TSEHAI	-	KIDANE

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	05/30/1943	01/13/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
DAN TSHAME	SON-IN-LAW	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

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

850 VICTOR AVENUE #50
INGLEWOOD, CA 90302

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055

9A. APPLICANT SIGNATURE ▶ Stennika Pryor

9B. DATE SIGNED 1/13/09

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/13/2009	▶ 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	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102

12B. DATE BURIED: 1-16-09

12C. INTERMENT NUMBER—IF APPLICABLE: E-21101

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Morris

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 1/13/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Gomez 232060 9:00

In a Double-Depth "A" Funeral, date, time Tues Jan 20, 2009
Type of Burial Container

Church, Chapel, Graveside : Featheringill Mortuary.

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

will be applied and billed to undersigned. _____

Division 2 Section 2 Blk/Row 9 Lot 24 Grave 1

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	589.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R61395	3,896.77
Balance due	0

PAID
JAN 13 2009
MOUNT HOPE CEMETERY

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

232059

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

Signature

Maria Lillian Espana
Print Name
3880 Coral Shores Ct.
Address
San Diego CA. 92173
City Zip Code
(619) 733-1170
Telephone

Invoice # _____

Work Order # E 21102

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21102

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container DOA

		Greuilla Ave	McClain IRA			
			McClain Cora	Perkins		
			X	Sterling Billie		
			Phillip, SS	Messinger		
			Ahlston Alfred			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Jose Gomez

Interment Date: Tues. Jan 20, 09 Time: 9:00 Chapel

Div: 2 Sect: 2 Blk/Row: 9 Lot: ____ Grave: 24

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E-21102
91

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JOSE	-	GOMEZ

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	01/18/1917	01/12/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
CHULA VISTA	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MARIA LILLIAN ESPANA	DAUGHTER	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. Dominguez	FD 1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3880 CORAL SHORES CT. SAN DIEGO, CA 92173

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ M. Dominguez	01/15/2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/15/2009	▶ 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	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102		

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21102

61637

OFFICIAL RECEIPT

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

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

Date: 5/4/09

From: L. Espana Address: 3580 Coral Shores Ct, SD CA 92173

One hun tre l eighty-five 76/00 Dollars ($ 185.76)

in Paid Payment of Setting fee for Jose Gomez (base fee)

Div 2 Sec 2 Blk/Row 1 Lot 24 Grave 1

Invoice No. E-21102

Acct. No.

W.O.

BALANCE DUE $0

☐ Money Order
☐ Charge
☒ Check 2714

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

PAID

MAY 4 2009

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	185.76
Sales Tax	60101	
	78390	
TOTAL PAID	$	185.76

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 01-14-2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dannyale Nolte 232056 11:00

in a Liner (Type of Burial Container) Funeral, date, time Friday Jan 16, 2009

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. _____

Division 4 Section 1 Blk/Row _____ Lot 37 Grave 1

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.00
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R-61398	1,679.47
Visa 037019 Balance due	0

PAID
JAN 14 2009
MOUNT HOPE CEMETERY

Brothers visa card
AIR Force
E7 MSGT
2007 Oct 04

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

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

Karen Davis
Signature

Karen Davis 232055
Print Name

751 Bollenbacher
Address

S.D Cal
City Zip Code

619-733-6767
Telephone

CDL N9135569
11-16-2012

Invoice # _____

Work Order # E 21103

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Revised July 2008

E-21103

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: Dannyale Nolte

Address: 1635 Pentecost Wy Unit 2

City: S.D State CA Zip Code 92105

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

15,312

	Annual Income		Annual Income
(1)	$14,933	(4)	$41,459
(2)	$24,463	(5)	$48,926
(3)	$33,588	(6)	$57,222

12
4

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.

Karen Davis, Power of Attorney 1/14/09
Signed/ Relationship Date

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and current month rent receipt property tax statement Other _____
Current _____ documents verified HHS-NOA / CA Dis / Last Will & Test.

Approved by 1/14/09
Date

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

Guidelines
Mt. Hope Low-Income Fee Waiver (Effective July 2008)

1. Applicant must be a City of San Diego resident, **not** *County of San Diego*
2. The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
   a. Social Security –Award/Benefit Letter
   b. Internal Revenue (IRS) Tax Return
   c. Health & Human Services Notice of Action (dated within 30 days)
3. The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	$14,933
2	$24,463
3	$33,588
4	$41,459
5	$48,926
6	$57,222
More than 6	Each additional member add $ 8,296

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.
5. Residency can be proven by the following methods
   a. Valid California driver's license/ identification card displaying City of San Diego address
   b. Current utility bill
   c. Current monthly checking statement
   d. Rental/lease agreement and month rent receipt
   e. Property tax statement
   f. Active/Retired duty military ID with City of San Diego address
6. Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
7. The Mt. Hope low income fee waiver does not apply to grave marker installation fees, late charges, or Saturday services
8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the first burial. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.
9. The low-income fee waiver cannot be applied retroactively to already purchased lots/services
10. The low-income fee waiver is intended for "At Need" services only.

E-2103

006334

SSN: [redacted] NAME: DANNYALE A NOLTE DATE ISSUED: 10/01/08 PAGE 1

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

[redacted]

— DETACH AND SEE REVERSE SIDE — — —

010457

SSN: [redacted] NAME: DANNYALE A NOLTE DATE ISSUED: 10/15/08 PAGE 1

Please Return

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

[redacted]

--- DETACH AND SEE REVERSE SIDE --- DETACH THIS STUB FOR YOUR RECORDS / RENUEVA ESTE TALÓN PARA SU RÉCORD PERSONAL ---

KEEP THIS STATEMENT FOR YOUR RECORDS. DATE ISSUED 10/15/08
SSN: [redacted] NAME: DANNYALE A NOLTE CLAIM EFFECTIVE DATE: 03/19/08
WEEKLY RATE: $233.00 WEEKLY RATE IS FOR 7 DAYS
EXCEPT FOR THE MANDATORY 7-DAY WAITING PERIOD, YOU WILL BE PAID FOR EVERY DAY YOU ARE ELIGIBLE FOR BENEFITS, INCLUDING WEEKENDS.

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

EMPLOYMENT DEVELOPMENT DEPARTMENT TELEPHONE: (800) 480-3287
PO BOX 120831
SAN DIEGO CA 92112-0831

THE ATTACHED CHECK IS FOR STATE DISABILITY INSURANCE FOR THE FOLLOWING PERIOD(S): 09/30/08 THROUGH 10/13/08.

NO. OF DAYS	BENEFIT AMT.	AMT. DEDUCTED	AMT. PAID
14	$566.00	$0.00	$566.00

MESSAGE-AREA

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

[redacted]

E-2110 3

006099

SSN: [redacted] NAME: DANNYALE A NOLTE DATE ISSUED: 10/29/08 PAGE 1

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

[redacted]

DETACH AND SEE REVERSE SIDE — DETACH THIS STUB FOR YOUR RECORDS / REMUEVA ESTE TALÓN PARA SU RÉCORD PERSONAL

KEEP THIS STATEMENT FOR YOUR RECORDS. DATE ISSUED 10/29/08

SSN: [redacted] NAME: DANNYALE A NOLTE CLAIM EFFECTIVE DATE: 03/18/08

WEEKLY RATE: $283.00 WEEKLY RATE IS FOR 7 DAYS

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

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

EMPLOYMENT DEVELOPMENT DEPARTMENT TELEPHONE: (800) 480-3287
PO BOX 120831
SAN DIEGO CA 92112-0831

THE ATTACHED CHECK IS FOR STATE DISABILITY INSURANCE FOR THE FOLLOWING PERIOD(S): 10/14/08 THROUGH 10/27/08.

NO. OF DAYS	BENEFIT AMT.	AMT. DEDUCTED	AMT. PAID
14	$566.00	$0.00	$566.00

MESSAGE-AREA

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

[redacted]

009018

SSN: [redacted] NAME: DANNYALE A NOLTE DATE ISSUED: 11/13/08 PAGE 1

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

[redacted]

—DETACH AND SEE REVERSE SIDE— —DETACH THIS STUB FOR YOUR RECORDS / REMUEVA ESTE TALÓN PARA SU RÉCORD PERSONAL—

KEEP THIS STATEMENT FOR YOUR RECORDS.
DATE ISSUED 11/13/08
SSN: [redacted] NAME: DANNYALE A NOLTE
CLAIM EFFECTIVE DATE: 03/19/08
WEEKLY RATE: $283.00 WEEKLY RATE IS FOR 7 DAYS

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

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

EMPLOYMENT DEVELOPMENT DEPARTMENT TELEPHONE: (800) 480-3287
PO BOX 120831
SAN DIEGO CA 92112-0831

THE ATTACHED CHECK IS FOR STATE DISABILITY INSURANCE FOR THE FOLLOWING PERIOD(S): 10/28/08 THROUGH 11/10/08.

NO. OF DAYS	BENEFIT AMT.	AMT. DEDUCTED	AMT. PAID
14	$566.00	$0.00	$566.00

MESSAGE-AREA

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

YOU HAVE BEEN PAID DISABILITY BENEFITS ON AN AUTOMATIC PAYMENT CYCLE. FOR THE DEPARTMENT TO VERIFY YOUR CONTINUING ELIGIBILITY, COMPLETE AND IMMEDIATELY RETURN THE ENCLOSED DISABILITY CLAIM STATUS QUESTIONNAIRE [redacted] TO THE DISABILITY OFFICE SHOWN ABOVE.

IF YOU EXPECT YOUR DISABILITY TO BE LONG-TERM, YOU SHOULD CONTACT THE SOCIAL SECURITY INFORMATION LINE AT 1-800-772-1213 TO FIND OUT ABOUT ADDITIONAL BENEFITS THAT MIGHT BE AVAILABLE.

DE 2593-A (12/91)

E-2103

005957

SSN: [redacted] NAME: DANNYALE A NOLTE DATE ISSUED: 12/10/08 PAGE 1

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

--- DETACH AND SEE REVERSE SIDE --- -DETACH THIS STUB FOR YOUR RECORDS / REMUEVA ESTE TALÓN PARA SU RÉCORD PERSONAL ---

KEEP THIS STATEMENT FOR YOUR RECORDS.

DATE ISSUED 12/10/08

SSN: [redacted] NAME: DANNYALE A NOLTE

CLAIM EFFECTIVE DATE: 03/18/08

WEEKLY RATE: $283.00 WEEKLY RATE IS FOR 7 DAYS

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

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

EMPLOYMENT DEVELOPMENT DEPARTMENT TELEPHONE: (800) 480-3287
PO BOX 120831
SAN DIEGO CA 92112-0831

THE ATTACHED CHECK IS FOR STATE DISABILITY INSURANCE FOR THE FOLLOWING PERIOD(S): 11/19/08 THROUGH 11/30/08.

NO. OF DAYS	BENEFIT AMT.	AMT. DEDUCTED	AMT. PAID
12	$485.14	$0.00	$485.14

MESSAGE-AREA

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

NOTICE OF FINAL PAYMENT

THIS IS YOUR FINAL PAYMENT BECAUSE INFORMATION IN YOUR DISABILITY INSURANCE CLAIM INDICATES THAT YOU ARE NO LONGER DISABLED. IF YOU ARE STILL DISABLED: SEE SUPPLEMENTAL CERTIFICATION. YOU AND YOUR DOCTOR MUST COMPLETE A SUPPLEMENTAL CERTIFICATION FOR YOU TO RECEIVE CONTINUING BENEFITS.

IF YOU ARE UNEMPLOYED AND ABLE TO WORK: REPORT TO THE NEAREST UNEMPLOYMENT INSURANCE OFFICE FOR HELP IN FINDING WORK AND TO DETERMINE YOUR ELIGIBILITY FOR UNEMPLOYMENT INSURANCE BENEFITS.

DE 2525XX REV. 1 (7/96)

E-21103

LAST WILL AND TESTAMENT
Date-12/02/2008

I Dannyale A. Nolte, in sound mind and body would like my children Ty'Reesha Rae'Gene Nolte and Day'Nia Denise Copley To be placed with my long time friend Karen Davis of San Diego should anything happen to me. Being that I am sick at this time and in sound mind I would like to feel peace knowing should I pass away my children will be placed in good hands with whom the have always known as "Auntie Karen" and her husband Leenardo Davis. Karen has been in both Ty'Reesha and Day'Nia"s life since their birth and they are very comfortable with her just as I am. Many of my family members has been informed of my decisions regarding my children and therefore should have no reason to contest my Will. Ty'Reesha and Day'Nia will also be with their biological brothers Michael Allen and Eric Allen who was adopted by Karen Davis (then known as Karen Underwood) approximatelt 20 years ago. Ty'Reesha nor Day'Nia's father has showed any interest on the kids behalf and therefore should not have any rejections on my decision.

Thank you,

I hereby agree that all listed in the paragraph above is true and correct on this day of December, 23rd, 2008.

Dannyale Nolte Dannyale Antwone Nolte

Karen Davis Karen Davis

Witness Eric Allen

Witness Regina Nolte-Ware

E-21103

ADVANCE HEALTH CARE DIRECTIVE

California Probate Code Section 4701

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

INSTRUCTIONS

PART 1 - POWER OF ATTORNEY

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

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

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

2. Select or discharge health care providers and institutions.

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

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

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

PART 2 - INSTRUCTIONS FOR HEALTH CARE

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

PART 3 - DONATIONS OF ORGANS

You can express an intention to donate your bodily organs and tissues following your death.

PART 4 - PRIMARY PHYSICIAN

You designate a physician to have primary responsibility for your health care.

PART 5 - SIGNATURE

After completing this form, sign and date the form at the end.

PART 6 - SPECIAL WITNESS REQUIREMENT

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

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

PART 1 - POWER OF ATTORNEY FOR HEALTH CARE

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

Name of individual you choose as agent: Karen Denise Davis

Address: 751 Ballenbacher St, San Diego CA, 92114

Telephone: (619) 527-7959 *(home phone)* (619) 733-6767 *(work phone)*

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

Name of individual you choose as alternate agent: Regina Rochelle Nolte, Ware

Address: 4231 Keeler Ave, San Diego CA, 92113

Telephone: (619) 527-4056 *(home phone)* (619) 944-9806 *(work phone)*

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

Name of individual you choose as second alternate agent: _____

Address: _____

Telephone: _____ *(home phone)* *(work phone)*

E-21103

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

If my heart should happen to stop I do want to Be resesitated whatever it takes to perserve my life- I would like all nessasary measures taken

(Add additional sheets if needed)

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

If I mark this box ☐, my agent's authority to make health care decisions for me takes effect immediately.

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

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

I would like no anatomical gifts given

(Add additional sheets if needed)

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

PART 2 - INSTRUCTIONS FOR HEALTH CARE

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

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

☐ Choice Not To Prolong Life

I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits OR

☒ Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

This will be at the discretion of Karen D. Davis

(Add additional sheets if needed)

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

(Add additional sheets if needed)

PART 3 - DONATION OF ORGANS AT DEATH (OPTIONAL)

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

☐ I give any needed organs, tissues, or parts, OR

☐ I give the following organs, tissues, or parts only

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

☐ Transplant

☐ Therapy

☐ Research

☐ Education

PART 4 - PRIMARY PHYSICIAN (OPTIONAL)

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

Name of Physician:

Address:

Telephone:

E-21103

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

Name of Physician: _____

Address: _____

_____

Telephone: _____

PART 5 - SIGNATURE

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

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

Date: 12-3-08

Name: Dannyle A. Nalte (sign your name) Dannyle A. Nalte (print your name)

Address: 1635 Pentecost Wy #2
San Diego CA. 92105

(5.3) STATEMENT OF WITNESS: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advanced directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

FIRST WITNESS

Name: JORGE L GARCIA

Address: 1222 CIMA DEL REY
Chula Vista CA. 91910

Signature of Witness: _____

Date: 12/3/2008

SECOND WITNESS

Name: Perla Garcia

Address: 1222 Cima Del Rey
Chula Vista CA 91910

Signature of Witness: Perla Garcia

Date: 12/3/2008

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

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

Signature of Witness: _____

Signature of Witness: Perla Barrera

PART 6 - SPECIAL WITNESS REQUIREMENT

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

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

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

Date: _____

Name: _____ _____

(sign your name) *(print your name)*

Address: _____

_____

E-21103

NOTICE OF ACTION
Food Stamps Change

COUNTY OF SAN DIEGO

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

County of San Diego
5001 73rd Street
San Diego, California 92115-1822

RETURN SERVICE REQUESTED

Notice Date	: 11/02/2008
Case Name	: DANNYALE NOLTE
Case Number	: D845275
Worker Name	: L. Edwards
Worker Number	: NB99
Telephone	: (619) 668-5523
Worker Hours	: 8:00 AM - 12:00 PM, 12:00 PM - 5:00 PM
Address	: *5001 73rd ST* San Diego CA 92115-1822

2345 18056A/9-4174/LETTER1.311 20 NB99

Dannyale Nolte
1635 Pentecost WAY
San Diego CA 92105-0000

Questions? Ask your Worker.

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

Effective 12/01/2008, your Food Stamp benefits are changed from $159.00 to $144.00 each month.

Here's why:

The amount of your monthly Food Stamp allotment is being reduced to pay back what you owe. In a past letter, we told you about the over issuance -- when it happened, how it happened, and the amount.

QR 377.4 Change (01/04) FS Notice of Change for Quarterly and Change Reporting Households

Rules: These rules apply. You may review them at your welfare office: Food Stamps Manual Section(s): 63-801.4

E-21103

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Dannyak Nolte

Interment Date: 1/16/09 Time: 11:00 Chapel

Div: 4 Sect: 1 Blk/Row: ~ Lot: 37 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

41 E-21103

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
DANNYALE	A	NOLTE

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	01/16/1967	01/09/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
HERSCHEL HORNE	FATHER	CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
5848 STREAMVIEW DR #35 SAN DIEGO, CA 92105

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ [signature]	1/16/09

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/15/2009	▶ 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	-

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	1-16-09	

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING

▶ [signature]

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
-		

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION

▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
-	

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
-	

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
-		

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

▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21103

OFFICIAL RECEIPT

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

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

Called 619-264-1933 OJ

61624

File

Date: 04/30, 20 09

From: LRD TELECOM NETWORKING Address: 751 BOLLENBACHER SDCA 92114

One hundred twenty-three 84/00 Dollars ($ 123.84)

In Full Payment of Foundation for Dunnyale A. Nolte

Div 4 Sec 1 Blk/Row ~ Lot 37 Grave 1

Invoice No. E-21103

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check 2358

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

RECEIVED
APR 30 2009
By

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	123. 84
Sales Tax	60101	
	78390	
TOTAL PAID	$	123. 84

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

AT NGGD
NON REG.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-14-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JEAN PORTER DAVIS 232052

In a DD (Type of Burial Container) Funeral, date, time 1-17-09 SAT 2:30 ARRIVAL

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned _____

Division 12 Section 1 Blk/Row _____ Lot 69 Grave 7

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees SAT OT.	1133.00
Opening/Closing & Setup (2)	1416.00
Burial Container	717.00
Handling Fees	604.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees (2)	170.00
Sales taxes	55.57
Total Due R61397	7106.57
Paid receipt number ✓	7106.57
Balance due	0

PAID
JAN 14 2009
MOUNT HOPE CEMETERY

5/25/09
R61894
SETTING FEE
257

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

230266

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

x Earl Davis Jr
Signature

x EARL DAVIS JR
Print Name

x 1658 Buena Vista Ave.
Address

x Spring Valley, CA 91977
City Zip Code

x (619) 303-6778
Telephone

Invoice # _____

Work Order # E 21104

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21104

OFFICIAL RECEIPT

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

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

P01610

Date: 1-14, 2009

From: EARL DAVIS Address:

SEVEN HUNDRED NINETY THREE & NO/100 ——— Dollars ($ 793.00)

in FULL Payment of 2ND INTERMENT O/C PRE NEED

Div 12 Sec 1 Blk/Row Lot 69 Grave 7

Invoice No.

Acct. No. E21104

W.O.

BALANCE DUE 0

466 R161397

☐ Pre-Need Lot ☐ Money Order

☒ Pre-Need Trust ☒ Charge AP771598

☐ Check

AC-212 (2-08)

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

PAID

JAN 14 2009

MOUNT HOPE CEMETERY

ISSUED BY EZ

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	793 —
TOTAL PAID	$	793 80

E-21104

OFFICIAL RECEIPT

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

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

61397
SEE PRE-NEED P01610

Date: 1-14, 2009

From: EARL DAVIS Address:

SEVEN THOUSAND ONE HUNDRED SIX & 57/100 Dollars ($ 7106.57)

In Full Payment of INTERMENT JEAN PORTER DAVIS

Div 12 Sec 1 Blk/Row Lot 69 Grave 7

Invoice No.

Acct. No. E21104

W.O.

BALANCE DUE -0-

☐ Money Order
☒ Charge AP 77159B
☐ Check

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

PAID

JAN 14 2009

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	602 20
20% Sales Care	77184	
80% Sales	100	2408 80
of Lots	77184	
Opening/	100	708 -
Closing	77181	
Burial	100	717 -
Containers	77182	1133 - 07
SAT	100	
Handling Fee	77185	604 -
Recording &	100	
Misc. Fees	77183	85 CC
Sales Tax	60101	55 57
	78390	
TOTAL PAID	$	7106 57

6313 57
793.00 P.N.

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

E-21104

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD

			JEAN PORTER X DAVIS			

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

Blind check Initiated by: _____ Date: _____

Interment space for: JEAN PORTER DAVIS

Interment Date: 1-17-09 SAT Time: 2:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 69 Grave: 7

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E-21104

61397

OFFICIAL RECEIPT

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

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

Date: 1-14, 2009

From: EARL DAVIS Address: _____

SEVEN THOUSAND ONE HUNDRED SIX & 57/100 Dollars ($ 7106.57)

in FULL Payment of INTERMENT JEAN PORTER DAVIS

Div 12 Sec 1 Blk/Row _____ Lot 69 Grave 7

Invoice No. _____

Acct. No. E21104

W.O. _____

BALANCE DUE -0-

☐ Money Order
☒ Charge AP 71598
☐ Check

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

PAID

JAN 14 2009

MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007	602	20
20% Sales Care	77184		
80% Sales	100	2408	80
of Lots	77184		
Opening/	100	1416	-
Closing	77181		
Burial	100	717	-
Containers	77182	1133	- 07
$107	100		
Handling Fee	77185	604	-
Recording &	100		
Misc. Fees	77183	190	-
Sales Tax	60101		
	78390	55	57
TOTAL PAID	$	7106	57

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

SEE ATTACHED

E-21104
176

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JEAN	ELORES	PORTER-DAVIS

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	01/23/1932	01/09/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
EL CAJON	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
EARL W. DAVIS	HUSBAND	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1658 BUENA VISTA AVENUE
SPRING VALLEY, CA 91977

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Sienna Prior

9B. DATE SIGNED 1/15/09

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/15/2009	▶ 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	--

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

	12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)	MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	1/17/09	E-21104
		12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins	
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
		13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED	
		14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
		15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED
SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
		16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶	

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

MT. HOPE CEMETERY

INTERMENT ORDER

At Need 30 chairs

City of San Diego

Date 1-14-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DWIGHT YOUNG 231908 2:00

in a TS VAULT (Type of Burial Container) Funeral, date, time Thurs. Jan 22, 2009

Church, Chapel, Graveside : Brandsley Mitchell Mortuary. 619-263-7181

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row ~ Lot 8 Grave 6

Grave space & Care Fund E-20999/P-01434	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees $165.00	
Flower vases – Marker setting fee 30 Chairs AP 045413	
Recording/Filing/Transfer Fees R-161409 Visa Card	
Sales taxes	
Total Due	0
Paid receipt number	
Balance due	0

Interfund transfer
DP 3821423

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

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

Signature B. E. Young

231907

Print Name Brian E. Young

Address 4332 Oxford St.

City La Mesa Zip Code 91941

Telephone (619) 462-8651

Work Order # E 21105

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-2110S

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container top seal vault

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Dwight Young

Interment Date: 1/22/09 Thurs Time: 2:00 pm

Div: 11 Sect: 1 Blk/Row: ~ Lot: 8 Grave: 6

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ . _____ of grave

E-21105
61409

OFFICIAL RECEIPT

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

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

Date: 1/20, 2009

From: Brian E. Young Address: 4332 Oxford St. La Mesa CA 91941

Sixty-five Dollars ($ 65.00)

in _____ Payment of Extra chairs for Service of Dwight Young

Div 11 Sec 1 Blk/Row _____ Lot 8 Grave 6

Invoice No. E-21105

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☒ Charge AP 04548
☐ Check

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

PAID

JAN 20 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
~~Recording &~~	100	
~~Misc. Fees~~	77183	65 00 Misc
Sales Tax	60101	
	78390	
TOTAL PAID	$	65 00

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

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84 E-21105

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
DWIGHT	J.	YOUNG

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	06/29/1924	01/13/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
BRIAN YOUNG	SON	BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD. SAN DIEGO, CA 92107	FD816

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

4332 OXFORD STREET
LA MESA, CA 91941

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Ron Beardsley

9B. DATE SIGNED: 01/16/2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/16/2009	▶ 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 STREET SAN DIEGO, CA 92110	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MOUNT HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

12B. DATE BURIED: 1-22-09

12C. INTERMENT NUMBER—IF APPLICABLE: E-21105

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Morrison

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21105

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP 3821423

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

TRANSFER OF FUNDS FROM THE CEMETERY PRE-NEED TRUST FUND FOR DWIGHT J. YOUNG INTERMENT E-20999/E-21105.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 02 / 03 / 2009 FUND OVERRIDE ☐

PAYEE	B E O	PAYEE FORMAT	VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
				Interfund Transfer				-0-		

TOTAL AMOUNT $ -0-

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100			77181					(533.00)
		100			77182					(355.00)
		100			77185					((263.00)
		100			77183					(65.00)
		60101			78390					(27.51)
		63033	63033		4226					1,243.51

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Maria Flora Popoca

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Paulette Crawford PHONE x75480 DATE 01/23/2009 DEPT./DIV. NAME Park/Rec CP1 M.S. 072 # DP

AC-468 (REV. 5-86) 593525

E-21105

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-10-08

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

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

Church, Chapel, Graveside _____ ; Bonnardsley Mortuary.

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 8 Grave 6

Grave space & Care Fund 2264.00

Overtime/Late Arrival Fees .....

Opening/Closing & Setup 533.00

Burial Container 355.00

Handling Fees 263.00

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees 65.00

Sales taxes 27.51

Total Due 3507.51

Paid receipt number P01434 3,507.51

Balance due 0

PAID OCT 10 2008 MOUNT HOPE CEMETERY

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

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

Signature: Brian P. Young

Print Name: Brian E. Young 231907

Address: 4332 Oxford St.

City: La Mesa Zip Code: 91941

Telephone: (619) 462-8651

Invoice # _____

Acct. # _____

Work Order # E 20999

REA-104 (3-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

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

P 01434

Date: 10/10, 20 08

From: Brian Young Address: 4332 Oxford ST La Mesa 91941

three thousand five hundred seven and 51/100 Dollars ($ 3,507.51)

in _____ Payment of _____

Div 11 Sec 1 Blk/Row _____ Lot 8 Grave 6

Invoice No. E-20999

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check

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

PAID OCT 10 2008 MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	452	80
20% Sales Care	77184	1,243	51
Pre-Need	63033		
Trust	77186		
100/77184		1,811	20
TOTAL PAID	$	3,507	51

AC-212 (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 15, 2008

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aura Gonzalez 231895

In a Liner (Type of Burial Container) Funeral, date, time Tues, Jan 20 @ 10am

Church, Chapel, Graveside _____ : Featherngill Mortuary.

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

will be applied and billed to undersigned. _____

Division 3 Section 2 Blk/Row _____ Lot 20 Grave 7

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	1,679.46
Paid receipt number R-61403	1,679.46
Balance due	-0-

PAID
JAN 15 2009
MOUNT HOPE CEMETERY

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

230209.

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

Signature

ALFONSO GONZALEZ
Print Name

4031 46 ST.
Address

SAN DIEGO CA 92105
City Zip Code

1619-501-1476
Telephone

Invoice # _____

Work Order # E 21106

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21106

OFFICIAL RECEIPT

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

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

61403

Date: Jan 15, 2009

From: Alfonso Gonzalez Address: 4031 46th ST SD 92105

One thousand Six hundred Seventy Nine — 46/00 Dollars ($ 1,679.46)

in Full Payment of Aura Gonzalez Interment

Div 3 Sec 2 Blk/Row ____ Lot 20 Grave 7

Invoice No. E-21106

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check 1007

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

PAID

JAN 15 2009

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	452	80
20% Sales Care	77184	673	20
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	266	50
Burial Containers	100 77182	135	00
	100	103	00
Handling Fee	77185	32	50
Recording & Misc. Fees	100 77183	10	46
Sales Tax	60101 78390		
TOTAL PAID	$	1,679	46

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

Revised July 2008
E-21106

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: AURA GONZALEZ

Address: 4031 46 ST.

City: SAN DIEGO State CA Zip Code 92105

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

Size of Family (check one)

Annual Income		**Annual Income**
(1) $14,933	(4)	$41,459
(2) $24,403	(5)	$48,926
(3) $33,588	(6)	$57,222

For larger families, add $8,296 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program _____initial

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

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

_____ 01/15/09
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 2008 documents verified IRS 1554

_____ 1/15/09
Approved by Date

DIVERSITY

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

E-21106

DECEASED AURA GONZALEZ 01/10/2009

Department of the Treasury — Internal Revenue Service

Form 1040A U.S. Individual Income Tax Return (99) 20[redacted]

Do not write or staple in this space.

OMB No. 1545-0074

Label (See instructions.)

Your first name and initial	Last name	Your social security number
ALFONSO	GONZALEZ	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
AURA	GONZALEZ	[redacted]
Home address (number and street). If you have a P.O. box, see instructions.	Apartment no.	▲ You **must** enter your SSN(s) above ▲
4031 46TH STREET		
City, town or post office. If you have a foreign address, see instructions.	State ZIP code	Checking a box below will not change your tax or refund
SAN DIEGO	CA 92105	

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

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

Filing status Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here ►
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ►
5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

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

Boxes checked on 6a and 6b 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit
ERIKA GONZALEZ	[redacted]	Daughter	☒

If more than six dependents, see instructions.

No. of children on 6c who:
- lived with you 1
- did not live with you due to divorce or separation (see instructions) ...

Dependents on 6c not entered above ..

d Total number of exemptions claimed ..... Add numbers on lines above ► 3

Income

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	18,550.
8a	**Taxable** interest. Attach Schedule 1 if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule 1 if required		9a	
b	Qualified dividends (see instructions)	9b		
10	Capital gain distributions (see instructions)		10	
11a	IRA distributions 11a	11b Taxable amount	11b	
12a	Pensions and annuities 12a	12b Taxable amount	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends		13	
14a	Social security benefits 14a 7,092.	14b Taxable amount	14b	0.
15	Add lines 7 through 14b (far right column). This is your **total income**		15	18,550.

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

Enclose, but do not attach, any payment.

Adjusted gross income

16	Educator expenses (see instructions)	16	
17	IRA deduction (see instructions)	17	
18	Student loan interest deduction (see instructions)	18	
19	Tuition and fees deduction. Attach Form 8917	19	
20	Add lines 16 through 19. These are your **total adjustments**		20
21	Subtract line 20 from line 15. This is your **adjusted gross income**	►	21 18,550.

	a Employee's social security number [redacted]	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile.

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
43-1996485	18550.00	
c Employer name, address, and ZIP code JERRY AUTOMOTIVE MIRAMAR [illegible]ISSIONS 6594 MIRAMAR RD SAN DIEGO CA 92121-2560	3 Social security wages 18550.00	4 Social security tax withheld 1150.10
	5 Medicare wages and tips 18550.00	6 Medicare tax withheld 268.98
	7 Social security tips	8 Allocated tips
d Control number	9 Advance EIC payment	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff. ALFONSO GONZALEZ 4031 46TH ST. SAN DIEGO CA 92105	11 Nonqualified plans	12a See instructions for box 12
	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b
	14 Other CA-SDI 148.40	12c
		12d [redacted]
f Employee's address and ZIP code		

15 State / Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA 227 0745 9	18550.00	[redacted]			

Form **W-2** **Wage and Tax Statement** 2008

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

E-21106

[redacted]

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

1333 FRONT STREET
SAN DIEGO CA 92101

Date: October 3, 2008
Claim Number: [redacted] DI

000015481 01 AT 0.346 0926,M02,065
954 08S1052D71649

AURA GONZALEZ
4031 46TH ST
SAN DIEGO CA 92105-1809

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 changing your payments for both past and future months. The rest of this letter will tell you more about this change.

Your Payments Will Be Changed As Follows:

From	Through	Amount Due Each Month
December 1, 2006	December 31, 2006	$630.00 This includes $233.00 from the State of California.
January 1, 2007	January 31, 2007	$660.00 This includes $233.00 from the State of California.
February 1, 2007	February 28, 2007	$485.00 This includes $233.00 from the State of California.
June 1, 2007	June 30, 2007	$665.00 This includes $233.00 from the State of California.

$7,216 year

$601.33

See Next Page

SSA-L8151

July 1, 2007	July 31, 2007	$665.00 This includes $233.00 from the State of California.
August 1, 2007	[redacted]gust 31, 2007	$490.00 This includes $233.00 from the State of California.
March 1, 2008	March 31, 2008	$516.00 This includes $233.00 from the State of California.
April 1, 2008	May 31, 2008	$691.00 This includes $233.00 from the State of California.
June 1, 2008	June 30, 2008	$516.00 *This includes $233.00* from the State of California.
July 1, 2008	August 31, 2008	$691.00 This includes $233.00 from the State of California.
September 1, 2008	September 30, 2008	$516.00 This includes $233.00 from the State of California.
October 1, 2008	Continuing	$691.00 This includes $233.00 from the State of California.

Information About Your SSI Payments

- You should receive a check on October 1, 2008 for $491.00 and an additional check on October 2, 2008 for $200.00. The total of the two checks, $691.00, is the new payment due you for October 2008.
- Your regular monthly check of $691.00 will be sent to your bank or other financial institution about the first day of November 2008.
- We will be in touch with you about your back payments.

Your Payment Is Based On These Facts

- You have monthly income which must be considered in figuring your eligibility as follows:
  - The rents, interest, dividends, or royalties received by your spouse of $0.01 for April 2007 through June 2007 and $0.01 for January 2008 on.
  - The wages received by your spouse of $1,400.00 for October 2006 through November 2006, $1,750.00 for December 2006, $1,400.00 for April 2007 through May 2007, $1,750.00 for June 2007, $1,750.00 for January 2008, $1,400.00 for February 2008 through March 2008, $1,750.00 for April 2008, $1,400.00 for May 2008 through June 2008, $1,750.00 for July 2008 and $1,400.00 for August 2008 through September 2008.
- In figuring your payment, your spouse's living allowance for ineligible children was disregarded as follows-- $301.00 for October 2006 through December 2006, $311.00 for April 2007 through June 2007 and $319.00 for each month, beginning January 2008.

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 determination replaces all previous determinations for the above periods.
- This information is also being sent to ANTHONY DELELLIS.
- 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.

If You Disagree With The Decision

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

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

How To Appeal

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

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

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

If You Want Help With Your Appeal

You can have a friend, representative or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives 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/.

E-21106

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.

Peter D. Spencer
Regional Commissioner

Enclosure(s):
SSI Rules That Help You Work

TRANSMISSION REPORT

(THU) JAN 15 2009 13:30

User/Account	:	DOCUMENT#	: 7500000-678
DESTINATION	: 95837038	TIME STORED	: JAN 15 13:27
DEST. NUMBER	: 95837038	TX START	: JAN 15 13:29
		DURATION	: 1min. 28sec
F-CODE	:	COM. MODE	: ECM
PAGES	: 2page		
RESULT	: OK		

PARK AND RECREATION, CPI
MOUNT HOPE CEMETERY
3751 MARKET STREET, MS #72
SAN DIEGO, CA 02101
(619) 527-3400

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: 1/15/09

The following 2 total pages (including this cover page) are intended for:

To: _____ From: Maria

E-21106

PARK AND RECREATION, CPI
MOUNT HOPE CEMETERY
3751 MARKET STREET, MS #72
SAN DIEGO, CA 02101
(619) 527-3400

THE CITY OF SAN DIEGO

FAX TRANSMITTAL

Date: 1/15/09

The following 2 total pages (including this cover page) are intended for:

To:		From:	Maria
Company:	Featheringill	Title:	Adm Aide II
Fax #	583-7038	Fax #	(619) 527-3403
Phone #	583-9511	Phone #	(619) 527-3400

Comments:

Cura Gonzalez Interment

If there are any problems with receiving this FAX transmission (such as missing pages), please contact the Sender at the "From" phone number given above.

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. RECEIPT BY AN UNINTENDED RECIPIENT DOES NOT CONSTITUTE A WAIVER OF ANY APPLICABLE PRIVILEGE.

If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone, and return the original message to us at the above address via the U.S. Postal Service.

90112-3

E-21106

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

		Daley Thomas	X	Ranney Sarah	Ranney Horton	
		Freed Joseph	Sorenson			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Ava Gonzalez

Interment Date: 1/20/09 Time: 10am

Div: 3 Sect: 2 Blk/Row: ____ Lot: 20 Grave: 7

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E-21106
53

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
AURA	-	GONZALEZ

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	06/12/1955	01/10/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
AURA MEDINA	DAUGHTER	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. Dominguez	FD 1083

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

2404 TOCAYO AVE. #140
SAN DIEGO, CA 92154

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ M. Dominguez

9B. DATE SIGNED* 01/14/2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/14/2009	▶ 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	-

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	1-20-09	E-21106

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

12 CHAIRS at need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01/21/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Marchese Ø 214040 11:00 am

in a Ash Vault Funeral, date, time Saturday Jan 31

Type of Burial Container

Church, Chapel, Graveside ; Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section ~ Blk/Row ~ Lot 999 Grave 1

Grave space & Care Fund E10404 Ø

Overtime/Late Arrival Fees SATURDAY FEE PD AP 507029 /

Opening/Closing & Setup R61426

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees

Sales taxes Ø

Interfund transfer DP 3821424

Total Due Ø

Paid receipt number N/A

Balance due Ø

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

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

Signature

Print Name

Address See attached

City Zip Code

Telephone 619-606-1784

95 Y/O

Invoice # _____

Work Order # E 21107

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21107

Joseph A. Marchese

MARCHESE, JOSEPH A. Joseph. A. Marchese died peacefully in his sleep January 20, 2009. He was 95 years old. Joe was a proud member of the IBEW Union for 74 years, its oldest member in San Diego County. He was the first apprentice electrician for SDG&E. In 1935, all linemen were brought in from Wichita, Kansas. Joe said, "Train me, I'll climb the poles!" He is preceded in death by his wife, Mabel_ best friend and sweetheart of 66 years. He is survived by his sister, Josephine Brown and brother, Mario; four daughters, Barbara Todd, Betty Jo Salazar, Linda Lorentz; and Laura Stephenson; sons-in-law, Ernie Salazar and Martin Lorentz; 13 grandchildren, 13 great-grandchildren and one great-great-grandchild. Services will be held at Mt. Hope Cemetery on Saturday, January 31st, at 11 a.m. In lieu of flowers, the family suggests a memorial contribution to Avalon

E-21107

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust for:

Date 10/16/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel + Joseph Marchese

in a Ash Vaults (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 999 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	E-10404	Ø
Additional spaces and care fund		
Opening/Closing & Setup	2 @ $105.	210.00
Burial Container	2 @ $55.	110.00
Handling Fees	2 @ $60.	120.00
Flower vases - Marker setting fee		
Recording and filing fee	2 @ $45.	90.00
Sales taxes	2 @ $4.26	8.52
	Total Due	538.52
	Paid receipt number	
	Balance due	

PAID
MAR 25 1994
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

x AA Marchese
Signature
x 4469-60 St.
Address
x San Diego Ca. 92115.
State City Zip Code
x 582 9822
Telephone

Work Order # E 10405

Invoice # _____

Acct. # _____

PY-593 (REV. 9-85)

E-21107

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of Property To.

Date 10-16-92

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARchese, Joseph + Mabel

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

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

Lot 999 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund ..... Lot transferred

Additional spaces and care fund ..... NANCY

Opening/Closing & Setup ..... from Henry + Spradlin

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee Transfer fee 45.00

Sales tax .....

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

Total Due 45.00

Paid receipt number 42858 45.00

Balance due 0

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

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

Signature of recorded holder of deed

Joseph A. Manchese
Signature
4469-60 Eb. St.
Address
San Diego Ca 92115
State Zip Code
582 8822.
Telephone

Work Order # E 10404

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8/26/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Marchese ⊗ 21404

in a ASH VAULT (Type of Burial Container) Funeral, date, time Mon 8/30 12:30

Church, Chapel Graveside : Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section ____ Blk/Row ____ Lot 999 Grave 1

Grave space & Care Fund ..... E-10405 / E-10404 0

Overtime/Late Arrival Fees ..... —

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

Total Due 0

Paid receipt number ____ —

Balance due 0

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

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

Signature

X JOSEPH A MANCHESE
Print Name
X 4469-60 Eb St
Address
X San Diego Ca 921
City Zip Code
619-582 8822
Telephone

Paulette / Pam

Work Order # E 18664

Invoice # _____

Acct. # _____

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

E-21107

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP **3821424**

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

TRANSFER OF FUNDS FROM THE CEMETERY PRE-NEED TRUST INTO THE GENERAL FUND FOR THE INTERMENT OF JOSEPH MARCHESE E-10405/E-21107.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 02 / 09 / 2009

FUND OVERRIDE ☐

PAYEE	S E Q	PAYEE FORMAT / VENDOR NUMBER & ALPHA NAME / ADDRESS / CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
		Interfund Transfer					-0-		

TOTAL AMOUNT $ -0-

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY PY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100			77181					(149.00)
		100			77182					(79.00)
		100			77183					(65.00)
		100			77185					(85.00)
		60101			78390					(6.12)
		67007			77184					114.86
		63033			4226					269.26

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Maria Flor Popoca

Maria Flor Popoca

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Paulette Crawford CAII PHONE DATE 02/02/2009 DEPT./ DIV. NAME Park/Rec-CPI M.S. 072 #

DP

AC-468 (REV. 5-86) 593525

E-21107

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Mabel Marchese Ⓓ

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

Burial Container Ash Vault

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Joseph Marchese Ⓓ

Interment Date: Sat. 1/31 Time: 11:00 am G.S.

Div: 10 Sect: ~ Blk/Row: ~ Lot: 999 Grave: 1

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E-21107

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
JOSEPH	A.	MARCHESE

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	01/04/1914	01/20/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
SANTEE	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
LINDA S. LORENTZ	DAUGHTER	GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1440 CARY COURT EL CAJON, CA 92019

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ Debra King	01/21/2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/21/2009	▶ 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	–

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	01/31/2009	E-21107

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING
▶ Kenneth La Claus

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
GREENWOOD CREMATORY, 4300 IMPERIAL AVENUE, SAN DIEGO, CA 92113	1-26-09	1919916

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION
▶ R Wheeler

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21107

OFFICIAL RECEIPT

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

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

61426

619 606-1784

Date: January 28, 20 09

From: Linda Lorentz Address: 1410 Cary Ct El Cajon CA 92019

Threehundred ninety-six and 00/— Dollars ($ 396.00)

in full Payment of SAT. FEE FOR SERVICES OF JOSEPH MARCHA

Div 10 Sec ~ Blk/Row ~ Lot 999 Grave 1

Invoice No. E21107

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☒ Charge AP50702
☐ Check

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

PAID

JAN 28 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	396 00
Sales Tax	60101	
	78390	
TOTAL PAID	$	396 00

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

E-21108

AT NEED REV.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JASMINE GUTIERREZ PID: 70

In a BELL LINER Funeral, date, time 1-23-09 FRI 1:00
Type of Burial Container

Church, Chapel, Graveside _____ : PREFUNERAL ARRIVAL Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 216 Grave 4

Grave space & Care Fund ... E-1686	-0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	178.00
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1272.93
Paid receipt number R61411	1272.93
Balance due	-0

PAID
JAN 2 1 2009
MOUNT HOPE CEMETERY

64 4/0

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

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

Signature

CESAR GUTIERREZ
Print Name
272 KENNEDY ST #55
Address
CV. CA 91911
City Zip Code
(619) 476-8355
Telephone
CSG

Invoice # _____

Work Order # E 21108

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21108

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
JASMINE	-	GUTIERREZ

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	03/09/1944	01/20/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
NATIONAL CITY	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
CESAR GUTIERREZ	SON	PREFERRED CREMATION AND BURIAL 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
272 KENNEDY STREET UNIT 55 CHULA VISTA, CA 91911

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ Esther K Brown	01/23/09

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/23/2009	▶ 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	-

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	1/23/09	E-21108

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21108

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot

Date 1-17--02

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 216 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R-54560	224.00
Balance due	671.00

PAID

FEB 11 2004

MOUNT HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

X Martha Gutierrez
Signature

X 310 G Street #8
Address

X Chula Vista Ca. 91910
City Zip Code

X (619) 585-1270
Telephone

Invoice # _____

Work Order # E 16868

Acct. # _____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21108

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container LINGR

	Clark					
			X	Gutierrez Javier		Dixon Robert
	Bonner	Krell Eric	Fountain Helen	Peltason Susana		

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

Blind check Initiated by: _____ Date: _____

Interment space for: JASMINE GUTIERREZ

Interment Date: 1-23-09 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 216 Grave: 4

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E-21108

OFFICIAL RECEIPT

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

NON-TAX

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

61976

Date: October 9, 20 09

From: Duarte/Leticia Address: 361 Vance St #302, CV CA 91710

Forty-three 66 Dollars ($ 43.66)

In Payment of Galvanized vase for Jasmine Gutierrez.

Div 12 Sec 2 Blk/Row Lot 216 Grave 4

Invoice No. E021108

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge Visa
☐ Check

PL A1786103
2-1-14

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

PAID
OCT - 9 2009
MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	23 00
Recording &	100	
Misc. Fees	77183	19 00
Sales Tax	60101	1 66
	78390	
TOTAL PAID	$	43 66

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

OFFICIAL RECEIPT

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

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

61411

1-21-08

Date: 1-21, 2009

From: CESAR GUTIERREZ Address: 272 KENNEDY ST. #5 CHULA VISTA, CA 91911

ONE THOUSAND - NINETY FOUR & 93/100 Dollars ($ 1094.93)

in FULL Payment of INTERMENT OF JASMINE GUTIERREZ

Div 12 Sec 2 Blk/Row _____ Lot 216 Grave 4

Invoice No. E1686/E21108

Acct. No. _____

W.O. _____

BALANCE DUE -0-

☐ Money Order
☒ Charge #94175
☐ Check

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

PAID

JAN 2 1 2009

MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007	-
20% Sales Care	77184	-
80% Sales	100	
of Lots	77184	533 -
Opening/	100	
Closing	77181	270 -
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	200 -
Recording &	100	
Misc. Fees	77183	24 -
Sales Tax	60101	
	78390	20 93
TOTAL PAID	$	1272 93

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 01/20/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Columbus Palmer 232062 1:00

In a Double-Depth "B" Funeral, date, time Thurs. Jan 22 2009
Type of Burial Container

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

Mt. Erie

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

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row ~ Lot 118 Grave 7

Grave space & Care Fund	E 11329	Ø
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		533.00
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		65.00
Sales taxes		—
Total Due	Check#	598.00
Paid receipt number	R 61413	598.00
Balance due		Ø

PAID
JAN 22 2009
MOUNT HOPE CEMETERY

NAVY

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

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

Signature

Cassandra L. Palmer Thiele 232061
Print Name

8402 Blossom Hills Dr
Address

L.G. Ca 91945
City Zip Code

(619) 871-6205
Telephone

MULT. 2 Pay

Invoice # _____

Work Order # E 21109

Acct. # _____

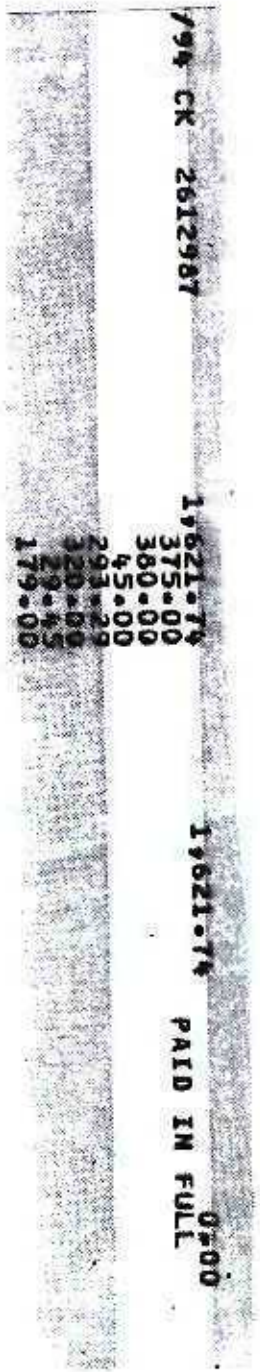
REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

794 CK 2612987 1,621.74
375.00
380.00
45.00
293.29
320.00
29.45
179.00

1,621.74 PAID IN FULL 0.00



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Feb. 14, 1994

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

In a Dbl depth crypt (Vault/Liner) Funeral, date, time Fri. 2/18 1:30 P.

Church, Chapel, Graveside Church/G.S. ; Calif Burial (Van) 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. [signature]

War time veteran _____

Lot 118 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2044.45
Paid receipt number 44640	422.71
Balance due	1621.74

PAID 3-7-94

30 day note mortuary to bring check

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

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

_____
Signature of recorded holder of deed

[signature]
Signature

3217 Island Ave
Address

San Diego, Calif
City Zip Code

231-0248 92102
Telephone

Invoice # 233471

Acct. # 080668

Work Order # E 11329

PY-593 (Rev. 8-92)

E-21109

E-21109

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Katherine Palmer

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

Burial Container DD "B"

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Columbus Palmer

Interment Date: Thurs 1/22 Time: 1:00 Church

Div: 11 Sect: 1 Blk/Row: ~ Lot: 118 Grave: 7

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

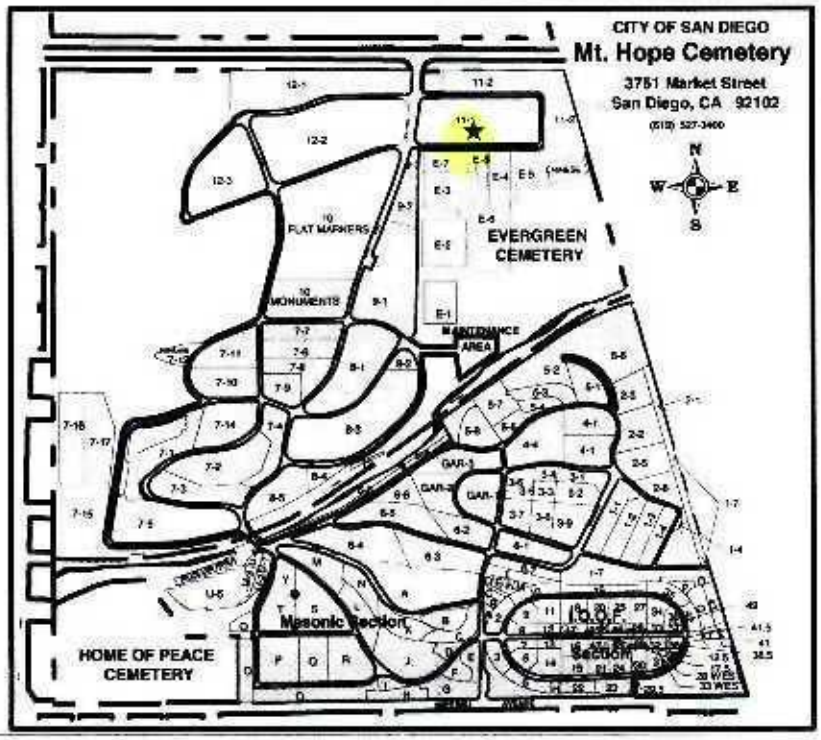
E-21109

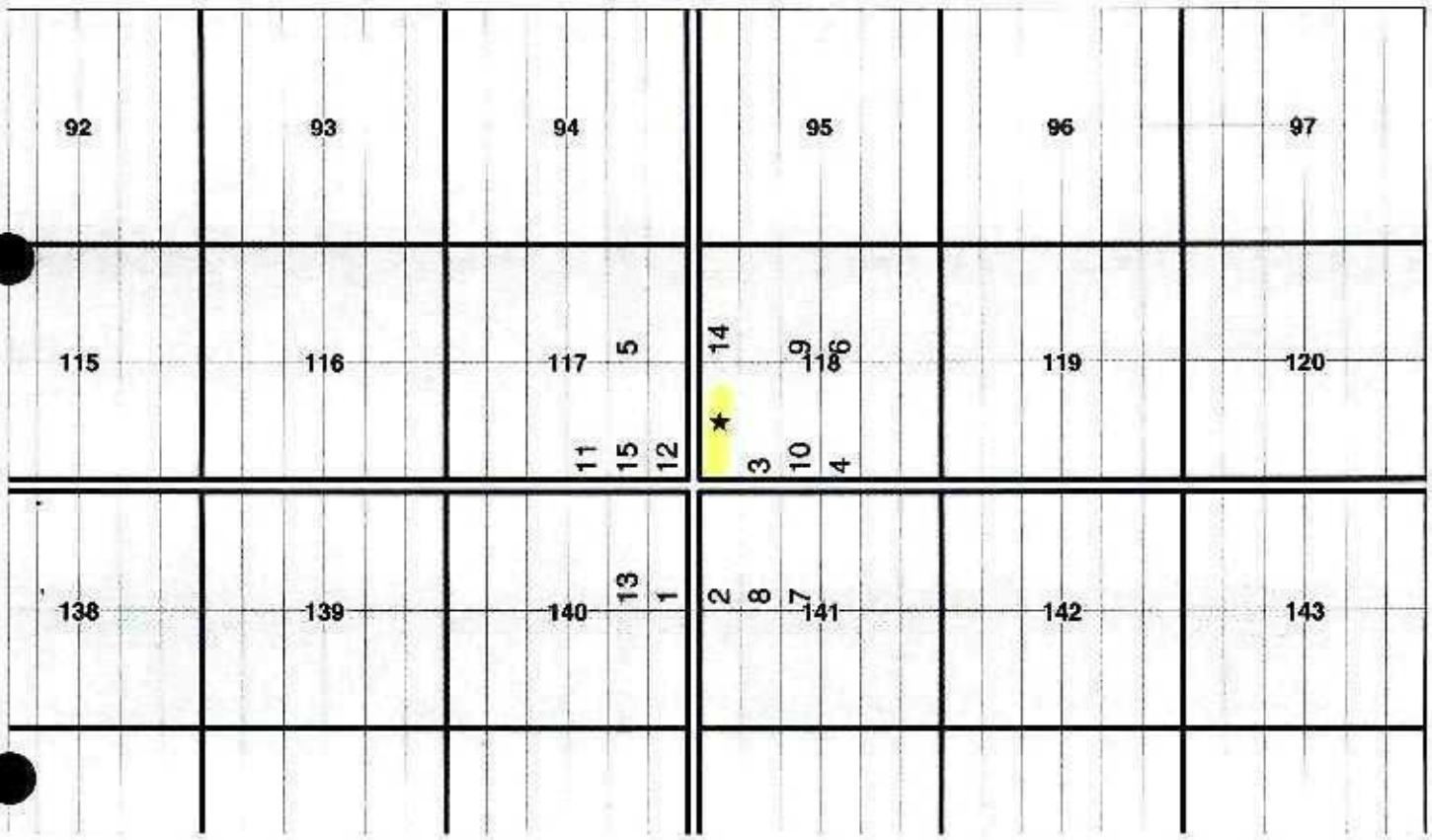
Locator Map

Location	11,1,,118,7
Division	11
Section	1
Block_Row	
Lot	118
Grave	7
C01_Prop_Status	T
C52_Deceased_A	Palmer, Katherine
C53_Deceased_B	
C54_Deceased_C	
C55_Deceased_D	
C56_Deceased_E	
C57_Deceased_F	
C10_Convey_No	
C11_Convey_Date	/ /
C20_ContractNo_A	
C21_ContractNo_B	
C22_ContractNo_C	
C23_ContractNo_D	
C24_ContractNo_E	
C25_ContractNo_F	
C36_Owner_Name_A	
C37_Owner_Name_B	
C38_Owner_Name_C	
C39_Owner_Name_D	
C40_Owner_Name_E	
C41_Owner_Name_F	
C60_Dec_Info_A	DOB=06/18/1937 DOD=02/11/1994
C61_Dec_Info_B	
C62_Dec_Info_C	
C63_Dec_Info_D	
C64_Dec_Info_E	
C65_Dec_Info_F	

Deceased Within A 15 Ft. Radius.

01-Fabian, Paul Francis (11,1,,140,6)
02-Ferguson, Homer Lane (11,1,,141,1)
03-Gartenlaub, Paul (11,1,,118,8)
04-Johnson, Owens (11,1,,118,10)
05-Johnson, Thomas Jefferson (11,1,,117,5)
06-Jones, Freddie (11,1,,118,4)
07-Jones, Jesse (11,1,,141,5)
08-Labeta, John R (11,1,,141,2)
09-Long, Rosie Lee (11,1,,118,3)
10-Marx, Gladys Edith (11,1,,118,9)
11-McCue, Marshall Louis (11,1,,117,10)
12-Smith, Perry Lee (11,1,,117,12)
13-Tate SR., Melvin Lee (11,1,,140,5)
14-Upingco, Vicente Martinez (11,1,,118,1)
15-Yarbrough, William Edward (11,1,,117,11)





E-21109

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

(2) 75

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
COLUMBUS	-	PALMER

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	10/02/1933	01/15/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
SELANE PALMER-THOMAS	DAUGHTER	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

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

8402 BLOSSOMHILL DR.
LEMON GROVE, CA 91945

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Claudette Russ — 9B. DATE SIGNED 01/20/09

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/20/2009	▶ 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	-

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT. HOPE CEMETERY,3751 MARKET ST.,SAN DIEGO,CA 92102	1-21-09	E-21109

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
-		

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
-	

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
-	

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
-		

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

Disinterment
Re:interment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-09

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

in a ASH VAULT (Type of Burial Container) Funeral, date, time WED 02/4/09 11:00

Church, Chapel, Graveside _____ ; Family Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ Vince 619 561 6400 neptune SOC.

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row _____ Lot 130 Grave 1

Grave space & Care Fund E-4422	
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees Disinterment	497.00
Sales taxes	
Total Due	497.00
Paid receipt number R 61407	497.00
Balance due	Ø

PAID
JAN 20 2009
MOUNT HOPE CEMETERY

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

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

Dennis Furuoka
Signature

DENNIS FURUOKA
Print Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 21110

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Disinterment Crew: Felipe Reyes

Printed on recycled paper

E-21110
MT. HOPE CEMETE

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 07-02 19 84

CHARGE Dennis Furuoka 287-050?

ADDRESS 7208 Deerfield St. LC Ca 92120

NAME OF DECEASED Kitty Furuoka

OWNER

ADDRESS

MORTUARY Lewis-Colonial

LOT 130 GR 1 ROW SEC 11 DIV 7	425	00
OPENING/CLOSING TIME 8:30 AM DAY FRI DATE 7-13-84	95	00
VAULT/LINER Redi SIZE	25	00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	720	00
PAID RECEIPT NUMBER 31812	720	40
BALANCE	-0-	

Cm. of Grave

PAID
JUL 2 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED IN-PERSON PHONE BY

ORDER TAKEN BY

W.O. NO. E 4422

INVOICE NO.

PY-593 (4-82)

E-21110

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT OF. Ruby Sayoko Furuoka ⊗

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Ruby F Furuoka 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 Ruby Furuoka and all expenses of investigating and defending against same; provided, however, that the undersigned's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of the City of San Diego, its agents, officers, or employees.

The burial site for _____ is identified as:

Lot 130 Grave 1 Section 11 Division 7

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

_____	_____
_____	_____
_____	_____
† Glenn Furuoka	† Husband
SIGNATURE(S)	RELATION TO DECEASED

Verified by License CPL K0620611 6-29-09

WITNESSED BY

6-20-2009

DATE

DIVERSITY

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

E-21110

MOUNT HOPE CEMETERY

upright monument

GRAVE BLIND CHECK FORM

IN GRAVE WITH N/A

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

Burial Container ashcrete

Disinter/re-inter

	KAMINAKA UYEJI		X	UYEJI		TREE

Flagged Yes ✓ No _____

Blind check Initiated by: Paulette Date: 1/30/09

Interment space for: Ruby S. Furuoka ⊗

Interment Date: TUES 2/3/09 Time: 11:00 am

Div: 7 Sect: 11 Blk/Row: ~ Lot: 130 Grave: 1

Grave Laid out by: Norman

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E-21110

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
RUBY	SAYOKO	FURUOKA

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	12/11/1949	06/11/1984	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
SAN DIEGO	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
DENNIS FURUOKA	HUSBAND	NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJN, CA 92021 VINCE ALARI	FD-1352

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
7808 DEERFIELD ST
SAN DIEGO, CA 92120

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103065

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED: 01/20/2009

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 approved in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/20/2009	290060 ▶

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
PO BOX 85222 SAN DIEGO, CA 92186-5222	PO BOX 2009 STOCKTON, CA 95201

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY
☐ I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
LODI MEMORIAL CEMETERY
5750 E PINE ST
LODI,CA 95241

12B. DATE BURIED: 2/04/09
12C. INTERMENT NUMBER—IF APPLICABLE: E-21110
12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY
13B. DATE CREMATED
13C. CREMATION NUMBER—IF APPLICABLE
13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS
14B. DATE RECEIVED
14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED
15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
15D. DATE SHIPPED

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE
16B. DATE OF DISPOSITION
16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA."
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED."
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT."

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

MT. HOPE CEMETERY

INTERMENT ORDER

619 527-3400

City of San Diego

at need
In grave w/ Fumiko Kido 25 chairs

Date 1-20-2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tom Kida 210806 1:00

in a Ash Vault (Type of Burial Container) Funeral, date, time Feb 13, 2009 Friday

Church, Chapel, Graveside ____ ; Family Mortuary.

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

will be applied and billed to undersigned. ____

Division 7 Section 11 Blk/Row ~ Lot 140 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number AP#74004P R61421	510.06
Balance due	Ø

PAID
JAN 26 2009
MOUNT HOPE CEMETERY
25 CHAIRS
R61445

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

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

X ____ Signature

X ____ Print Name

X ____ Address

X ____ City Zip Code

X ____ Telephone

See attached

Invoice # ____

Acct. # ____

Work Order # E 21111

REA-104 (3-04)

This informatio... ...n request.

Barbara would like a refund for $65 pd and 25 chairs mailed refund

E-21111

CITY OF SD MT HOPE CEMETERY 64
3791 MARKET ST
SAN DIEGO CA 92102
619 527-5474

Term ID: 79598694 Ref #: 0001

Sale

**********2935
MASTERCARD Entry Method: Manual

Total: $ 510.06

01/26/05 09:15:59
Inv #: 000001 Appr Code: 74004P
Batch#: 000067
Zip Code:

7,11,11,40,1

9194

Customer Copy

THANK YOU

E-21111

61421

OFFICIAL RECEIPT

[redacted]

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

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

E-21111

Date: 1/26, 20 09

From: Bobbie Johnson Address: Lemon Gr. (91945)

Five hundred, ten and 06/00 Dollars ($ 510.06)

in Full Payment of Interment of Tom Kida's cremains.

Div 7 Sec 11 Blk/Row ____ Lot 140 Grave [redacted] (1)

Invoice No. E-21111

Acct. No. ____

W.O. ____

BALANCE DUE Ø

☐ Money Order
☒ Charge AP 74004 P
☐ Check

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

PAID
JAN 26 2009
MOUNT HOPE CEMETERY

ISSUED BY PC

CREDIT	67007	—
20% Sales Care	77184	—
80% Sales	100	—
of Lots	77184	
Opening/	100	199.00
Closing	77181	104.00
Burial	100	114.00
Containers	77182	
	100	85.00
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Sales Tax	60101	8.06
	78390	
TOTAL PAID	$	510.06

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

FROM

(MON) JAN 26 2009 9:10/ST. 9:09/No. 7500000890 P 1

E-21111

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need
in grave w/ Fumiko Kido

Date 1-20-2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tom Kida 1:00

in a Ash Vault (Type of Burial Container) Funeral, date, time Feb 13, 2009

Church, Chapel, Graveside : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row ~ Lot 140 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	199.00
Burial Container	104.00
Handling Fees	114.00
Lower vases – Marker setting	
Recording/Filing/Transfer Fees	85.00
Sales taxes	8.06
Total Due	510.06
Paid receipt number AP#74004P R61421	510.06
Balance due	Ø

PAID
JAN 26 2009
MOUNT HOPE CEMETERY

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

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

X [signature]
Signature

X BOBBIE JOHNSON
Print Name

X 16 COLONY LANE
Address

X GALENA IL 61036
City Zip Code

X 815-777-3430
Telephone

Invoice # _____

Work Order # E 21111

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-21113

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Fumiko Kida "A" double-depth

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

Burial Container Ash Vault ~~2 Graves~~

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Tom Kida ⊗

Interment Date: Feb 13, 2009 Time: 1:00 Graveside

Div: 7 Sect: 11 Blk/Row: ~ Lot: 140 Grave: _____

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: Ken Date 2/12/09

Cremains were placed at: _____ of grave

E-21111

February 2, 2008

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

Paulette,

Enclosed is the check for the additional 25 chairs at my father"s graveside service:

Tamotsu (Tom) Kida
February 13, 2008, Friday
1:00 p.m

I appreciate all of your help.

Thank You,

Bobbie Johnson
16 Colony Lane
Galena, IL. 61036
815-777-3430

89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
TOMATSU	-	KIDA

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	05/12/1919	01/15/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
GALENA	ILLINOIS

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
BOBBIE JOHNSON	DAUGHTER	FEATHERINGILL MORTUARY 6322 EL CAJON BL. SAN DIEGO, CA 92115 M, DOMINGUEZ	FD1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
16 COLONY LNAE
GALENA, IL 61036

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the *right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition* stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED: 01/26/2009

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/26/2009	▶ 2910097

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

10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM
POB OX 85222, SAN DIEGO, CA 92186-5222

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY
- [ ] I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT. HOPE CEMETERY, 3751 MARKET ST.
SAN DIEGO, CA 92102

12B. DATE BURIED: 2/13/09

12C. INTERMENT NUMBER—IF APPLICABLE: E-21111

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ [signature]

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT *

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

At-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/20/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CEDRIC PAYNE 232072 11:00

in a Double Depth "A" Type of Burial Container Funeral, date, time TUES JAN 27th 2009

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 $ (619) 229-2750

will be applied and billed to undersigned. _____

Division 2 Section 5 Blk/Row _____ Lot 59 Grave 11

Grave space & Care Fund	2,264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	539.-
Handling Fees	454.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R61419 CIC 1248	3896.77
Balance due	0

PAID
JAN 23 2009
MOUNT HOPE CEMETERY

Residency verified DMV

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

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

Signature

232071
STACY PAYNE
Print Name
1523 MARY LOU ST
Address
SAN DIEGO 92102
City Zip Code
619-472-9372
Telephone

Invoice # _____

Work Order # E 21112

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21112

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Double-Depth "A"

		Rowley Rowley	1			
			X			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 1/23/09

Interment space for: Cedric Payne

Interment Date: Tues. Jan 27th Time: 11:00 11

Div: 2 Sect: 5 Blk/Row: ___ Lot: 59 Grave: 78

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David M. Date 1-23-09

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

56
E-21112

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
CEDRIC	ALAN	PAYNE

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	06/26/1952	01/15/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
NATIONAL CITY	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
STACY PAYNE	WIFE	CALIFORNIA CREMATION & BURIAL 2200 HIGHLAND AVE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1523 MARY LOU STREET
SAN DIEGO, CA 92102

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that this disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103065.

9A. APPLICANT SIGNATURE ▶ [signature] 9B. DATE SIGNED 1/23/09

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/23/2009	▶ 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	-

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	1-27-09	E-21112

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ [signature]

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
-		

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
-	

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
-	

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
-		

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 21, 2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of D'Mario Thornton 232085 (child)

in a Liner (Type of Burial Container) Funeral, date, time Monday Feb 2, 2009

Church, Chapel, Graveside Witness ; WMS SD Memorial Mortuary 9:30

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

will be applied and billed to undersigned. _____

Division 9 Section 3 Blk/Row _____ Lot 163A Grave 1

Grave space & Care Fund	277.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	277.00
Burial Container 7 1/2 x 66 W	135.00
Handling Fees	71.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	10.46
Total Due	835.46
Paid receipt number R61434	835.46
Balance due	Ø

PAID JAN 29 2009 30

MOUNT HOPE CEMETERY

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

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

Signature

Print Name See attached

Address

City 232084 Zip Code

Telephone

Invoice # _____

Work Order # E 21113

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21113

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Jan 21, 2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of D'Mario Thornton

In a Liner (Type of Burial Container) Funeral, date, time Friday, Jan 30 @ 11am

(Church) Chapel, Graveside ; WMS SD Memorial Mortuary.

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

Division 9 Section 3 Blk/Row _____ Lot 163A Grave 1

Grave space & Care Fund	277.00
~~Overtime/Late Arrival Fees~~	
Opening/Closing & Setup	277.00
Burial Container	135.00
Handling Fees	71.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	10.46
Total Due	835.46
Paid receipt number	
Balance due	

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

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

Signature Samantha Thornton

Samantha Thornton
Name
619 42nd St
Address
San Diego Ca 92102
City Zip Code
619-631-2199
Telephone

Work Order # E 21113

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

JAN-21-2009 03:45P FROM:WMS SD MEMORIAL CHAP 6196920896 TO:5273403 P.1

E-21113

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

11" wide 7" long

Burial Container Liner (Adult)

	Jackson	Dillion	Livingston			
	Livingston	Steel	X			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette C. Date: 1/27/09

Interment space for: D' Mario Thornton Child 7yrs Old

Interment Date: Mon. Feb 2 Time: 9:30 AM - Delivery

Div: 9 Sect: 3 Blk/Row: — Lot: 163A Grave: 1

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☒ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Collins Date 1/31/09

Cremains were placed at: _____ of grave

E-21113

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-21113

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
DMARIO	DARRELL	THORNTON JR

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	08/18/2001	01/20/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
SAMANTHA THORNTON	MOTHER	WMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
220 W. PARK AVE APT L EL CAJON, CA 92020

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ [signature]	01/23/2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/23/2009	▶ 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	—

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	2/2/09	

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING

▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION

▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01/22/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Spencer Sr. 232070

in a LINER (Type of Burial Container) Funeral, date, time TUES JAN 27th 11:00

Church/Chapel, Graveside ____ : WMS S.D Memorial (Mortuary)

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

will be applied and billed to undersigned. ____

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

PAID

JAN 23 2009

MOUNT HOPE CEMETERY

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R61418	3,358.93
Balance due	0

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

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

Signature

232069

Print Name

Address

City Zip Code

Telephone See attached

Invoice # ____

Work Order # E 21114

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21114

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01/22/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Spencer Sr.

In a LINER (Type of Burial Container) Funeral, date, time Tues. JAN 27th 11:00

Church/Chapel, Graveside : WMS S.D Memorial

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

will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row ____ Lot 12 Grave ____

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	595.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	20.93
Total Due	3,320.93
Paid receipt number	
Balance due	

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

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

Signature

Christopher Fields
Print Name
2491 University Ave
Address
San Diego, CA 92104
City Zip Code
(619) 692-3090
Telephone

Work Order # E 21114

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21114

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

		Fence				
Jackson Latha			X	DIXON MARY		Henry Glendola
			Lowbridge ELCA MAE			KOONTZ PATRICIA K

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

Blind check Initiated by: Maria Date: 1/23/09

Interment space for: Roy Spencer Sr.

Interment Date: Tues Jan 27 Time: Church 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 12 Grave: 4

Grave Laid out by: Norman & Ray

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David N. Date 1-23-09

Cremains were placed at: _____ of grave

9/2/13

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

68 E-21114

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ROY	EDWARD	SPENCER 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	04/19/1940	01/20/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
EDDIE SPENCER	SPOUSE	WMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVENUE SAN DIEGO, CA 92104	FD1575

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

4366 BOSTON AVE
SAN DIEGO, CA 92113

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED 1/26/2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/26/2009	▶ 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	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102

12B. DATE BURIED: 1-27-09

12C. INTERMENT NUMBER—IF APPLICABLE: E-21114

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Monige

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

AT NGGD NOW RBS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARTHUR R. KILCREASE 232067

in a LINER (Type of Burial Container) Funeral, date, time 1-26-09 MON 10:00

Church, Chapel, Graveside DIRECT BURIAL : GREENWOOD Mortuary.

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

will be applied and billed to undersigned. _____

Division 2 Section 2 Blk/Row 16 Lot 26 Grave 1

Grave space & Care Fund 10148	-0-
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	1454.82
Paid receipt number R61414	1454.82
Balance due	-0-

PAID

JAN 2 1 2009

MOUNT HOPE CEMETERY

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

232066

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

Signature Vernon T. Kilcrease

VERNON T. KILCREASE
Print Name

16242 QUAIL ROCK RD
Address

RAMONA, CA 92065
City Zip Code

760 789 1851
Telephone

Invoice # _____

Work Order # E 21115

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21115

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

12 [illegible]

№ 10148 ORDER

Date 10-30 1947

Charge Arthur R. Kilcrease

Address 5620 - Bolivar St. National City

Name of deceased Peggy B. Kilcrease

Mortician Berge - Roberts

Open #28

Lot 23-24-25-26-27-28 Row 16 Sec. 2 ~~Blk.~~ Div. 2	210	00
COUNTY: Grave ____ Row ____ Div. ____		
Opening: Time #2 P.M. ~~P.M.~~ A. M. Day Friday Date 10/31	20	00
~~Vault~~ Box ____ Size 3	17	94
Removal ____		
Foundation ____		
Total	247	94

Order Placed 10 A.M. P.M. 10-30 1947 In person Phone By Mr. K.

Remarks Cash in 30 days

Order Taken by P. J. Duffy by Paul Knudsen

FORM 974

E-21115

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Bronze Liner

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: ARTHUR R. KILCREASE

Interment Date: 1-26-09 Time: _____

Div: 2 Sect: 2 Blk/Row: ____ Lot: 16 Grave: 26

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

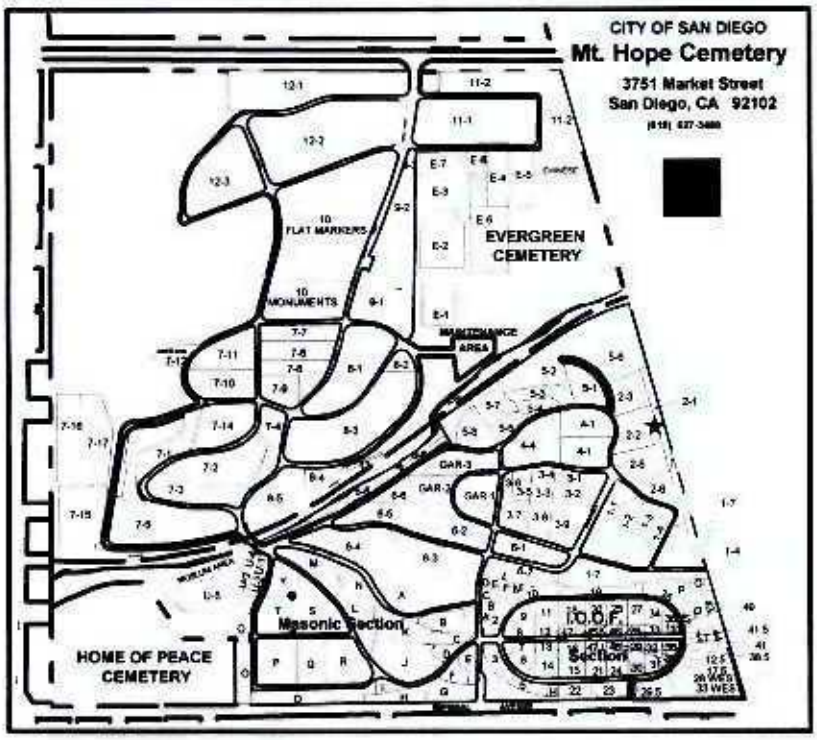
Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E-2115

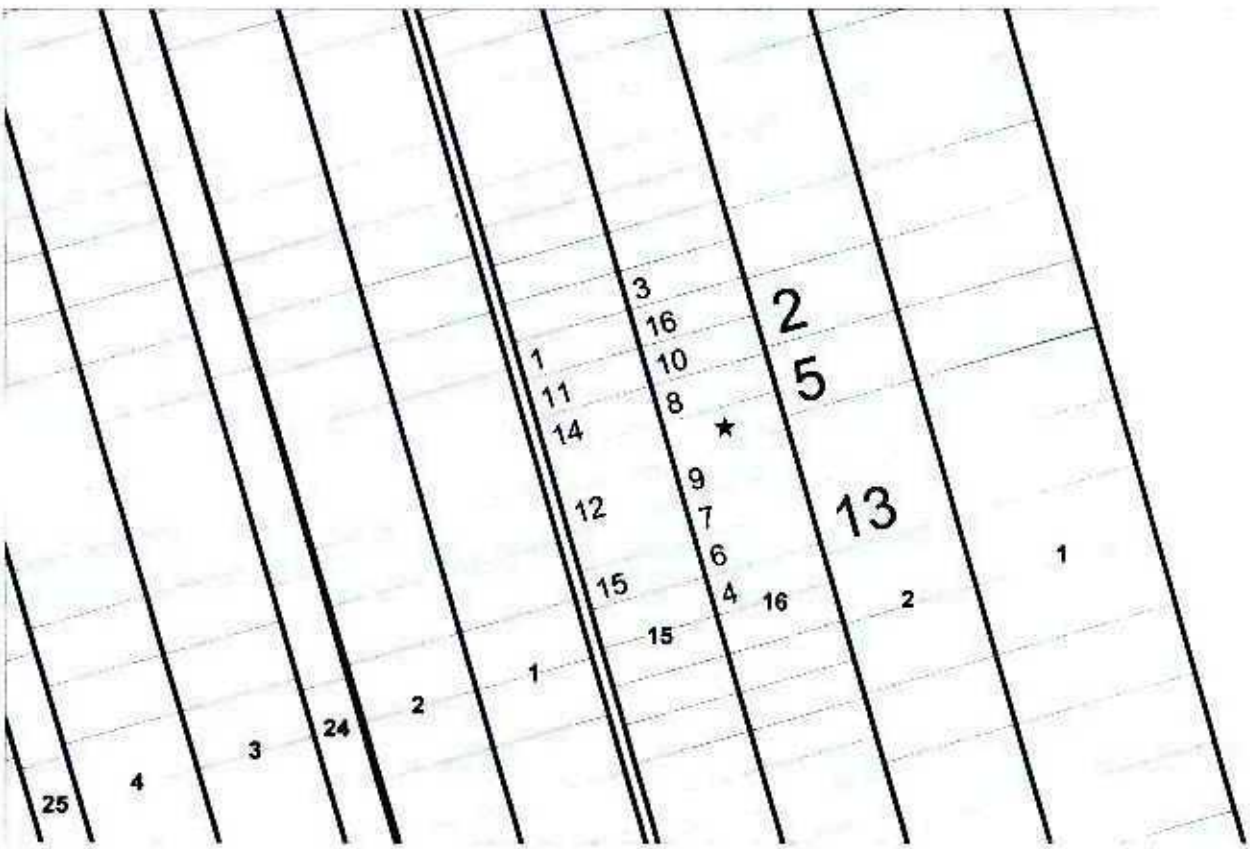
Locator Map




```
Location          : 2,2,16,26,1
Division          :    2
Section           :    2
Block_Row         :   16
Lot               :   26
Grave             :    1
C01_Prop_Status   : S
C52_Deceased_A    :
C53_Deceased_B    :
C54_Deceased_C    :
C55_Deceased_D    :
C56_Deceased_E    :
C57_Deceased_F    :
C10_Convey_No     : 0010148
C11_Convey_Date   :   /  /
C20_ContractNo_A  :   O-010146
C21_ContractNo_B  :
C22_ContractNo_C  :
C23_ContractNo_D  :
C24_ContractNo_E  :
C25_ContractNo_F  :
C36_Owner_Name_A  : Kilcrease, Arthur Claude
C37_Owner_Name_B  :
C38_Owner_Name_C  :
C39_Owner_Name_D  :
C40_Owner_Name_E  :
C41_Owner_Name_F  :
C60_Dec_Info_A    : DOB-  /  /     DOD-  /  /
C61_Dec_Info_B    :
C62_Dec_Info_C    :
C63_Dec_Info_D    :
C64_Dec_Info_E    :
C65_Dec_Info_F    :
```

Deceased Within A 15 Ft. Radius.

01-Anderson, Bertha Marie (2,2,15,23,1)
02-Bromley, Catherine (2,2,2,16,1)
03-Camm, Ethel (2,2,16,30,1)
04-Decker, Jesse Holton (2,2,16,22,1)
05-Farr, Leonard (2,1,2,15,1)
06-Kilcrease, Arthur Claude (2,2,16,27,1)
07-Kilcrease, Deliah Bell (2,2,16,24,1)
08-Kilcrease, Ethel Lee (2,2,16,27,1)
09-Kilcrease, Ora Elaine (2,2,16,2',1)
10-Kilcrease, Peggy Brenda (2,2,16,28,1)
11-LaRue, Dorcas (2,2,15,28,1)
12-Reed, Robert Kenneth (2,2,15,25,1)
13-Root, J H (2,1,2,13,1)
14-Stalnaker, Archie Laverne (2,2,15,27,1)
15-Stanford, Mattie (2,2,15,23,1)
16-Storton, Albert Leonard (2,2,16,29,1)



E-21115
9T

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
ARTHUR	ROSCOE	KILCREASE

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	11/26/1917	01/21/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
RAMONA	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
VERNON T. KILCREASE	SON	GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
16242 QUAIL ROCK ROAD RAMONA, CA 92065

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED: 01/23/2009

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 the permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/23/2009	▶ 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	

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	1-26-09	E-21115

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ [signature]

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/22/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruperto Camacho 232068

in a DD crypt Type of Burial Container Funeral, date, time Mon, Jan 26 @ 10:00

Church, Chapel, Graveside 11:15-11:30 per oscar AZTLAN Mortuary.

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

will be applied and billed to undersigned. _____

Division MASON Section C Blk/Row _____ Lot 15 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R-61415	3,896.77
Balance due	0

PAID
JAN 22 2009
MOUNT HOPE CEMETERY

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

231085

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

Signature

Leticia Camacho
Print Name
3726 Madison Ave #5
Address
San Diego CA 92116
City Zip Code
619 402 6349
Telephone

Invoice # _____

Work Order # E 21116

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper.

E-21116
56

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
RUPERTO	-	CAMACHO TORRES

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	10/16/1952	01/21/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
TEPIC	MEXICO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
LETICIA CAMACHO	DAUGHTER	FUNERARIA AZTLAN MORTUARY SVC 7856 LA MESA BL LA MESA CA 91941 JOSE L GAJON JR	FD1568

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3726 MADISSON AVE #5
SAN DIEGO CA 92116

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED: 01/23/2009

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/23/2009	▶ 2900084

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)—CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY
- ☐ I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MOUNT HOPE CEMETERY, 3751 Market Street, San Diego CA 92102.	1-26-09	E-21116

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21116

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH (0)

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

Burial Container DD Crypt

			X	Camacho Jaime		Garcia Julio
			Kuller May	↓	Wright Robert	
			Kuller Charles			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Ruperto Camacho

Interment Date: 1/26/09 Time: 10:00 Church

Div: MAS Sect: C Blk/Row: ____ Lot: 15 Grave: 2

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 01/26/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TROY WASHINGTON 232082

in a DD Crypt (Type of Burial Container) Funeral, date, time Thurs. Jan 29th 1:00

Church, Chapel, Graveside : Anderson Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 251 Grave 7

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2 x 533	1,066.00
Burial Container	539.00
Handling Fees	454.00
Flower vase, Marker setting fee $65 x 2	130.00
Recording/Filing/Transfer Fees	41.77
Sales taxes	4,494.77
Total Due	4,494.77
Paid receipt number R-61425 & P-01617	0
Balance due	

PAID JAN 29 2009 MOUNT HOPE CEMETERY

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 232081

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

Yolanda Washington (Signature)

Yolanda Washington (Print Name)

4766 Newton Avenue (Address)

San Diego Ca 92113 (City, Zip Code)

5079489 (Telephone)

Invoice # _____

Work Order # E 21117 Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21117
P01617

OFFICIAL RECEIPT

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

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

Date: Jan 26 2009

From: Yolanda Washington Address: 4166 Newton Ave SD 92113

Five hundred Ninety eight no/100 Dollars ($ 598.00)

In _____ Payment of Pre-need for Yolanda Washington

Div 12 Sec 2 Blk/Row _____ Lot 251 Grave 7

Invoice No. E-21117

Acct. No. _____

W.O. _____

BALANCE DUE 0

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

PAID

JAN 26 2009

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	598 00
TOTAL PAID	$	598 00

☐ Pre-Need Lot ☐ Money Order
☐ Pre-Need Trust ☐ Charge
☒ Check

AC-212 (2-08)

OFFICIAL RECEIPT

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

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

61425

Date: Jan 26 2009

From: Yolanda Washmgton Address: 4166 Newton Ave SD 92113

Three thousand Eight hundred Ninety Six and 77/100 Dollars ($ 3,896.77)

In _____ Payment of Troy Washington Interment

Div 12 Sec 2 Blk/Row _____ Lot 251 Grave 7

Invoice No. E-21117

Acct. No. _____

W.O. _____

BALANCE DUE 0

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

ISSUED BY Maria

CREDIT	67007	
20% Sales Care	77184	452 80
80% Sales of Lots	100 77184	1811 20
Opening/Closing	100 77181	533 00
Burial Containers	100 77182	539 00
Handling Fee	100 77185	454 00
Recording & Misc. Fees	100 77183	65 00
Sales Tax	60101 78390	41 77
TOTAL PAID	$	3,896 77

☐ Money Order
☐ Charge
☑ Check

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

E-21117

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH (C)

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

Burial Container DD Crypt

	Zuniga Guadlupe				
	Tamiszian Mardiros				
	Tamiszian Salwa	X	Ross Lawrence	Varner Peter	

Flagged Yes _____ No _____

Blind check Initiated by: _____ Date: _____

Interment space for: TROY WASHINGTON

Interment Date: 1/29/09 Time: 1:00 Chapel

Div: 12 Sect: 2 Blk/Row: ____ Lot: 251 Grave: 7

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David M. Date 1-27-08

Cremains were placed at: _____ of grave

E-21117
114

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
TROY	WILLIE	WASHINGTON

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	07/08/1934	01/22/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
CHULA VISTA	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
YOLANDA R. WASHINGTON	WIFE	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
258 KEARNEY STREET
CHULA VISTA, CA 91910

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100 and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Glenn Kastyon — 9B. DATE SIGNED 1/26/09

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/26/2009	▶ 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	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102

12B. DATE BURIED: 1-29-09 — 12C. INTERMENT NUMBER—IF APPLICABLE: E-21117

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED — 13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

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

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURNED 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 ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

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

E-21117
61901

Date: 9/01, 20 09

From: Yolanda Washington Address: _____

One hundred, Seventy-eight Dollars ($ 178.00)

in full Payment of Selling fee for Troy Washington

Div 12 Sec 2 Blk/Row _____ Lot 251 Grave 7

Invoice No. E 021117

Acct. No. _____

W.O. _____

BALANCE DUE Ø

☐ Money Order
☒ Charge AP 335221
☐ Check

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

PAID
SEP 1 2009
MOUNT HOPE CEMETERY

ISSUED BY Charlotte

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
[illegible]	100	
Misc. Fees	77183	178 —
Sales Tax	60101	
	78390	
TOTAL PAID	$	—

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/23/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shanttal Abigail Salazar 232079

in a O Box (Type of Burial Container) Funeral, date, time Thurs, Jan 29 @ 2pm

Church, Chapel, Graveside : ELcamino-NC Mortuary PAZ

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1244 Grave C

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	178.00
Burial Container 2'fw x 24 JAN 23 2009	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-61420 AP 014323	527.67
Balance due	0

PAID MOUNT HOPE CEMETERY

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

232078

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

J. NATIVIDAD SALAZAR (Signature)

J. NATIVIDAD SALAZAR (Print Name)

3814 50st Apt 3 (Address)

SAN Die 60 92105 (City, Zip Code)

619 534 5533 (Telephone)

Work Order # E 21118

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

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

61426

Date: January 23, 20 09

From: J. Natividad Salazar Address: _____

Five hundred twenty seven and 67/100 Dollars ($ 527.67)

in Full Payment of Interment of Shantal Abigail Salazar

Div 9 Sec 1 Blk/Row _____ Lot _____ Grave _____

Invoice No. E-21118

Acct. No. _____

W.O. _____

BALANCE DUE -0-

☐ Money Order
☒ Charge AP01423
☐ Check

NOT VALID FOR PURPOSES INTENDED UNLESS STAMPED "PAID" THIS FORM

PAID
JAN 23 2009
MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	28 40
20% Sales Care	77184	113 60
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	178 00
Burial	100	99 00
Containers	77182	
	100	
Handling Fee	77185	36 00
Recording &	100	65 00
Misc. Fees	77183	
Sales Tax	60101	7 67
	78390	
TOTAL PAID	$	527 67

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

E-21118

E-21118

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container O Box

(DAVIS) Booker DeshawN	(Sandoval) Hernandez Stephanie					
			X	ESTRADA Georgina		

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

Blind check Initiated by: Maria Date: 1/23/09

Interment space for: Shantal Salazar

Interment Date: 1/29/09 Time: 2pm

Div: 9 Sect: 1 Blk/Row: ___ Lot: 1244 Grave: 1

Grave Laid out by: Hernandez

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-21118

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
SHANTTAL	ABIGAIL	SALAZAR

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	11/10/2008	01/21/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
J. NATIVIDAD SALAZAR	FATHER	EL CAMINO MEMORIAL-N.C. 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3814 50TH ST. #3
SAN DIEGO, CA 92105

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED 01/28/2009

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/28/2009	▶ 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	—

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102

12B. DATE BURIED 1-29-09

12C. INTERMENT NUMBER—IF APPLICABLE E-21118

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Moreno

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

AT NBGD SD. RES.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of *GEORGE SMITH 232077

in a LINER Type of Burial Container Funeral, date, time 1-29-09 THUR 2:30

Church, Chapel, Graveside ; CO BURIAL Mortuary.

11:00-1:00

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

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 142 Grave 3

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R61422	3358.93
Balance due	0

PAID

JAN 26 2009

MOUNT HOPE CEMETERY

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

232076

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

* Jennifer D. Smith
Signature

*JENNIFER D. SMITH
Print Name

*4657 "F" ST
Address

SAN DIEGO 92102
City Zip Code

*619-263-9752
Telephone

Invoice # _____

Work Order # E 21119

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21119

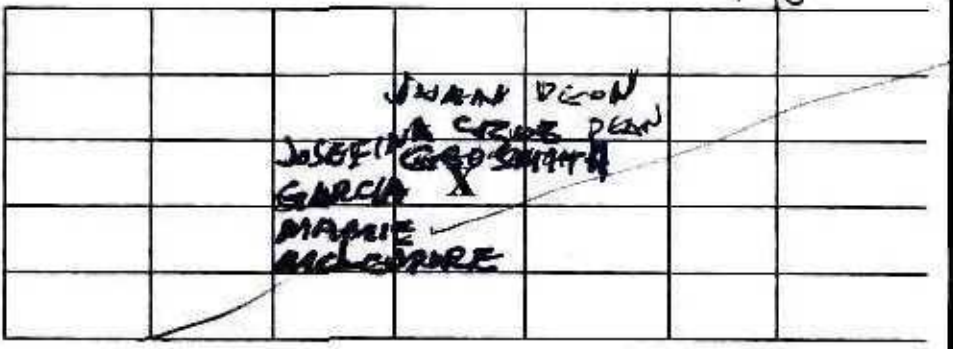
MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container LINER



Flagged Yes ✓ No _____

Blind check Initiated by: Tom Date: 1-26-09

Interment space for: GEORGE SMITH

Interment Date: 1-29-09 Time: 2:30

Div: 12 Sect: 2 Blk/Row: ___ Lot: 142 Grave: B

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David Mc Date 1-27-09

Cremains were placed at: _____ of grave

E-21119

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
GEORGE	-	SMITH

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	08/05/1937	01/22/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
RUTH SMITH	WIFE	CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
4657 F STREET SAN DIEGO, CA 92102

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ [signature]	1/28/09

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/28/2009	▶ 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	-

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	1-29-09	E-21119

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING: ▶ [signature]

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
-		

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
-	

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
-	

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
-		

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21119

61422

OFFICIAL RECEIPT

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

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

Date: 1-26, 20 09

From: JENNIFER SMITH Address: 4657 "F" ST. SD. 92102

THREE THOUSAND THREE HUNDRED - FIFTY EIGHT & 93/100 Dollars ($ 3358 93)

in FULL Payment of INTERMENT OF GEORGE SMITH

Div 12 Sec 2 Blk/Row ____ Lot 142 Grave 5

Invoice No. ____

Acct. No. E21119

W.O. ____

BALANCE DUE -0-

☐ Money Order
☒ Charge MP026248
☐ Check

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

PAID

JAN 2 6 2009

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	452 80
20% Sales Care	77184	
80% Sales	100	1811 20
of Lots	77184	
Opening/	100	533 -
Closing	77181	270 -
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	206 -
Recording &	100	
Misc. Fees	77183	105 -
Sales Tax	60101	20 93
	7B390	
TOTAL PAID	$	3358 93

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

E-21119

OFFICIAL RECEIPT

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

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

61591

Date: April 17, 2009

From: Ruth L Smith Address: 4657 F. ST SD 92102

Sixty Six 06/XX Dollars ($ 66.06)

in _____ Payment of George Smith ~~Marker Insta~~ Trion vase

Div 12 Sec 2 Blk/Row _____ Lot 142 Grave 3

Invoice No. E-21119

Acct. No. _____

W.O. _____

BALANCE DUE -0-

☐ Money Order
☐ Charge
☒ Check 1802

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

PAID
APR 17 2009
MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182	35	00
	100		
Handling Fee	77185	28	00
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101	3	06
	78390		
TOTAL PAID	$	66	06

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/26/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 232087-Mauricio Junior Cortez 11:30 a.m.

in a "O" Box (Type of Burial Container) Funeral, date, time TUE FEB 3 ,2009

Church, Chapel, Graveside ; EL CAMINO - NC Mortuary. (619) 474-6566

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

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 390 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	78.00
Burial Container (13" L X 7" W) PAID	99.00
Handling Fees JAN 26 2009	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees MOUNT HOPE CEMETERY	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-61423	527.67
Balance due	0

ZIP 92113

I hereby certify I am the Abuela of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 232080

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

Signature

Print Name Ofelia Chicas

Address 2904 E 19 St

City National city ca. Zip Code 91950

Telephone (619) 475-5913

Invoice # _____

Work Order # E 21120

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21120

OFFICIAL RECEIPT

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

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

61423

Date: January 26 20 09

From: Otelia Chican Address: 2901 E 19 ST Nat City 91950

Five hundred Twenty Seven ——— 67/100 Dollars ($ 527.67)

in _____ Payment of Interment of Mauricio Junior Cortez

Div 9 Sec 1 Blk/Row _____ Lot 390 Grave 1

Invoice No. E-21120

Acct. No. _____

W.O. _____

BALANCE DUE 0

☑ Money Order
☐ Charge
☐ Check

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

PAID

JAN 2 6 2009

MOUNT HOPE CEMETERY

ISSUED BY Otelia

CREDIT	67007	28 40
20% Sales Care	77184	113 60
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	178 00
Burial	100	99 00
Containers	77182	
	100	36 00
Handling Fee	77185	65 00
Recording &	100	7 67
Misc. Fees	77183	
Sales Tax	60101	
	78390	
TOTAL PAID	$	527 67

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

E-21120

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container "O" Box

			X		Jones Ashlock	
					MAHONEY DAJA	

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

Blind check Initiated by: Maria Date: _____

Interment space for: Mauricio J. Cortez

Interment Date: 1/29/09 Time: 12 pm

Div: 9 Sect: 1 Blk/Row: ____ Lot: 390 Grave: 1

Grave Laid out by: Herman & Ken

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David Nunez Date 1-27-09

Cremains were placed at: _____ of grave

E-21120

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
MAURICIO	JUNIOR	CORTES

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	01/19/2009	01/19/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
NATIONAL CITY	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
OFELIA CHICAS	GRANDMOTHER	EL CAMINO MEMORIAL-N.C. 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
2904 19TH ST.
NATIONAL CITY, CA 91950

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055

9A. APPLICANT SIGNATURE ▶ Lisa Cortes

9B. DATE SIGNED 2/3/2009

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/03/2009	▶ 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	—

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT. HOPE CEMETERY 3751 MARKET
ST. SAN DIEGO CA 92102

12B. DATE BURIED 2/3/2009

12C. INTERMENT NUMBER—IF APPLICABLE E-21120

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need
lot / trust
change from Liner to DDCRYPT

Date 01/26/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESMA GRAY 208195

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row ~ Lot 129 Grave 2

Grave space & Care Fund		
Overtime/Late Arrival Fees (SEE E-14815)		
Opening/Closing & Setup	375.00 to 533.00	$ 158.00
Burial Container	250.00 to 539.00	$ 289.00
Handling Fees	185.00 to 454.00	$ 269.00
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes	19.38 to 41.77	$ 22.39
	Total Due	$738.39

CD60680147
2-2013

Paid receipt number AP 0357GB $738.39
P01616

Balance due 0.

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

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

Esma Gray
Signature

ESMA GRAY 208195
Print Name

3330 54th ST
Address

SAN DIEGO, CA. 92105
City Zip Code

(619)-265-9275
Telephone

Invoice # _____

Work Order # E 21121

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21121

OFFICIAL RECEIPT

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

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

P01616

Date: 1/26 . 20 09

From: ESMA GRAY Address: 3330 54th St. San Diego CA 92105

SEVEN HUNDRED, THIRTY-EIGHT AND 39/00 Dollars ($ 738.39)

in Full Payment of Pre-need change from TS Vault to a Double Depth CRYPT

Div 12 Sec 3 Blk/Row _____ Lot 129 Grave 2

Invoice No. E-21121

Acct. No. _____

W.O. _____

BALANCE DUE Ø

☐ Pre-Need Lot
☑ Pre-Need Trust
☐ Money Order
☒ Charge AP03576B
☐ Check

AC-212 (2-06)

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

PAID

JAN 26 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	738 39
TOTAL PAID	$	738 39

E-21121

Pre-need at Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of ~~San~~ Diego

Date 1-11-99

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Lot 129 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund PAID IN	—
Opening/Closing & Setup 2-21-01	375.00
Burial Container FULL	250.00
Handling Fees	185.00
Flower vases – Marker setting fee – (125.00 to be added later)	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1669.38
Paid receipt number M/C	1000.00
Balance due	669.38

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

I hereby authorize the interment in lot 1 sold under deed.

Signature of recorded holder of deed

X Esma Gray
Signature

X 3330 54th St.
Address

X San Diego
City Zip Code

X Calif 92105
Telephone

Invoice # _____

Work Order # E 14815

Acct. # _____

EA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14815

GRAY, ESMA 3330 54th Street, San Diego 92105

			DEBIT	CREDIT	BALANCE
01-11-99	Opened Pre-need Lot & Trust.				
	Lot 129 Gr 2 Sec 3 Div 12		795.00		
	Trust includes Opening/Closing, T.S.Vault,				
	Handling Fee, Recording Fee, Tax on vault.		874.38		1669.38
01-11-99	M/C			1000.00	669.38
2-9-99	M/C	Coupon 1 & 2		56.00	613.38
4-5-99	M/C	3 & 4		56.00	557.38
6-1-99	M/C	5 & 6		56.00	501.38
9-2-99	M/C	7 & 8		56.00	445.38
10-26-99	Visa	9 & 10		56.00	389.38
1-3-00	MC	11 & 12		56.00	333.38
3-7-00	MC	3/17 13 & 14		56.00	277.38
6-12-00	MC	15 & 16		56.00	221.38
8-7-00	MC	17 & 18		56.00	165.38
10-03-00	MC	19 & 20		-56.00	$170.38
2-21-01	R-	53376		109.38	

GRAY, ESMA Pre-need Lot & Trust E-14815

CITY OF SAN DIEGO
DAILY CASH RECEIPTS

127011

DEPARTMENT: Real Estate Asset/Mt. Hope Cemetery

DATE: 01/11/99

DCR No. 008795 (40-54)

EXPLANATION	FUND (16-21)	DEPT. (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)	
via credit card	67007			77184			159	00
payment	100	072		77184			636	00
E14815	100	072		77181			205	00

4301322159267406
MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102-4527
619 527-3400

01/11/99 16:32:12 0

PURCHASE

ACCOUNT NUMBER 5334720246006802 EXP. 1199

TRAN CODE 20 AUTH. 331100 REF # 001001

AMOUNT $ 1000.00

DESC Pre-fund 1st - Trust
E 14815 Esma Gray

X Esma Gray
ESMA GRAY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

PREPARED BY:	PHONE	DEPOSITED BY:	AUDITED BY:	KEY PUNCH:	TOTAL DEPOSIT	
Lynda Molaison	527-5474	MS 72 Mt. Hope Cemetery		DATE	1000	00

AC-1221 (REV. 7-79)

E-2112

CITY OF SAN DIEGO
DAILY CASH RECEIPTS

14704

DEPARTMENT: Real Estate Asset/Mt. Hope Cemetery

DATE: 02/09/99

DCR No: 010094 (46-54)

EXPLANATION	FUND (16-21)	DEPT. (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)	
VIA CREDIT CARD	67007			77184			179	00
PAYMENT	100	072		77184			716	00
E 14881	100	072		77181			375	00
E 14815	100	072		77182			270	00
	100	072		77185			210	00
	100	072		77183			90	00
	63033	072		9022			56	00
	60101			78390			21	31

PURCHASE

Preneed lot + trust for Esma Gray E 14815

PREPARED BY: Lynda Molaison

PHONE: 527-5474

DEPOSITED BY: MS 72 Mt. Hope Cemetery

AUDITED BY:

KEY PUNCH:

DATE

TOTAL DEPOSIT: 1917 31

AC-1221 (REV. 7-78)

CITY OF SAN DIEGO **DAILY CASH RECEIPTS**	DEPARTMENT **READ/Mount Hope Cemetery**	DATE April 6, 1999	DCR No. 012555

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (88-99)
Receipts marker set fee E 14920	67007			77184			$159.00
Preneed E14815, E14981	100	072		77184			$636.00
	100	072		77181			$375.00
	100	072		77182			$130.00
	100	072		77183			125.00
	63033			9022			56.00

4301322159267406
MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102-4527
619 527-3400

04/05/99 13:51:42 0

PURCHASE

ACCOUNT NUMBER 5334720246006802 EXP. 1199

TRAN CODE 20 AUTH. 180150 REF # 001001

AMOUNT $ 56.00

DESC Pre need lot + trust
ESMA GRAY E14815
bal $557.00

X [signature]
ESMA GRAY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

PREPARED BY	DEPOSITED BY: MS 72	AUDITED BY:	KEY PUNCH		
Lynda Molaison	Mt. Hope Cemetery		DATE:		$1,481.00

AC -1221 (REV. 7-79)

E-21121

CITY OF SAN DIEGO **DAILY CASH RECEIPTS**	DEPARTMENT **READ/Mount Hope Cemetery**				DATE June 7, 1999		DCR No. 015421
EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
credit card payments -	100	72		77182			$18.56
preneed - E14815 - Esma Gray	100	072		77185			$10.00
flower vase Dale Rob- and setting fee for	100	072		77183			$125.00
John Fuller E 14950	63033			9022			$56.00
	0101			78390			$1.44

PR

14:10:05 0

PURCHASE

EXP. 1199

AUTH. 172734

REF # 001001

AMOUNT $ 56.00

Esma Gray E14815
preneed cpn 5+6

Esma Gray

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(CERTAIN RESTRICTIONS OF CREDIT VOUCHER)

PREPARED BY	DEPOSITED BY: MS 72	AUDITED BY:	KEY PUNCH	
Lynda Molaison	**Mt. Hope Cemetery**		DATE:	**$211.00**

AC -1221 (REV. 7-79)

CITY OF SAN DIEGO
DAILY CASH RECEIPTS

DEPARTMENT
READ/Mount Hope Cemetery

DATE
September 8, 1999

0003304
DCR No.

EXPLANATION	FUND (18-21)	DEPT (22-27)	ORG LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (68-99)
credit card payments	67007			77184			$159.00
burial of Doris Stiles E 15222	100	072		77184			$636.00
setting fee for Everett O'Quinn E 15032	100	072		77181			$480.00
Esung Le E15207, R. Ramos E 15180,	100	072		77182			$305.00
preneed pay for Esma Gray, and burial	100	072		77185			$245.00
of Michael Dunbar E15240	100	072		77183			$1,065.00
	63033			9022			56.00
				0			23.64

4381322159267406
MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102-4527
619 527-3460

09/02/99 08:12:02 0

PURCHASE

ACCOUNT NUMBER 5334720246086882 EXP. 1199

TRAN CODE 20 AUTH. 227704 REF # 001661

AMOUNT $ 56.00

DESC Prepaid account for Esma Gray

X [signature]
ESMA GRAY

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER

CH

Lynda Monaton (527-3400) | Mt. Hope Cemetery | DATE | **$2,969.64**

AC -1221 (REV. 7-79)

E21121

CITY OF SAN DIEGO **DAILY CASH RECEIPTS**	DEPARTMENT **READ/Mount Hope Cemetery**	DATE October 26, 1999	DCR No. 005600

EXPLANATION	FUND (18-21)	DEPT (22-27)	ORG LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-96)
credit card payments	67007			77184			$359.00
vase for Nettie Stephens	100	072		77184			$1,436.00
burial of Troy Stephens E15306	100	072		77181			$750.00
burial of William Newby E15507	100	072		77182			$830.00
burial of Jol Von Williams E15304	100	072		77185			$478.00
burial of Erwin Stack E15312	100	072		77183			$180.00
preneed for Esma Gray E14815	63033			9022			$56.00
				78390			$44.96
					UNCH		
							$4,133.96

4301322159267406
MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102-4527
619 527-3400

10/25/99 10:43:39 0

PURCHASE

ACCOUNT NUMBER 5334720246006802 EXP. 1199

TRAN CODE 20 AUTH. 248358 REF # 001001

AMOUNT $ 56.00

DESC Pre need lot & trust
E-14815

ESMA GRAY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

AC -1221 (REV. 7-79)

CITY OF SAN DIEGO
DAILY CASH RECEIPTS

DEPARTMENT
READ/Mount Hope Cemetery

DATE
January 6, 2000

008537
DCR No.

EXPLANATION	FUND (18-21)	DEPT (22-27)	ORG LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
credit card payments	67007			77184			$557.00
burial of Mignon Dyer E15431	100	072		77184			$2,228.00
preneed trust E Gray E14815	100	072		77181			$855.00
burial of Ruth Knapp E15433	100	072		77182			$685.00
burial of Ethel Duncan E15428	100	072		77185			$565.00
preneed lot for James Stanford E15435	100	072		77183			$135.00
	63033			9022			$56.00
				8390			$53.09
					NCH		
							$5,134.09

430132215926740
MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102-4527
619 527-3400
01/03/00 12:02:00 0
PURCHASE
ACCOUNT NUMBER EXP.
5334728241006802 1101
TRAN CODE AUTH. REF #
20 768324 001003
AMOUNT $ 56.00
DEST E-14815 Pre-Need
Lot & trust 11 & 12
ESMA GRAY
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

AC -1221 (REV. 7-79)

E-21121

CITY OF SAN DIEGO
DAILY CASH RECEIPTS

DEPARTMENT
READ/Mount Hope Cemetery

DATE
March 9, 2000

DCR No. 0011008

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-46)	FACILITY (67-72)	AMOUNT (89-99)
receipts 52171 - 52200	67007			77184			$781.00
	100	072		77184			$2,958.00
	100	072		77181			$1,760.00
	100	072		77182			$725.00
	100	072		77185			$601.00
	100	072		77183			$780.03
	63033			9022			$1,352.83
	60101			78390			~~$56.20~~ 56.23

4301322159267406
MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102-4527
619 527-3400

03/07/00 09:37:23 0

PURCHASE

ACCOUNT NUMBER 5334728246006802 EXP. 1101

TRAN CODE 20 AUTH. 556947 REF # 001001

AMOUNT $ 56.00

DESC E-14815 Pre-Need
Lot & Trust Esma Gray

X Esma Gray
ESMA GRAY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

DEPOSITED BY: MS 72
Mt. Hope Cemetery

AUDITED BY:

KEY PUNCH
DATE:

9,014.09
~~$9,014.06~~

AC-1221 (REV. 7-79)

CITY OF SAN DIEGO **DAILY CASH RECEIPTS**	DEPARTMENT **READ/Mount Hope Cemetery**				DATE **June 15, 2000**		**016149** DCR No.
EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
Credit card payments	67007			77184			$497.00
Vases for Malena Hall, Thelma Cash,	100	072		77184			$2,337.00
Phillis Stewart, Domiciano Cabungcal,	100	072		77181			$1,710.00
Joseph Basta, Laura Williams, Hardy	100	072		77182			$1,141.70
Smith,	100	072		77185			$918.00
Market setting fee for:	100	072		77183			$1,130.00
Lillian Kennedy - E 9636	63033			9022			$56.00
Hai Van Wong - E 15288	60101			78390			$88.51
Gladys & Bruce Robinson - C 7238							
Burial of David Grimes - E 15738							
Burial of Sofie Hernandez - E 15749							
Burial of Allen Hoy - E 15751							
Burial of Orville Dean - E 15732							
Burial of Doris McKnight - E 15762							
Pre-Need for Alexander Blackmon							
(E 15746), Linda Burroughs (E 15734),							
and Esma Gray (E 14815)							
PREPARED BY **Vi Williams (527-3400)**	DEPOSITED BY: MS 72 **Mt. Hope Cemetery**		AUDI	DATE			**$7,878.21**



AC -1221 (REV. 7-79)

E2\12\21

CITY OF SAN DIEGO
DAILY CASH RECEIPTS

DEPARTMENT: **READ/Mount Hope Cemetery**

DATE: **August 22, 2000**

DCR No. **002604**

EXPLANATION	FUND (15-21)	DEPT (22-27)	ORG LEVEL (28-33)	ACCOUNT (34-38)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (69-98)
Pre-need trust for Esma Gray	67007			77184			$319.00
Interment of Irving Nelin	100	072		77184			$1,276.00
	100	072		77181			$375.00
	100	072		77182			$360.00
	100	072		77186			$320.00
	100	072		77183			$45.00
	63033			9822			$56.00
	60101			78390			$29.45
ED BY	KEY ENTRY						
	DATE						$2,800.45

MT HOPE CEMETARY
3751 MARKET STREET
SAN DIEGO, CA 92102-6527
619 527-1469

08/07/00 09:49:23 - 8

PURCHASE

ACCOUNT NUMBER EXP.
5333782A4B5B2 1101

TERM CODE AUTH. REF #
20 547678 0001001

AMOUNT $ 56.00

DESC F 11815 # 12 of 18

X _____
ESMA GRAY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

AC-1221 (REV. 7-79)

CITY OF SAN DIEGO **DAILY CASH RECEIPTS**	DEPARTMENT **READ/Mount Hope Cemetery**	DATE October 11, 2000	DCR No. 005163

EXPLANATION	FUND (18-21)	DEPT (22-27)	ORG LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-98)
Interments: Mary B. Stiger, Pauline	67007			77184			$537.00
Coleman, Lorenza Shaw, Elaine	100	072		77184			$2,148.00
Melanson-Ibadin, Ella Maia Stebbens,	100	072		77181			$1,605.00
and Lorenza Shaw	100	072		77182			$960.00
	100	072		77185			$770.00
Flower Vases: Lev Detinko	100	072		77183			$475.00
	63033			9022			$56.00
Marker Setting Fee: Jerlene Nichols	60101			78390			$74.40
and Edward Cumberbatch							
D BY:	KEY PUNCH						
	DATE						$6,625.40

4301322159267406
MT HOPE CEMETARY-CITY
3751 MARKET STREET
SAN DIEGO, CA 921024527
619-527-3400

10/04/00 10:44:01 0

PURCHASE

ACCOUNT NUMBER 5304728246006802 EXP. 1101

TRAN CODE 20 AUTH. 709829 REF # 001002

AMOUNT $ 56.00

DESC Pre-Need Trust Lot 68 sec Div. 129-2-3-12

X ESMA GRAY

I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)

E-2121

CITY OF SAN DIEGO DAILY CASH RECEIPTS	DEPARTMENT READ/Mount Hope Cemetery				DATE February 28, 2001		011702 DCR No.
EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG LEVEL (28-34)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (80-99)
Receipts 53376 - 53407	67007			77184			$984.00
	100	072		77184			$4,788.00
Void receipt 53382	100	072		77181			$3,150.00
" " 53386	100	072		77182			$1,830.00
	100	072		77185			$1,546.00
	100	072		77183			$2,112.00
	63033			9022			$1,588.51
	60101			78390			$139.29
PREPARED BY Vi Williams (527-3400)	DEPOSITED BY: MS 72 Mt. Hope Cemetery		AUDITED BY:	KEY PUNCH DATE			$16,137.80

AC -1221 (REV. 7-79)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

53376

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 2-21, 2001

From: Esma Gray Address: 3330 - 54th St San Diego 92105

One Hundred Nine & 38/100 Dollars ($ 109.38)

In full Payment of Pre-Need Lot - Trust

Lot 129 Grave 2 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14815

BALANCE DUE -0-

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

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

ASSIGNED BY S. Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	109	38
Sales Tax	60101 78390		
TOTAL PAID	$	109	38

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need

Date 01/28/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joyce Dean Taylor 232083 2:00

in a Liner (Type of Burial Container) Funeral, date, time Friday Jan 30

Church, Chapel, Graveside : Bishop Mortuary.

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

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row ~ Lot 242 Grave 3

Grave space & Care Fund	PAID 2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	JAN 28 2009 533.00
Burial Container	270.00
Handling Fees	MOUNT HOPE CEMETERY 206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	2093
Total Due	3358.93
Paid receipt number	MCpd. AP016108 3358.93
	R61428 Balance due 0

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

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

X _____ Signature

232086

X _____ Print Name

X _____ Address

X _____ City Zip Code

Telephone See Attached

Invoice # _____

Work Order # E 21122 Acct. # _____

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

Printed on recycled paper

#21122

OFFICIAL RECEIPT

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

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

61428

Date: 1/28, 20 09

From: Bishop mortuary Address: 3444 Citrus St., Lemon Grove CA 91945

Three thousand, three hundred fifty-eight 93/100 Dollars ($ 3,358.93)

in full Payment of Interment Order of Joyce D. Taylor.

Div 12 Sec 2 Blk/Row — Lot 242 Grave 3

Invoice No. E21122

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☒ Charge
☐ Check AP 016108

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

PAID

JAN 2 9 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	452.80
20% Sales Care	77184	1,811.20
80% Sales	100	
of Lots	77184	533.00
Opening/	100	
Closing	77181	270.00
Burial	100	
Containers	77182	206.00
	100	
Handling Fee	77185	—
Recording &	100	
Misc. Fees	77183	65.00
Sales Tax	60101	20.93
	78390	
TOTAL PAID	$	3,358.93

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need Date 01/28/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joyce Dean Taylor 2:00

in a Liner Funeral, date, time Friday Jan 30

Church, Chapel, Graveside : BISHOP Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ~ Lot 242 Grave 3

PAID

JAN 28 2009

MOUNT HOPE CEMETERY

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number AP016108 R61428	3358.93
Balance due	0

MC

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

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

X Felicia M'Gee

Felicia M'Gee
Print Name
X 5222 N. Warnock St
Address
X Phila PA 19142
City State Zip Code
267 325 1424
Telephone

Invoice # _____

Work Order # E 21122 Acct. # _____

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

Printed on recycled paper

E-21122

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

	McBride					
Colber	Farmer	Chapman	X			

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 1/28/09

Interment space for: Joyce D. Taylor

Interment Date: Friday 1/30 Time: 2:00 PM

Div: 12 Sect: 2 Blk/Row: ~ Lot: 242 Grave: 3

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David Noriega Date 1-28-09

Cremains were placed at: _____ of grave

E-21122
68

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
JOYCE	DEAN	TAYLOR

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	09/14/1940	01/05/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
EL CAJON	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
FELICIA MC GEE	DAUGHTER	BISHOP MORTUARY 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
5222 N WARNOCK ST. PHILADELPHIA, PA 19141

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ Katrina Lam	01/07/2009

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/07/2009	▶ 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
SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110	—

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	1/30/09	E-21122

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING
▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION
▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

DISINTERMENT. RE INTER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-09

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

in a BOX Type of Burial Container Funeral, date, time 2-4-09

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 707 Grave 1

Grave space & Care Fund ..... D	1419
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	-
Burial Container	-
Handling Fees	-
Flower vases – Marker setting fee	-
Recording/Filing/Transfer Fees	65.00
Sales taxes	-
Total Due	1484.00
Paid receipt number R61432	1484.00
Balance due	-0-

PAID

JAN 29 2009

MOUNT HOPE CEMETERY

CALLED RAGSDALE 10:00 1-29-09

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

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

X Rhonda L. Pryor
Signature

X Rhonda L. Pryor
Print Name

X 1403 Tres Hermanas Way
Address

X Encinitas CA 92024
City Zip Code

X (760) 944-8433
Telephone

Invoice # _____

Work Order # E 21123

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21123

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-29 1976

CHARGE John E. Cotton

ADDRESS Below

NAME OF DECEASED Mary H. Cotton

OWNER John E. Cotton

ADDRESS 216-55th St. S.D. (14)

MORTUARY Ragsdale 262-8217

LOT 707 GR ROW SEC DIV 10	200	00
OPENING TIME 1 P DAY DATE Mon. 11-1-76	135	00
BOX Bell SIZE	95	40
REMOVAL OR FOUNDATION VET.		
TOTAL	$430	40
PAID RECEIPT NUMBER		
BALANCE		

Flush Marker Only

30 Day Note

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

#9364

AUTHORIZED IN PERSON PHONE BY John E. Cotton ORDER TAKEN BY R. Wilehne

W.O. NO. D 7499 INVOICE NO. 31579

FORM PR-974 REV.

CITY OF SAN DIEGO, CALIFORNIA

INVOICE

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

NO. 31579

DATE 1[illegible]/1976

DEPT.	DEPT. REF. NO.	YOUR ORDER NO.
Cemetery		D-7499

John E. Cotton
216 55th Street
San Diego, Calif. 92114

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
CITY OPERATIONS BUILDING, COMMUNITY CONCOURSE
SAN DIEGO, CALIFORNIA 92101
DETACH AND FORWARD WITH REMITTANCE

THIS INVOICE IS DUE AND PAYABLE [illegible]/76 AND BECOMES DELINQUENT THEREAFTER
DATE

DESCRIPTION OF CHARGE	AMOUNT
Mary Alice Cotton Services	
Lot 707 Div 10	$ 200.00
Interment Charge	135.00
Cement burial liner	90.00
Sales Tax	5.40
	$ 430 .40
2/23/78 R#50442 $430.00	.40
Bal = 430.40	
Reversed NSF DR#7744 3/17/78 $430.00	
30-Day Note	

TREAS. COLL. 05-31-77 JV 1321

PAID APR 4 1978

FOR ACCOUNTING USE ONLY

FUND	REVENUE ACCOUNT	AMOUNT
306	7784	$ [illegible]0.00 ✓
100	7784	1[illegible]0.00 ✓
100	7781	135.00 ✓
100	7782	[illegible]

INV. PREPARED BY

E-21123

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container BELL DISKENTER E21123

N

		WALTER BLANCHE McCOY		BURNEY McCOY		
		BARBARA RONDEAU	X	JOHN LONG SR		
		CHAVEZ	SAVIN MEA &	KEITT		

Flagged Yes X No _____

Blind check Initiated by: TOM W/ASST *Date:* 1-30-09

Interment space for: DISINTER MARY ALICE COTTON

OD E21125

RE Interment Date: _____ Time: _____

Div: 10 Sect: _____ Blk/Row: _____ Lot: 707 Grave: 1

Grave Laid out by: Norman

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Juan Mendez Date 2-4-09

Cremains were placed at: _____ of grave

AT NGBD
(2) ASHES
4-5 CHAIRS

93 Y/O

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-09

E-21129 223978

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

of JOSEPH & MAXINE TELFORD

in a ASH Funeral, date, time WEDS FEB 11 2009 11:00
Type of Burial Container

Church, Chapel, Graveside : FAMILY - Mortuary.

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

will be applied and billed to undersigned. _____

Division 100F Section _____ Blk/Row 28 Lot 6 Grave 4

Grave space & Care Fund D3188	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup (2)	199.00
Burial Container (2)	208.00
Handling Fees	228.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees (2)	170.00
Sales taxes (2)	16.12
Total Due	821.12
Paid receipt number R61437	821.12
Balance due	Ø

PAID
FEB 2 2009
MOUNT HOPE CEMETERY

12X24 FDN ONLY
R61448 W06755

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

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

X [signature]
Signature

X WILLIAM R DICK
Print Name

X 232146
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 21124

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Joe Telford

619-584-1821

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-9 1973

CHARGE Maxine Telford

ADDRESS 1271 Brookes Terr. S.D. 92103

NAME OF DECEASED Pre-need

OWNER Dr. Joseph H & Maxine Telford above

ADDRESS

MORTUARY

LOT 6	GR 4	ROW	SEC I OOF BLK 28
OPENING TIME	DAY DATE		
VAULT BOX	SIZE		
REMOVAL OR FOUNDATION VET			
		TOTAL	$ 120 00
PAID RECEIPT NUMBER 20326		BALANCE	-0-

PAID
JUN 9 1973
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

6890

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

AUTHORIZED
~~IN PERSON~~
PHONE BY Okay mail

ORDER TAKEN BY K Kelly

W.O. NO. D 3188

INVOICE NO. Cash

FORM PR-974 REV.

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

No 20326

DATE June 9 1973

FROM Maxine Telford

ADDRESS 1271 Brookes Terr. S.D.

One hundred twenty and 00/100 — DOLLARS ($ 120.00)

IN full PAYMENT OF Pre-need Lot

LOT 6 GRAVE 4 ROW SECTION I OOF DIVISION BLOCK 28

INVOICE NO. Cash

W.O. D-3188

UNPAID BALANCE AFTER THIS PAYMENT -0-

FORM AC-212

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

CITY AUDITOR
JUN 11 1973

ISSUED BY K Kelly

CREDIT SALES FARE	306 951	60 00
HALF SALES OF LOTS	100 7784	60 00
OPENINGS	100 7781	
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		120 00

E-21124

E-21124

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container 2-Ash Vaults

N

				HARRY BEARES		
		WILLIAM KREITZ	X	GEO HAMS		

Flagged Yes ✓ No _____

Blind check Initiated by: Ø Tom DM Date: 2-6-09

Interment space for: Joseph/Maxine Telford Ø

Interment Date: Weds. Feb. 11 Time: 11:00 Graveside

Div: IOOF Sect: — Blk/Row: 28 Lot: 6 Grave: 4

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: Ken Date 2/10/09

Cremains were placed at: _____ of grave

E-21124
1813415

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT – FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSEPH	WOODROW	TELFORD	10/13/1914	03/12/2008	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH – OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	JOSEPH L. TELFORD, SON 4156 EAST CANTERBURY DRIVE SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA – FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER – IF APPLICABLE	8A. SIGNATURE OF APPLICANT – Person taking permit	8B. DATE SIGNED
MERKLEY MITCHELL MORTUARY, 3655 FIFTH AVE SAN DIEGO, CA 92103	FD119	▶ Kim Beaubien	03/19/2008

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed stated herein is on of the dispositions authorized by Section 103054 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
11.00	03/19/2008	▶ WILMA WOOTEN, MD

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

10. AUTHORIZED DISPOSITION(S): CR/BU

FOR CORONER'S USE ONLY

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST-SAN DIEGO, CA 92102	11B. DATE BURIED 3/11/09	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY 4300 IMPERIAL AVE-SAN DIEGO, CA 92113	12B. DATE CREMATED 03-25-2008	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS OF RECEIVING STATE OR COUNTRY WHERE REMAINS R CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER – IF APPLICABLE

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

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

SPECIAL INSTRUCTIONS REGARDING CREMATION

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

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

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

E-21124

6917

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY – WORK REQUEST

Date: 4/23/09 Submitted By: Maria

Name of Contact Person: _____

Address: _____ Apt. / Space: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship to Deceased: _____

Name of Deceased(s): Joseph & Maxine Telford

LOCATION:

Div: 100F Sect: _____ Row/Blk: 28 Lot: 6 Gr: 4

- ☐ Raise / Level / Reseed / Resod Grave
- ☐ Raise / Lower / Level Marker
- ☐ Install Galvanize Flower Can
- ☐ Install Trion Flower Vase
- ☒ Install Foundation Size 12x24 after ashes (2) burial (relocation)
- ☐ Install Border with ____ Vase(s) / without
- ☐ Install Government Marker – Bronze / Granite
- ☐ Install Marker(s) – as indicated below
- ☒ Other Special Instructions: _____

Work Completed By: _____ Date: _____

Work Signed Off By: _____ Date: _____

REA-110 (1-04)

E-21124

OFFICIAL RECEIPT

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

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

61602

Date: April 23, 20 09

From: Wm Dick Telford Address: 3860 Narragansett Ave

Dollars ($ 298.00)

in _____ Payment of O/C Joseph & Maxine Telford

Div IOOF Sec _____ Blk/Row 28 Lot 6 Grave 4

Invoice No. E20129

Acct. No. E-21124

W.O. _____

BALANCE DUE 0

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

PAID

APR 24 2009

MOUNT HOPE CEMETERY

ISSUED BY Mari

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	298 00
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Sales Tax	60101	
	78390	
TOTAL PAID	$	298 00

☐ Money Order
☐ Charge
☐ Check

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

E-21124

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT/REINTERMENT OF:

Maxine and Joseph Telford

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of **Maxine and Joseph Telford** 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 **Maxine and Joseph Telford** 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 **Maxine and Joseph Telford** is identified as:

Division	Section	Block/Row	Lot	Grave
IOOF		**28**	**6**	**4**

I (We) acknowledge that I (we) have been advised that the remains of Maxine and Joseph Telford may not be present and/or intact.

4/23/09	NEPHEW / EXECUTOR
SIGNATURE(S)	RELATION TO DECEASED

Maria Flor Pagoaga
WITNESSED BY

4/23/09

DIVERSITY

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

ATNGED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALYCIA JOHNETTE PRYOR-ROWEL 232097

in a PP 5' Type of Burial Container Funeral, date, time 2-5-09 THUR 2:00 ARRIVAL

Church, Chapel, Graveside _____ ; CABOT & SON Mortuary.

All Funeral cars 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 707 Grave 1

Grave space & Care Fund D74919 -0-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 2ND BURIAL (ALYCIA JOHNETTE PRYOR-ROWEL) 708.00

Burial Container 717.00

Handling Fees 604.00

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees 170.00

Sales taxes 55.07

Total Due 1245.07

Paid receipt number R61431 1245.07

Balance due -0-

PAID

JAN 29 2009

MOUNT HOPE CEMETERY

I hereby certify I am the DAUGHTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 232096

JOHN COTTON

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

Signature

Print Name RHONDA L. PRYOR

Address 1403 TRES HERMANAS WAY

City ENCINITAS, CA Zip Code 92024

Telephone (760) 944-8423

Invoice # _____

Work Order # E 21125

Acct # -

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21126

OFFICIAL RECEIPT

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

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

61607

Date: April 24, 2009

From: John Cotton Address: 216 - 55th St, SD CA 92114

Two Hundred Three and 12/00 Dollars ($ 203.12)

in full Payment of 2 Tom Vases & re set fee for Cotton Mary Alice Yatgee Prior Rated

Div 10 Sec ~ Blk/Row Lot 707 Grave 1

Invoice No. E-21125

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check

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

RECEIVED
APR 24 2009
By [signature]

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182	26.00	h/f
	100		
Handling Fee	77185	10.00	misc.
Recording &	100		
Misc. Fees	77183	71.00	Reset
Sales Tax	60101		
	78390	6.12	tax
TOTAL PAID	$	203.12	

AC-212A (11-08) H 2995

This information is available in alternative formats upon request.

E-21126
38

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
ALYCIA	JOHNETTE	PRYOR-ROWEL

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	02/24/1970	01/27/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
PASADENA	LOS ANGELES

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
WILLIAM FLETCHER ROWEL	HUSBAND	CABOT AND SONS 27 CHESTNUT ST PASADENA, CA 91103	FD341

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

2816 HERITAGE DRIVE
PASADENA, CA 91107

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Clo Cabot — 9B. DATE SIGNED 2/2/09

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/02/2009	▶ TAKASHI M WADA, 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
PASADENA CITY HEALTH DEPARTMENT 1845 N. FAIR OAKS AVENUE PASADENA, CA 91103	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 91202

12B. DATE BURIED: 2/5/2009

12C. INTERMENT NUMBER—IF APPLICABLE: E-21125

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

Pre-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01/29/09

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

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

Church, Chapel, Graveside _____ ; GREENWOOD Mortuary.

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

will be applied and billed to undersigned. _____

Division MUSI Section _____ Blk/Row _____ Lot 55 Grave 1

Grave space & Care Fund E-14056	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	708.00
Burial Container	151.00
Handling Fees	92.00
Flower vases ~~Marker setting fee~~	178.00
Recording/Filing/Transfer Fees	85.00
Sales taxes	11.70
Total Due	1,225.70
By CC Paid receipt number 201638 CR 1259	1225.70
Balance due	0

RECEIVED FEB 13 2009

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

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

Signature: Jamal Darwish

*Jamal Darwish
Print Name

1010 E 28 ST
Address

NC CAL 91950
City Zip Code

619 245-9664
Telephone

Invoice # _____

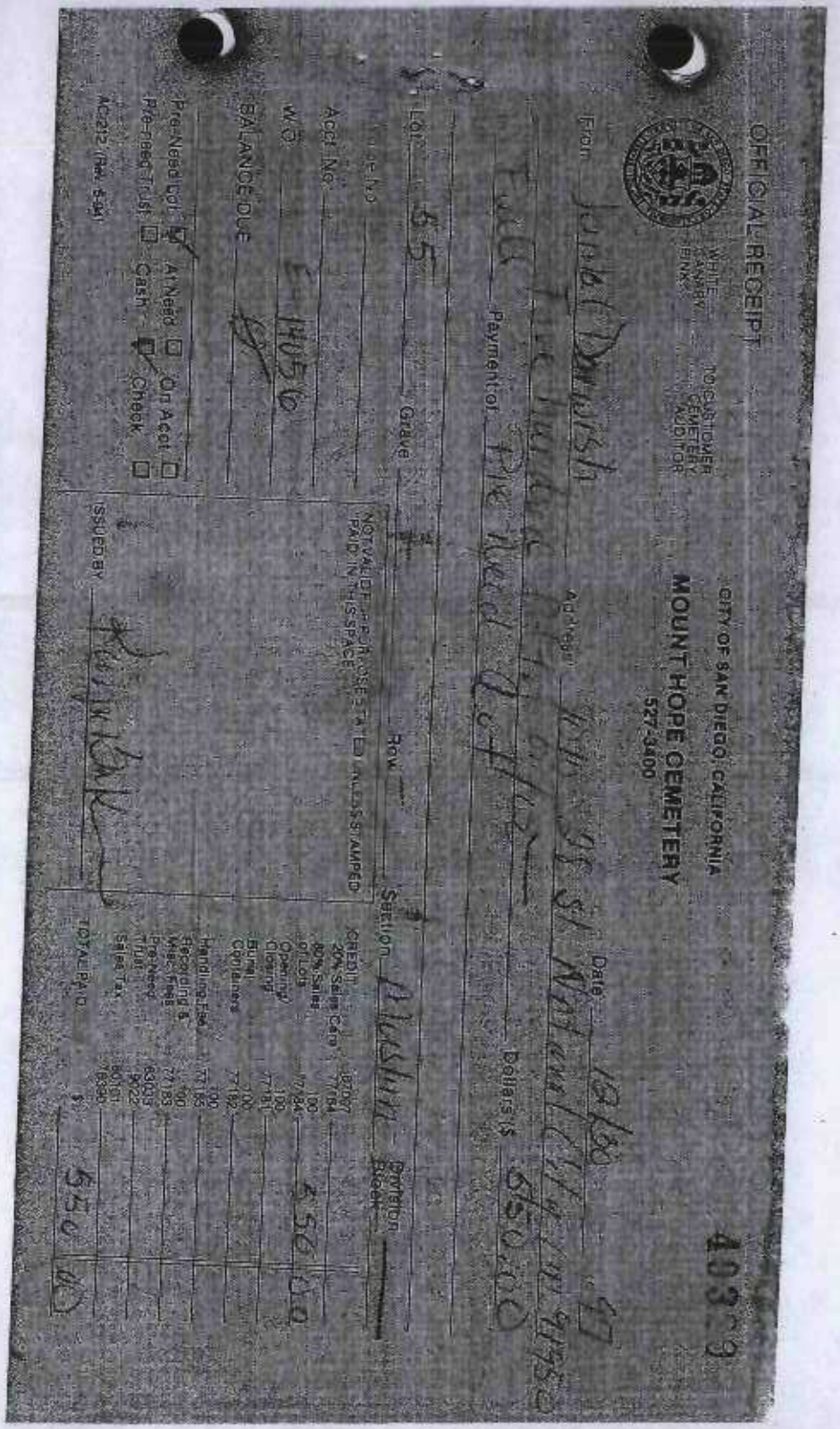
Work Order # E 21126

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper



OFFICIAL RECEIPT

WHITE - CASHIER
CANARY - CUSTOMER
PINK - CEMETERY AUDITOR

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

No. 40329

From Jamal Darwish

Address 10102 Pike Ridge St Northridge CA 91326

Payment for Pre Need Lot

Date 12/30/97

Lot 55 Grave 1 Row Section Muslim Division/Block

Acct No. E-14056

W.O.

BALANCE DUE

NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE

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

ISSUED BY

DRIVER

CREDIT			
20% Sales Com	77184	80107	
80% Sales of Lots	100	77184	440 00
Opening/ Closing	100	77181	550 00
Burial Containers	100	77182	
Handling Fee	100	77185	
Recording & Misc. Fees	100	77183	
Pre-Need Trust	100	63005	
Sales Tax	100	8422	
	100	80101	
TOTAL PAID	100	76980	
	$		550 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

e Need lot

Date 12/30/97

D7482

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 55 Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund	550.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	550.00
Paid receipt number 49329	550.00
Balance due	0

PAID
DEC 30 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

X Jamal Darwish
Signature
X 10102 ST
Address
X N.C CA 91326
City Zip Code
X 477-5041
Telephone

Invoice # _____

Work Order # E 14056

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

E-21126

E-21126

MOUNT HOPE CEMETERY
INITIAL 1st CALL SHEET

DATE/TIME RECEIVED CALL: 9:40am 1/26/09

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☐ MORTUARY NAME: I referred her to Greenwood

☒ FAMILY MEMBER/REPRESENTATIVE

CONTACT PERSON: Daughter called

TELEPHONE NO: Dad in Hospice

NAME OF DECEASED: (Mohammed Darwish)

LAST NAME:

FIRST NAME:

DOD: DOB:

VETERAN ☐ BRANCH OF SERVICE:

☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD

1/27/09 10:04 called Greenwood see if any arrangements not yet

FUNERAL SERVICE

TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☒ GRAVESIDE

LOCATION OF SERVICE:

DATE OF SERVICE: TIME OF SERVICE:

EXPECTED ARRIVAL TIME AT MT. HOME:

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

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

☐ SINGLE GRAVE ☐ CREMATION

☐ DBL DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:

TYPE OF SERVICE ☐ COMMITTAL ☐ GRAVESIDE

☐ WITNESS ONLY ☐ DELIVERY ONLY

☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: Location: Muslim Section

Lot 55

E-14056

E-21126

P01638

OFFICIAL RECEIPT

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

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

Date: February 13, 20 09

From: Jamal Darwish Address: 1010 E 28th St #A Nat'l City 91950

ONE THOUSAND TWO HUNDRED TWENTY-FIVE AND Dollars ($ 1,225.70)

in Full Payment of Pre-need trust + setting fee for Mohammed Darwish.

Div Muslim Sec ~ Blk/Row ~ Lot 55 Grave 1

Invoice No. E-21126

Acct. No.

W.O.

BALANCE DUE 0

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

RECEIVED
FEB 13 2009
By Paulette

ISSUED BY P

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	1,225.70
TOTAL PAID	$	1225.70

☐ Pre-Need Lot
☑ Pre-Need Trust
☐ Money Order
☐ Charge
☑ Check #1259

AC-212 (2-08)

FORM 61

LEGAL DESCRIPTION

47 - 57 MUSLIM SECTION

	DECEASED	OWNER	DATE & AMOUNT		BURIED	ORDER	RI
47						E-7584	
X	Naeini, Behzad Sadeghi	Muslim Organization	09/03/1985	$350	12/30/1988	E-7824	
	EARY ROCKY DONEDY		07-20-00	$100	07-24-00	E-15833	
48							E-7584
	ABOUL-AZIZ, MOHAMED SAMIR				9/21/1995	E12483	
X	SHARIF, FATIMA		08-03-98	$100.	08-04-98	E 14505	
49						E-7584	
	ALAHAMAD, MAHOUD JOUBER	Muslim Organization	02-19-1997		02-18-1997	E-13436	
	e. Abdullah, Mumina		5/17/1994	$170	05/18/1994	E-11528	
50	ADMANI, SALMAN (Baby boy)				2/13/1995	E-12038 E-7584	
	LINDSEY, ALESHIA 20145	MUSLIM ORGANIZATION	9-3-85	$350	5-14-93	E-10803	
51						R- 32749 & GRAV ON THIS R	
	Mahboudi, Helma	Mahboudi, F.	06/05/1989		06/05/1989	E-8118 E-7584	
52							
	Seyadi, Rasmeih	Abdel-Basit, Seyadi	1-30-91		1-30-91	E-9205	
53						E-7584	
	MASOUMI, FATEMEH N.	AHMADI, AGHDAS	02-02-1998	$425.	02-02-1998	E-14142	Gravel F:
54 A	**RUIZ, AMINA DONALD**	**DONALD A. RUIZ**	**08-24-2000**	**$100.00**	**08-25-2000**	E-7584 **E-15886**	
54 B	SINNAWI, MOHAMMED RIBHI	RIBHI SINNAWI/FATHER	12-13-00	$195.00	02-26-2001	E-16085	Child Lir
55		Darwish, Jamal	12-30-97	$550		E-14056	
56A	NUHAIL,"INFANT"	MUSLIM ORGANIZATION,S.D.	09-03-1985	$350.00	12-12-1987	E-7086 E-12859	INFANT
56B	JABER, MAHMOUD MALEK	MUSLIM ORGANIZATION SD			02-22-1988	E-7248	INFANT
56 C	SINNAWI, RANIA RIBHI	RIBHI A SINNAWI/FATHER	1/17/2006	$369.00	1/17/2006	E-19559	Slab
57	DARWISH, RIDA	MUSLIM ORGANIZATION	12/16/97	$550	12-16-97	R-32749 E-14026	

TAYLOR SYSTEM OF CEMETERY RECORDING

E-21126

MT. HOPE CEMETERY

AT NEED

INTERMENT ORDER

City of San Diego

Date 01/30/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margolyn Procopio & 229263

in a Ash Vault (Type of Burial Container) Funeral, date, time Friday, March 13 @ 2pm

Church, Chapel, Graveside : Family Mortuary.

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

will be applied and billed to undersigned. _____

Division 6 Section 4 Blk/Row — Lot 43 Grave 5

Grave space & Care Fund E-5184/C7313 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 199.00

Burial Container 104.00

Handling Fees 114.00

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees Transfer $ 85.00 AP01172D 85.00

Sales taxes 8.06

PAID
MAR 06 2009
MOUNT HOPE CEMETERY

Total Due $ 510.06

Paid receipt number AP94220 510.06
R-61498 Balance due 0

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

232167

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

X _____
Signature

Paulette Amended Contract

X Gina Remington
Print Name

X 2658 NW Oak Glen
Address

X Albany, OR 97321
City Zip Code

X (541) 791-3949
Telephone

Invoice # _____

Work Order # E 21127

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21127

OFFICIAL RECEIPT

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

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

61498

Date: 3/6 .2009

From: Gina P. Remington Address: 2658 NW Oak Glen, Albany OR 97321

Five hundred and ten and 06/00 Dollars ($ 510.06)

in Full Payment of Interment of Margolyn Procopio &

Div 6 Sec 4 Blk/Row — Lot 43 Grave 5

Invoice No. E-21127

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP094220
☐ Check

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

PAID

MAR 06 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	199.00
Opening/	100	109.00
Closing	77181	114.00
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	85.00
Misc. Fees	77183	
Sales Tax	60101	8.06
	78390	
TOTAL PAID	$	510.06

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

E-21127

OFFICIAL RECEIPT

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

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

61457

Date: 3/6, 2009

From: _____ Address: 2658 NW OAK GLEN, ALBANY OR 97321

_____ Dollars ($ 35.00)

In FULL Payment of Transfer of Lot to Gina T. Remington

Div 6 Sec 4 Blk/Row — Lot 43 Grave 5

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

☐ Money Order
☒ Charge AP 011720
☐ Check

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

PAID

MAR 06 2009

MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	35 00 Transfer fee
Sales Tax	60101	
	78390	
TOTAL PAID	$	35 00

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

E-21127

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-30 1985

CHARGE B.B. Baker

ADDRESS 8301-109 Mission Gorgeld Santa Fe Ca 92071

NAME OF DECEASED D. Gwendolyn W. Baker

OWNER Povenmire

ADDRESS

MORTUARY Rogers (Mr. Bishop)

LOT 43 GR 5 ROW ___ SEC 4 ~~BLK~~ DIV 6	Preneed		
OPENING/CLOSING TIME -CHAPEL- 11:00 DAY DATE TUES. 9-3-85	320	00	
VAULT/LINER Bell SIZE	14 / 245	70 / 00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
32 TOTAL	614	70	
PAID RECEIPT NUMBER 32748	614	70	
BALANCE	-0-	-0-	

PAID
SEP 3 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Preneed 1905

Mortuary [illegible] interment order and check.

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

AUTHORIZED ~~IN PERSON~~ PHONE BY Lynn Bishop Rogers

ORDER TAKEN BY Lang

W.O. NO. E 5184

INVOICE NO.

PY-593 (4-82) CR 3659

MOUNT HOPE CEMETERY

August 13, 1971

The undersigned hereby requests and authorizes the interment of the remains of ~~Dec~~ Gwendolyn Wright Baker in Lot 43 Gr 5 Row ___ Sec. 4 ~~Block~~ Division 6 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

D. Gwendolyn Wright Baker
Signature of relative or legal representative

Address & relationship to lot owner and/or authority to sign authorization
Daughter of original lot owner

Witness

Witness

E-2127

CITY OF SAN DIEGO, CALIFORNIA

INVOICE

NO. 1574

6/17/1969

Cemetery

DEPT. REF. NO.

YOUR ORDER NO. C-7313

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

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
CITY ADMINISTRATION BUILDING, COMMUNITY CONCOURSE
SAN DIEGO, CALIFORNIA 92101
DETACH AND FORWARD WITH REMITTANCE

INVOICE IS DUE AND PAYABLE 7/17/69 DATE AND BECOMES DELINQUENT THEREAFTER

DESCRIPTION OF CHARGE	AMOUNT
George Benton Wright services	
Lot 43 Gr 4 Sec 4 Div 6	
Opening (#4 Air Seal Vault)	$ 90.00

PAID
FEB 2 1970
J.L.G.

FOR ACCOUNTING USE ONLY

FD	REVENUE ACCOUNT	AMOUNT	INV. PREPARED BY
100	7781	$ 90.00	dop

CITY OF SAN DIEGO, CALIFORNIA NO. 1574

ORDER

HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-13 1969

CHARGE Featheringill Mortuary

ADDRESS 6322 El Cajon Blvd.

NAME OF DECEASED George B. Wright

OWNER

ADDRESS

MORTUARY Featheringill

LOT 43 GR 4 ROW SEC 4 DIV 6

OPENING TIME 10:20A DAY Tues DATE 6-17-69 90 00

VAULT A.S. SIZE #4

REMOVAL OR FOUNDATION VET.

TOTAL $90.00

PAID RECEIPT NUMBER

BALANCE

w/all

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

AUTHORIZED IN PERSON ~~PHONE BY~~ Wally

ORDER TAKEN BY R.W. Aldine

W.O. NO. C 7813

INVOICE NO. 1574

FORM PR-974 REV.

E-21127

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

I declare under penalty of perjury:

1. I am the legal heir to the gravesite located at Mt. Hope Cemetery in Division 6 Section 4 Lot 43 Grave ____

2. My legal authority to the above property is based on the following facts: I am the grand-daughter of Mearl Leroy Baker and Gwendolyn Baker Wright Provenmire; great-granddaughter of George Wright and daughter of Julie Margolyn Baker Adkins; all of whom are buried in this plot

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

I have included my birth certificate which shows Julie Margolyn Baker as my mother.

I declare under penalty of perjury under the laws of the State of California that the statements before mentioned are true and correct.

Signed on February 24 (Date), 2009 in Albany, OR (City)

Signature _____ Print Full Name Gina Procopio Remington

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

Full Name Gina Procopio Remington (541)968-7003

Address 2658 NW Oak Glen

City, State & Zip Code Albany, OR 97321

4. The Last Step: To finish transfer of ownership, you must **EITHER**:

(1) File this form with the Mt. Hope Cemetery Administrative Office; **OR**
(2) Sign this form in front of a Notary Public and have the Notary fill in the notarization at the bottom of this page and mail to: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102.
(3) Enclose a check or money order for ($130) for Transfer fee ($65) and Deed Re-issue ($65). These monies will be returned if transfer not allowed.

5. Notarization: Use only if you do **NOT** file the declaration with Mt. Hope Staff

State of Oregon
County of Linn
ss.

OFFICIAL SEAL
PAMELA M MOORE
NOTARY PUBLIC-OREGON
COMMISSION NO. 422279
MY COMMISSION EXPIRES OCTOBER 11, 2011

On this 27 day of February in the year 2009, before me Pamela Moore personally appeared Gina P. Remington, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to this instrument, and acknowledged that they executed it.

Notary Public

DL

Rev. 08/05

5-2011

E-21127

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date 8/30/85

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the cemetery performing the interment.

The undersigned hereby request and authorize:

Name of Cemetery MT HOPE CEMETERY

in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT GWENDOLYN BAKER PAUFFMIRE Age _____ Sex _____

in the following described interment space:

Grave 5 Lot 45 Block 4 Lawn 6 Double Depth Yes ☐ No ☐ Section _____

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature X George A. Baker / / Son.
(Authorized Representative) Print Name Relationship to Deceased

Address 11773 FUENTE DR. LAMESA, CA 92020 Tel. No. 440 1979
Street City State Zip

Signature _____ / / _____
(Authorized Representative) Print Name Relationship to Deceased

Address _____ Tel. No. _____
Street City State Zip

OFFICE USE ONLY

Interment Fee $ _____

Funeral Director _____ Tel. _____

Address _____

Type of Service _____ Day _____ Date _____ Time of Service _____

Type of Outer Burial Container _____ Supplier _____

Dedication Service _____ Day _____ Date _____ Time of Service _____

Date of Birth _____ Place of Birth _____ No. of years in County _____

Date of Death _____ Place of Death _____ No. of years in State _____

REMARKS _____

OTHER NEAR RELATIVES OF DECEASED

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

_____ Address _____ Relation _____

Order Taken By _____

Location Checked and Verified _____ OK'd By _____ Date _____

Index Card _____ Plat Book _____ Plat Card _____ Recorded By _____

Form 23 Rev. 10/83

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY

No 32748

9/3/85

B. B. Baker 8301-109 Mission Hwy 94 Lot 9

Sig Hundred fourteen and 70/100 — 614.20

full Interment fees for Grace Tolly Baker Commission

43 5 4 6

E-5184

CITY AUDITOR
SEP 5 1985

320
245
35

Ck 3659

TOTAL PAID $ 614

E-21127

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

BIRTH CERTIFICATE NUMBER: 8000 15385

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF CHILD—FIRST NAME: Gina	1b. MIDDLE NAME: Marie	1c. LAST NAME: Procopio			
2. SEX: Female	3a. THIS BIRTH, SINGLE, TWIN OR TRIPLET?: Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?:	4a. DATE OF BIRTH—MONTH, DAY, YEAR: September 9, 1972	4b. HOUR: 6:35 P M.	
5a. PLACE OF BIRTH—NAME OF HOSPITAL: Kaiser Foundation Hospital			5b. STREET ADDRESS (STREET, AVE NUMBER, OR LOCATION): 8010 Parkway Dr.	5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	
5d. CITY OR TOWN: La Mesa 92041			5e. COUNTY: San Diego		
6a. MAIDEN NAME OF MOTHER—FIRST NAME: Julie	6b. MIDDLE NAME: Margolyn	6c. LAST NAME (MAIDEN NAME): Baker	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California		
8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 31 YEARS	8a. SOCIAL SECURITY NUMBER OF MOTHER: 556-54-3250	9. COLOR OR RACE OF MOTHER: Caucasian	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER; RURAL ADDRESS OR LOCATION): 9354 De Camp	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	
10c. RESIDENCE OF MOTHER—CITY OR TOWN: La Mesa 92041			10d. RESIDENCE OF MOTHER—COUNTY: San Diego	10e. RESIDENCE OF MOTHER—STATE: California	
11a. NAME OF FATHER—FIRST NAME: Anthony	11b. MIDDLE NAME: Joseph	11c. LAST NAME: Procopio	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY): South Dakota		
13. AGE OF FATHER (AT TIME OF THIS BIRTH): 34 YEARS	13a. SOCIAL SECURITY NUMBER OF FATHER: [illegible]48-9309	14. COLOR OR RACE OF FATHER: Caucasian	15a. PRESENT OR LAST OCCUPATION: Teacher	15b. KIND OF INDUSTRY OR BUSINESS: Poway Unified School District	
I HEREBY CERTIFY THAT I HAVE SUPPLIED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY): Julie M. Procopio			16b. DATE REVIEWED AND SIGNED BY INFORMANT: September 10,1972	
I HEREBY CERTIFY THAT I ATTENDED THE BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE.	17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—SIGNATURE—DEGREE OR TITLE: David N. Hoyland, MD			17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT: September 15,1972	
	17c. ADDRESS: David N. Hoyland, M.D. 8010 Parkway Dr, La Mesa, Ca. 92041			17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G-12247	
18.	19. LOCAL REGISTRAR—SIGNATURE: [illegible] MS. D			20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: SEP 29 1972	

Feb 27, 09

Dear Mt. Hope

Here is the paperwork I was told to submit so that I can bury my sisters cremated remains.

I will call to set up burial, which I would like to occur on Friday, March 13th, 2009 at 2:00PM.

Thank you,

Gina Remington
(541) 791-3949 (home)
(541) 968-7003 (cell)

E-21127

Salveo Family Medicine, P.C.
Gina P. Remington, M.D.
201 S.E. Washington St. Suite C
Dallas, OR 97338
(503) 623-8151
Fax (503) 623-8185

Date: 2/27/09

To Fax #: (619)527-3403

Attention: Tom

Regarding: Margo Prolopio's burial

We are sending 2 pages including this cover sheet.

****** CONFIDENTIALITY NOTICE ******

The documents accompanying this facsimile transmission contains information belonging to Dr. Gina Remington which are confidential and/or legally privileged. The information is intended only for the use of the individual or entity named above. If you are not intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action with regard to the content of this transmitted information is strictly prohibited.

If you have received this facsimile in error, please notify us immediately at (503) 623-8151 and please destroy this information in a confidential manner.

Thank you,

This is the birth certificate I forgot to fax this morning.

Thankyou,
Gina Remington

E-21127

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Gwendolyn Provenmire / Julie Adkins ∅
(Full body)

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

Burial Container Shkuult

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: Margolyn Procopio ∅

Interment Date: 3/13/09 Time: 2pm

Div: 6 Sect: 4 Blk/Row: ___ Lot: 43 Grave: 5

Grave Laid out by: KEN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: [signature] Date 3-9-09

Cremains were placed at: BOTTOM CENTER of grave

E-2 1127
39

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
MARGOLYN	MICHELLE	PROCOPIO

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	12/04/1969	01/25/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
ALBANY	OREGON

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GINA REMINGTON	SISTER	FEATHERINGILL MORTUARY 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. Dominguez	FD-1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
2658 NW OAK GLEN
ALBANY, OR 97321

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ M. Dominguez

9B. DATE SIGNED 03/06/2009

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	03/06/2009	▶ 2900331

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
-	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY
- ☐ I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT. HOPE CEMETERY: 3751 MARKET ST.
SAN DIEGO, CA 92102

12B. DATE BURIED 03/13/2009

12C. INTERMENT NUMBER—IF APPLICABLE E-21127

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

03/07/09
I refiled the New Disp. Permit for Gina Remington. She asked me to mail the permit to you for an Inurnment Friday 03/13/09.
Her phone # in case you need to get a hold of her is: 541-968-7003

Mary-@ Featheringill Mortuary

E-21127

541 657 7000

OFFICIAL RECEIPT

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

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

61617

Date: 04/28/2009, 20

From: J. Remington Address: 2658 NORTHWEST, OAKGlen Albany OR

Two hundred thirty-seven and 00/00 Dollars ($ 237.00), 97321

in full Payment of Setting fee for Margolyn M. Pro Opio

Div 6 Sec 4 Blk/Row Lot 43 Grave 5

Invoice No. E21127

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AP 06019D
☐ Check

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

PAID
APR 28 2009
MOUNT HOPE CEMETERY

ISSUED BY Dalton C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	237.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	237.00

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

MT. HOPE CEMETERY

INTERMENT ORDER

at Need

City of San Diego

Date 1-30-2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delzer M. Mendiola 232094

in a DD "A" Funeral, date, time SAT. FEB 7th 2009 10:00

Type of Burial Container

Church, Chapel, Graveside ; CA BURIAL Mortuary.

Greater Apostolic 619 229-2748

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

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row — Lot 49 Grave 10

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees SATURDAY FEE	851.00
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	[illegible]
Total Due	4,747.77
Paid receipt number R-61436	4,747.77
Balance due	Ø

PAID

FEB 2 2009

MOUNT HOPE CEMETERY

Arrival 12pm Residency verified DL192114

#4018

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

232093

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

Print Name

Address

City Zip Code

Telephone

See attached

Signature

Fax 229-2750

Invoice # _____

Work Order # E 21128

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21128

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ✓

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

Burial Container Double Crypt A.

					Johnson	
			X	Cain	Webster	
Martin		McCauley		Boone	Coley	

Flagged Yes ✓ No

Blind check Initiated by: Pellette Date: 2/3/09

Interment space for: Deizer Marie Mendiola

Interment Date: Saturday 2/7 Time: 10:00 Church-Greater Apostolic

Div: 11 Sect: 2 Blk/Row: — Lot: 49 Grave: 10

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David Noriega Date 2-3-09

Cremains were placed at: _____ of grave

E-21128
73

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
DELZER	MARIE	MENDIOLA

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	01/12/1936	01/29/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
LINDA LUGO	DAUGHTER	CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1998 MANZANA WAY
SAN DIEGO, CA 92139

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED 01/30/09

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/30/2009	▶ 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	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	2-7-09	E-21128

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
-		

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
-	

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
-	

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
-		

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21128

OFFICIAL RECEIPT

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

232481

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

m nexus

61855

Date: 8/6, 2009

From: Anthony Mendiola Address: on file

One hundred seventy eight Dollars ($ 178 90)

in _____ Payment of Marker Installation Mendiola, Lot 49

Div 11 Sec 2 Blk/Row _____ Lot 49 Grave 10

232024

Invoice No. E-21128

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☒ Charge AP 111925
☐ Check

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

PAID

AUG 06 2009

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	178	00
Sales Tax	60101		
	78390		
TOTAL PAID	$	178	00

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

E-21128

OFFICIAL RECEIPT

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

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

61868

Date: 8/11, 2009

From: Anthony. Mendiola 232481 Address: on file

Thirty-three and 23/100 Dollars ($ 33.23)

In Full Payment of # Flower Vase for Delzer M. Mendiola

Div 11 Sec 2 Blk/Row _____ Lot 44 Grave 10

Invoice No. E-21128

Acct. No. _____

W.O. _____

BALANCE DUE Ø

☐ Money Order
☒ Charge 8805554
☐ Check

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

PAID
AUG 11 2009
MOUNT HOPE CEMETERY

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	18.00
Recording &	100	14.00
Misc. Fees	77183	11.23
Sales Tax	60101	
	76390	
TOTAL PAID	$	33.23

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

Faxed to Jeanette @ CA Bunal
(619)229-2750

E-21128

INVOICE

Mount Hope Cemetery
A cemetery for all

INVOICE # 20
DATE: MARCH 5, 2009

TO Linda Lugo

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Paulette Crawford	Clerical Assistant II		Upon receipt

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Estimate of balance due for second opening/closing and recording fee for Location: Division 11, Section 2, Lot 49, Grave 10 Thankyou, Paulette 619-527-3400		$ 598..00
		TOTAL	$598.00
		SALES TAX	n/a
		TOTAL	$598.00

Make all checks payable to Mount Hope Cemetery
THANK YOU FOR YOUR BUSINESS!

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 02/02/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maxine TELFORD ® 226967 11:00

in a ASH VAULT (Type of Burial Container) Funeral, date, time WEDNESDAY FEB 11, 2009

Church, Chapel, (Graveside) : FAMILY Mortuary.

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

will be applied and billed to undersigned. _____

Division IOOF Section _____ Blk/Row 28 Lot 6 Grave 4

Grave space & Care Fund D-3188	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees See E 21124	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	Ø
Paid receipt number Pd R61437	
Balance due	

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

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

_____
Signature

_____
Print Name

_____
Address

_____
City See attached Zip Code

_____
Telephone

Invoice # _____

Work Order # E 21129

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

821.12**

0.*

199.00+
208.00+
228.00+
170.00+
16.12+
821.12**

0.*

Wait on
Documents
Willian he will send
by PDF

E-21129

AT VGBD (2) ASHES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-09

E-21129

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEPH & MARING TGLFORD

in a ADM Type of Burial Container Funeral, date, time WEDS FEB 11 2009 11:

Church, Chapel, Graveside : FAMILY - Mortuary.

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

will be applied and billed to undersigned. _____

Division 100F Section _____ Blk/Row 28 Lot 6 Grave 4

Grave space & Care Fund D3188 -0-

Overtime/Late Arrival Fees _____

Opening/Closing & Setup (2) 199.00

Burial Container (2) 208.00

Handling Fees 22.00

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees (2) 170.00

Sales taxes (2) 16.12

Total Due 821.12

Paid receipt number R61437 821.12

Balance due -0-

PAID
FEB 2 2009
MOUNT HOPE CEMETERY

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

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

X _____ Signature

X WILLIAM R DICK Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 21124

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

E-21129

ORDER

CITY OF SAN DIEGO, CALIFORNIA

MT. HOPE CEMETERY

DATE 6-9 1973

CHARGE Maxine Telford

ADDRESS 1271 Brookes Terr. S.D. 92103

NAME OF DECEASED Pre-need

OWNER Dr. Joseph W & Maxine Telford

ADDRESS above

MORTUARY

LOT 6 GR 4 ROW SEC I00F BLK 28 120 00

OPENING TIME DAY DATE

VAULT BOX SIZE

REMOVAL OR FOUNDATION VET.

TOTAL $ 120 00

PAID RECEIPT NUMBER 20326

BALANCE 0

PAID
JUN 9 1973
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

6890

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

AUTHORIZED ~~IN PERSON~~ ~~PHONE~~ BY Ck in mail

ORDER TAKEN BY K G Wells

W.O. NO. D 3188

INVOICE NO. Cash

FORM PR-974 REV.

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

No. 20326

DATE June 9 1973

FROM Maxine Telford ADDRESS 1271 Brookes Terr. S.D.

One hundred twenty and 00/100 DOLLARS ($ 120.00)

IN full PAYMENT OF Pre-need lot

LOT 6 GRAVE 4 ROW SECTION I00F DIVISION BLOCK 28

INVOICE NO. Cash

W.O. D-3188

UNPAID BALANCE AFTER THIS PAYMENT 0

FORM AC 212

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

6896

CITY AUDITOR
JUN 11 1973

ISSUED BY K G Wells

CREDIT	306	
SALES FARE	981	60 00
HALF SALES OF LOTS	100 7784	60 00
OPENINGS	100 7781	
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		120 00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-21129

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
MAXINE	MCELWAIN	TELFORD

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	12/15/1913	01/08/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
RANDY DICK	DPOA	HUMPHREY MORTUARY 753 BROADWAY CHULA VISTA, CA 91910	FD964

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3860 NARRAGANSETT AVENUE SAN DIEGO, CA 92107

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ Kim Beaulieu	01/12/2009

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	01/12/2009	▶ 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 STREET SAN DIEGO, CA 92110	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	2/4/09	E-21129

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING
▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
GREENWOOD CREMATORY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	1-14-09	1919862

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION
▶ R Wheeler

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:
COPY 1 ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21129

6917

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY – WORK REQUEST

Date: 4/23/09 Submitted By: Maria

Name of Contact Person: _____

Address: _____ Apt./ Space: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Relationship to Deceased: _____

Name of Deceased(s): Joseph & Maxine Telford

LOCATION:

Div: 100F Sect: _____ Row/Blk: 28 Lot: 6 Gr: 4

- ☐ Raise / Level / Reseed / Resod Grave
- ☐ Raise / Lower / Level Marker
- ☐ Install Galvanize Flower Can
- ☐ Install Trion Flower Vase
- ☒ Install Foundation Size 12x24 after ashes (2) burial (relocation)
- ☐ Install Border with ____ Vase(s) / without
- ☐ Install Government Marker – Bronze / Granite
- ☐ Install Marker(s) – as indicated below
- ☒ Other Special Instructions: _____

Work Completed By: _____ Date: _____

Work Signed Off By: _____ Date: _____

REA-110 (1-04)

E-21129

THE CITY OF SAN DIEGO

LETTER OF APPROVAL FOR DISINTERMENT/REINTERMENT OF:

Maxine and Joseph Telford

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of **Maxine and Joseph Telford** 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 **Maxine and Joseph Telford** 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 **Maxine and Joseph Telford** is identified as:

Division	Section	Block/Row	Lot	Grave
IOOF		28	6	4

I (We) acknowledge that I (we) have been advised that the remains of Maxine and Joseph Telford may not be present and/or intact.

[signature] 4/23/09
SIGNATURE(S)

NEW PREW / EXECUTOR
RELATION TO DECEASED

Maria Flor Popoca
WITNESSED BY
4/23/09

DIVERSITY

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

E-21129

Mt Hope Cemetery
Contract Entry Verification
04/24/2009

Contract Number: R-61602-A

Contract Date: 04/24/2009
Purchaser: Dick, William
3869 Narragansett Ave
San Diego ,CA 92107
Purchaser Number: 232146 / 223978
Phone:
Beneficiary: Telford, Joseph Woodrow

Counselors: MARIA FLOR POPOCA

Qty	Category	Description of Contract Items	Price	Tax Allowance	Addl. Desc.
2	O/C Resident AN	Ash Grave SD Resident	298.00	0.00	

BASE PRICE	298.00	**NUMBER OF INSTALLMENTS**	1
SALES TAX	0.00	**REGULAR PAYMENT OF**	0.00
TOTAL CASH PRICE	298.00	**ODD PAYMENT OF**	0.00
DOWNPAYMENT	298.00-	**DATE FIRST PAYMENT DUE**	05/24/2009
REFERENCE #	Check 1459	**PAYMENT PLAN:** MONTHLY	
TRANSFER ALLOWANCE	0.00-		
DISCOUNT OR ALLOWANCE	0.00-	**SOURCE:** Family Member Here	
FINANCE CHARGE	0.00@	0.000% AMORTIZE	
TOTAL OF PAYMENTS	0.00		
DEFERRED PAYMENT PRICE	298.00		

ACCOUNT CONTRIBUTIONS		**AMOUNT**	**FRACTION**
R	S	**Equity**	298.00	
A		**Interest**	0.00	
R	S	**Tax Recovery**	0.00	
R	V	**Late Charge**	0.00	

CONTRACT ENTERED BY: _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/3/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Perry Wilson 232092

in a Liner (Type of Burial Container) Funeral, date, time Friday, Feb, 6 @ 1pm

(Church), Chapel, Graveside : Anderson-Rigsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 213 will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row ____ Lot 131 Grave 6

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3,358.93
Paid receipt number R-61438	3,358.93
Balance due	0

PAID
FEB 3 2009
MOUNT HOPE CEMETERY

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

232091

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

Yula M Wilson
Signature

Yula M. Wilson
Print Name
7761 Belden St. #90
Address
San Diego, CA 92111
City Zip Code
858-715-6675
Telephone

Invoice # ____

Work Order # E 21130

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21130

OFFICIAL RECEIPT

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

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

61436

Date: Feb 3 , 20 09

From: Yula M. Wilson Address: 7761 Belden ST #90 92111

Three thousand three hundred fifty eight and 93/xx Dollars ($ 3,358.93)

in _____ Payment of Terry Wilson Interment

Div 12 Sec 2 Blk/Row _____ Lot 131 Grave 6

Invoice No. E-21130

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check 0041860896

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

PAID

FEB 3 2009

MOUNT HOPE CEMETERY

ISSUED BY Uriana

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

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

E-21130

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container Liner

			Zambrano Esteban			
			X			
		Ortega Antonio	Temple King	Bradley, Edmund		

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

Blind check Initiated by: _____ Date: _____

Interment space for: Perry Wilson

Interment Date: 2/6/09 Time: _____

Div: 12 Sect: 2 Blk/Row: ___ Lot: 131 Grave: 6

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: Kew Collins Date 2/3/09

Cremains were placed at: _____ of grave

E-21130

50

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
PERRY	LEE	WILSON

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	02/13/1958	01/30/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PRISCILLA CANADY	SISTER	ANDERON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

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

180 RICHETH ROAD
SAN DIEGO, CA 92114

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Priscilla Ryan

9B. DATE SIGNED 2/5/09

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/05/2009	▶ 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	—

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102

12B. DATE BURIED: 2/6/09

12C. INTERMENT NUMBER—IF APPLICABLE: E-21130

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21130

E-21130

OFFICIAL RECEIPT

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

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

61582

Date: 4/15, 20 09

From: Yula M Wilson Address: 7777 Bellen St. Apt 90, SD CA 92111

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

in Full Payment of Setting fee for Perry Lee Wilson.

Div 12 Sec 2 Blk/Row Lot 131 Grave 6

Invoice No. E 021130

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 3338

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

RECEIVED
APR 15 2009
By

ISSUED BY Pamela C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	178.00
Sales Tax	60101	
	78390	
TOTAL PAID	$	178.00

AC-212A (11-08)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at Need

Date 2/3/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary J. Owens 232103 1:00 9th

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

Church, Chapel, Graveside _____ ; Anderson Rags dale Mortuary

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

will be applied and billed to undersigned. _____

Division IOOF Section ~ Blk/Row 50 Lot 20 Grave 1

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker s	
Recording/Filing/Transfer Fees	65.00
Sales taxes	209.93
Total Due	3,258.93
Paid receipt number AP 045953	3,358.93
R61440 Balance due	0

PAID

FEB 4 2009

MOUNT HOPE CEMETERY

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

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

Signature: Sylvia J. Ettress

Sylvia 232102

Judy ETTRESS

Print Name

240 LAUSANNE DR.

Address

SAN DIEGO CA 92114

City Zip Code

(619) 262-9855

Telephone

Invoice # _____

Work Order # E 21131

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21131

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

				ALVAREZ ROSALINDA		MARKER IRENE STEINKE
MARKER						
PACK ANNA	PACK GEORGE		X			
STUMP						

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

Blind check Initiated by: _____ Date: _____

Interment space for: May J. Owens

Interment Date: Monday 2/9/09 Time: 1:00 Chapel

Div: 100F Sect: _____ Blk/Row: 50 Lot: 20 Grave: 1

Grave Laid out by: NORMAN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Collins Date 2/4/09

Cremains were placed at: _____ of grave

E-21131

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

88

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
MAY	J.	OWENS

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	03/08/1920	01/30/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
JUDY ETTRESS	DAUGHTER	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
240 LAUSANNE DRIVE
SAN DIEGO, CA 92114

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Sienn Ida Ragsdale

9B. DATE SIGNED 2/4/09

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/04/2009	▶ 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	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102

12B. DATE BURIED 2/9/9

12C. INTERMENT NUMBER—IF APPLICABLE E-21131

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Williams

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E-21131

61440

OFFICIAL RECEIPT

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

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

Date: February 4 ,20 09

From: Sylvia Judy Ettress Address: 240 Lausanne

Three thousand, three hundred, fifty-eight 93/100 Dollars ($3,358.93)

in full Payment of Interment Services for May J. Owens.

Div 100F Sec ~ Blk/Row 50 Lot 20 Grave 1

Invoice No. E21131

Acct. No. _____

W.O. _____

BALANCE DUE Ø

☐ Money Order
☒ Charge BofA VISA
☐ Check AP # 045 GSB

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

PAID

FEB 4 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	452.80
20% Sales Care	77184	811.20
80% Sales	100	
of Lots	77184	533.00
Opening/	100	
Closing	77181	270.00
Burial	100	
Containers	77182	206.00
	100	
Handling Fee	77185	65.00
Recording &	100	
Misc. Fees	77183	
Sales Tax	60101	20.93
	78390	
TOTAL PAID	$	3,358.93

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

Low Inc

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 02/04/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MADLINE HANNA 232090 11:00

in a LINER Funeral, date, time FRIDAY FEB. 06, 2009
Type of Burial Container

Church, Chapel (Graveside) : Preferred Mortuary.

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

will be applied and billed to undersigned. _____

Division IOOF Section 4 Blk/Row 35 Lot 2 Grave 5

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	260.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,619.47
Paid receipt number R61441	1,679.47
Balance due	0

PAID

FEB - 4 2009

MOUNT HOPE CEMETERY

MO

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

232089

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

* S. Hanna
Signature

* SELWA HANNA
Print Name

* 2717 Mission Vlg. Dr. #2
Address

* San Diego 92123
City Zip Code

* None
Telephone

Invoice # _____

Work Order # E 21132

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

LOW INCOME

Printed on recycled paper

E-21132

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: MADLINE HANNA SS# 620-56-4664

Address: 2712 MISSION Village DR #A2

City: SAN DIEGO State CA Zip Code 92123

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

Size of Family (check one)

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

For larger families, add $8,000 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current Internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

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

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

Selina Hanna Sister — 02/04/2009

Signature Relationship Date

CDL D6501006 9-1512

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

Approved by — Date

Current SSA letter Documents verified on: 2/5/2009

Approved By MFP

Date 2/5/09

DIVERSITY

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

E-21132





AUDITOR AND CONTROLLER / REVENUE AND RECOVERY

STATEMENT OF YOUR ACCOUNT

ACCOUNT NUMBER	STATEMENT DATE
551549	01/09/09

INDICATE ADDRESS OR NAME CORRECTION

MAKE PAYMENT PAYABLE TO --> OFFICE OF REVENUE AND RECOVERY

PAY THIS AMOUNT --> 901.57

PAYMENT MUST BE RECEIVED BY 01/22/09

AMOUNT ENCLOSED

MAIL WITH PAYMENT TO:

#BWNLNVJ
#1004 4700 3019 1430#
HANNA, MADELINE
2712 MISSION VILLAGE DR APT A2
SAN DIEGO CA 92123-3205

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
OFFICE OF REVENUE AND RECOVERY
POST OFFICE BOX 129037
SAN DIEGO, CA 92112

3000000551549009015700000055154900901574 dd

[redacted] E-21132

SOCIAL SECURITY
8505 AERO DR
SAN DIEGO CA 92123

Social Security Administration
Supplemental Security Income
Notice of Change in Payment
Date: November 30, 2008
Claim Number: [redacted]

000033932 01 AT 0.346 B044,M4E,145
D41 08S1099C23946

SELWA S HANNA
2712 MISSION VLG DRIVE
APT A-2
SAN DIEGO CA 92123-3205

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 2009 will be $907.00. 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 2009 if there was an increase in the cost-of-living during the past year.

You Can Review The Information in Your Case

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

See Next Page

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.

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

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

If You Disagree With The Decision

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

- You have 60 days to ask for an appeal.

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

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

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

How To Appeal

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

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

E-21132

N
W E
S

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

		CROSS PAUL				
			X			
JOSLYN C.	LOUDEN HERBERT	LOUDEN GERTRUDE			MILBURN	

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Maria *Date:* 2/4/09

Interment space for: MADLINE HANNA

Interment Date: FRIDAY 2/6/09 Time: 11:00 G.S.

Div: IOOF Sect: 11 Blk/Row: 35 Lot: 2 Grave: 5

Grave Laid out by: NORMAN & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Kenneth Date 2/4/09

Cremains were placed at: _____ of grave

E-21132
83

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
MADLINE	-	HANNA

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	07/01/1925	02/02/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
SAMI SARGIS	BROTHER	PREFERRED CREMATION AND BURIAL 6163 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
2712 MISSION VILLAGE DRIVE UNIT A3 SAN DIEGO, CA 92123

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103065.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ Esther N Brown	2/5/09

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/05/2009	▶ 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	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	2/6/09	E-21132

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING
▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION
▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need
lot, Trust

Date 02/05/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Trennie Grau PIN 232088

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

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

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

Division 7 Section 16 Blk/Row — Lot 19 Grave 3

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4,465.82
Paid receipt number P01631	4,465.82
CK# 512 Balance due	0

PAID
FEB 6 2009
MOUNT HOPE CEMETERY

Fax 229-2750

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

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

Signature

(Jeri Attached)
Print Name

442 'F' Street, # B-26
Address

Chula Vista, CA 91910
City Zip Code

Telephone

Invoice # _____

Work Order # E 21133

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Printed Deed 2/6/09

E-21133

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 02/05/2009

Pre-Need
Lot, Trust

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

of For Trennie Grau

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

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned.

Division 7 Section 16 Blk/Row _____ Lot 19 Grave 3

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	708.00
Opening/Closing & Setup	359.00
Burial Container	275.00
Handling Fees	
Flower vases – Marker setting fee	85.00
Recording/Filing/Transfer Fees	27.82
Sales taxes	4,465.82
Total Due	
Paid receipt number	CHK #1512
Balance due	

Fax 229-2750

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

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

Signature

Trennie Grau
From Name
442 'F' Street, # B-26
Address
Chula Vista, CA 91910
City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 21133

This information is available in alternative formats upon request.

REA-104 (8-04)

Printed on recycled paper

(Will Bring Check Friday, 2/6/09.)

E-21133

OFFICIAL RECEIPT

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

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

P01631

Date: February 6, 2009

From: Trennie Grau Address: 442 F Street, Apt. B26, Chula Vista 91910

Four Thousand, Four Hundred, Sixty-Five and 82/00 Dollars ($4,465.82)

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

Div 7 Sec 16 Blk/Row ~ Lot 14 Grave 3

Invoice No. E21133

Acct. No.

W.O.

BALANCE DUE Ø

☑ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check

CK# 1512

AC-212 (2-08)

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

PAID
FEB 6 2009
MOUNT HOPE CEMETERY

ISSUED BY PC.

CREDIT 20% Sales Care	67007 77184	602.20
80% Sales of Lots	100 77184	2408.80
Pre-Need Trust	63033 77186	1,454.82
TOTAL PAID	$	4,465.82

TRENNIE GRAU
442 F. ST. APT. B26
CHULA VISTA, CA 91910-3738

1512

02/05/2009

Pay to the Order of Mt Hope Cemetery Date $4,465.82

Four Thousand four Hundred sixty five 82/100 Dollars

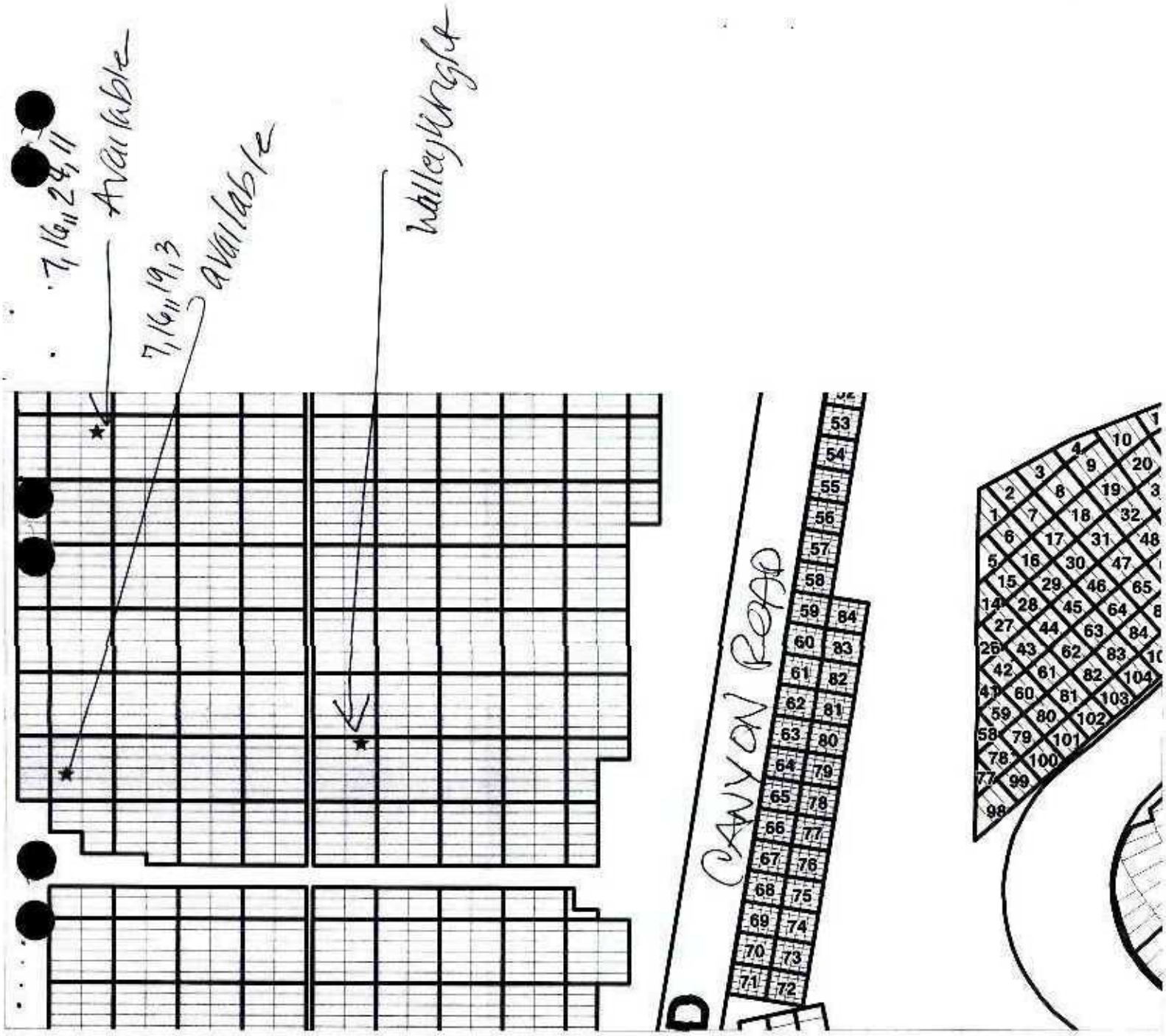
USAA FEDERAL SAVINGS BANK
10750 McDERMOTT FWY.
SAN ANTONIO, TEXAS 78288-0544
(210) 456-8000 1-800-532-3724

USAA

For Pre-paid Burial plot Trennie Grau

⑆314074269⑆ ⑈31053068⑈ 1512

E-21133



7,16,,24,11
Available
7,16,,19,3
available
Walleywright
CANYON ROAD

E-21133

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-21133 DATE: 2/6/2009

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Trennie Grau and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $3,011.00 situated in Mount Hope Cemetery described as:

DIVISION: 7 SECTION: 16 BLOCK / ROW: LOT: 19 GRAVE(s): 3

according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 6th day of February, 2009.

Signature / Date

Maria Flor R. Popocadar
Cemetery Manager
Maria Lugo

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

DIVERSITY

E-21133

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need lot, Trust

Date 02/05/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Trennie Grau/or Oscar E. Brown 232499

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 7 Section 16 Blk/Row — Lot 19 Grave 3

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4,465.82

fax 229-2750

Paid receipt number _____

Balance due —

CHK #1512

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

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

Signature

Print Name 442 'F' Street, # B-26

Address Chula Vista, CA 91910

City Zip Code

Telephone

Invoice # _____

Work Order # E 21133

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Daughter - Shirley 10/27/09
stated
has power of attorney

hm 323.348.4602

Cell # 310.628.2959
Sell, or other options

Wants to sell.

Mail refund application
Shirley Brown-Douglas
3657 Buckingham Rd.
L.A. CA 90016.5737

4 to 6 wks to refund

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need
lot, Trust

Date 02/05/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Trennie Grau PIN 232088

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

Church, Chapel, Graveside ; CA BURIAL Mortuary.

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

Division 7 Section 16 Blk/Row — Lot 19 Grave 3

Lot. 80% 2408.80

Grave space & Care Fund	3,011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4,465.82
Paid receipt number P01631	4,465.82
Balance due	0

100% Refundable

PAID
FEB 6 2009
MOUNT HOPE CEMETERY

Fax 229-2750

CK# 1512

3863.62

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

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

Signature

(See Attached)
Print Name
442 'F' Street, # B-26
Address
Chula Vista, CA 91910
City Zip Code
Telephone

Invoice #

Work Order # E 21133

Acct. #

E-21133

MT. HOPE CEMETERY

INTERMENT ORDER

At Need

City of San Diego

Date 02/06/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Lee 232105 am

in a Liner (Type of Burial Container) Funeral, date, time 02/11/09 Weds 11:00

Church, Chapel, Graveside Faith Chapel Rosedale Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 212 Grave 2

Grave space & Care Fund	3011.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	708.00
Burial Container	359.00
Handling Fees	275.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	85.00
Sales taxes	27.82
Total Due	4,465.82
Paid receipt number R-61454 CK	4,465.82
Balance due	0

PAID
FEB 11 2009
MOUNT HOPE CEMETERY

Mortuary to pay daughter

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 232104

I hereby authorize the interment in lot I hold undeeded.

Pamela Brown
Signature

Pamela Brown
Print Name
1845 Monaco Dr
Address
Chula Vista 91913
City Zip Code
619. 656 8574
Telephone

Invoice # _____

Work Order # E 21134

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21134

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Lucille Lee (Urn)

			HARD			
Edwards		WRIGHT	X	Benjamin	Benjamin	
			Ebrite		Turner	
	Duff					

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette C. Date: 2/10/09

Interment space for: Lucille Lee

Interment Date: 2/11/09 Time: 11:00 Chapel Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 212 Grave: 2

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Date 2/10/09

Cremains were placed at: _____ of grave

E-21134

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 10

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
LUCILLE	LETTIE	LEE

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	01/22/1939	02/05/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PAMELA BROWN	DAUGHTER	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1845 MONACO DRIVE
CHULA VISTA, CA 91913

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Stennika Pryor — 9B. DATE SIGNED 2/9/09

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

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/09/2009	▶ 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	—

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102

12B. DATE BURIED: 2/11/09

12C. INTERMENT NUMBER—IF APPLICABLE: E-21134

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

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

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

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

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

16B. DATE OF DISPOSITION

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

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

PREPARED PLANNING

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARNITA TAYLOR 232101

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1687 Grave 1

Grave space & Care Fund E9378	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
Flower vases / Marker setting fee 105.00 178	243.71
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	627.83
Paid receipt number R01634 CK	627.83
Balance due	0

PAID

FEB 06 2009

MOUNT HOPE CEMETERY

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

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

Arnita Taylor
Signature

ARNITA TAYLOR
Print Name
3929 KANSAS ST #3
Address
SAN DIEGO, CA 92104
City Zip Code
(619) 297-0437
Telephone

Invoice # _____

Work Order # E 21135

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21135

MT. HOPE CEMETERY

INTERMENT ORDER

3:15
MS Bullock

City of San Diego

Date 4-23-91

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

in a DBL DEPTH CRYPT (Vault/Liner) Funeral, date, time WED 4-24 2:00 p.m.

Church, Chapel, Graveside CHAPEL, G.S. ; RAGSDALE Mortuary.

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

Lot 1687 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	608.00
Additional spaces and care fund	
Opening/Closing & Setup	320.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee	35.00
Sales taxes	23.10
Total Due	1,636.10
Paid receipt number	
Balance due	

1/23/09 Per MS Bullock in collection this has been pd or written off They have no record.

PUT ON 30 DAY NOTE

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

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

Signature of recorded holder of deed

Signature [signature]

Address P.O. BOX 10084

State MARINA DEL REY CAR Zip Code 90292

Telephone (619) 2635368 (619) 262-2361

Invoice # 151812

Acct. # 065170

Work Order # E 9378

PY-583 (REV. 8-85)

F-21135

MT. HOPE CEMETERY

W.O. # E-1378

NOTE

1,636.10 San Diego, California 4-23 19 91

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand six hundred thirty-six 10/100 DOLLARS with interest from 5-24-91 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME JIM KELLY SIGNATURE Jim Kelly

ADDRESS P.O. BOX 10084 MARINA DEL REY, CALF

CALIFORNIA DRIVER LICENSE NUMBER A0542577 SSN # 406-66-4465

PY-1012 (11-89)

E-21135

Pre-Need Trust + Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-8-91

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

in a Double Depth Crypt (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

Lot 1687 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	695.00
Additional spaces and care fund	
Opening/Closing & Setup Two (2) O/C	640.00
Burial Container	330.00
Handling Fees	320.00
Flower vases - Marker setting fee	
Recording and filing fee Two (2) recording fees	70.00
Sales taxes	23.10
Total Due	2078.10

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed

Jim Kelly
Signature
P.O. Box 10084
Address
Marina Del Rey Calif
State Zip Code 90292
(213) 578-8861
Telephone

Work Order # E 9291

Invoice # _____

Acct. # _____

PY-583 (REV. 8-85)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NE 40532

Date: _____, 19__

From: [illegible] Address: [illegible]

In _____ Payment of _____ Dollars ($ _____)

Lot 1687

Invoice No. _____

Acct. No. _____

W.O. [illegible]

BALANCE DUE _____

Pre-Need Lot ☐ At Need
Pre-need Trust ☒ Cash

AC-212 (Rev. 10-87)

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust & COUPON 1
Jim Kelly & Arnita Taylor
730 No. Euclid, Apt. #10
San Diego, Ca. 92114 E-9291

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

AMOUNT DUE $ 87.00

TOTAL RECEIVED

☐ Check (✓) if you have a new address and please attach.

Section _____ Division Block _____

CREDIT	67007	
20% Sales Care	77184	87.00
80% Sales of Lots	100 77184	
Opening/Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	87.00

ATNGED 92037

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-09

2 COPIES NEEDED

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KIMZEY, ED 210882

in a TS Funeral, date, time Thurs, Feb 12
Type of Burial Container

Church, (Chapel) Graveside _____ ; CONRAD LENCER Mortuary Chapel

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 12 Grave 9

Grave space & Care Fund D-9535 Ø

Overtime/Late Arrival Fees _____

Opening/Closing & Setup 533.00

Burial Container 355.00

Handling Fees 263.00

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees 65.00

Sales taxes 27.51

Total Due R6145 1243.51

Paid receipt number ✓ 1243.51

Balance due Ø

PAID
FEB 10 2009
MOUNT HOPE CEMETERY

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

232113

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

x _____
Signature

ED KIMZEY JR.
Print Name
x 544 WESTBOURNE ST
Address
x SAN DIEGO CA 92037
City Zip Code
x 760-963-5295
Telephone

Work Order # E 21136

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8 - 14 19 78

E-21130

CHARGE Edwin Kinsey

ADDRESS 1691 Golfcrest Dr. Ham. Gr. 92045

NAME OF DECEASED Ora Reed

OWNER Same

ADDRESS

MORTUARY

LOT 12	GR 9	ROW	SEC 2	DIV 12		200	00
OPENING TIME	DAY DATE						
VAULT BOX	SIZE						
REMOVAL OR FOUNDATION VET.							
					TOTAL	$ 200	.00

PAID RECEIPT NUMBER 26350

BALANCE

Flush Marker Only

PAID
AUG 14 1978
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

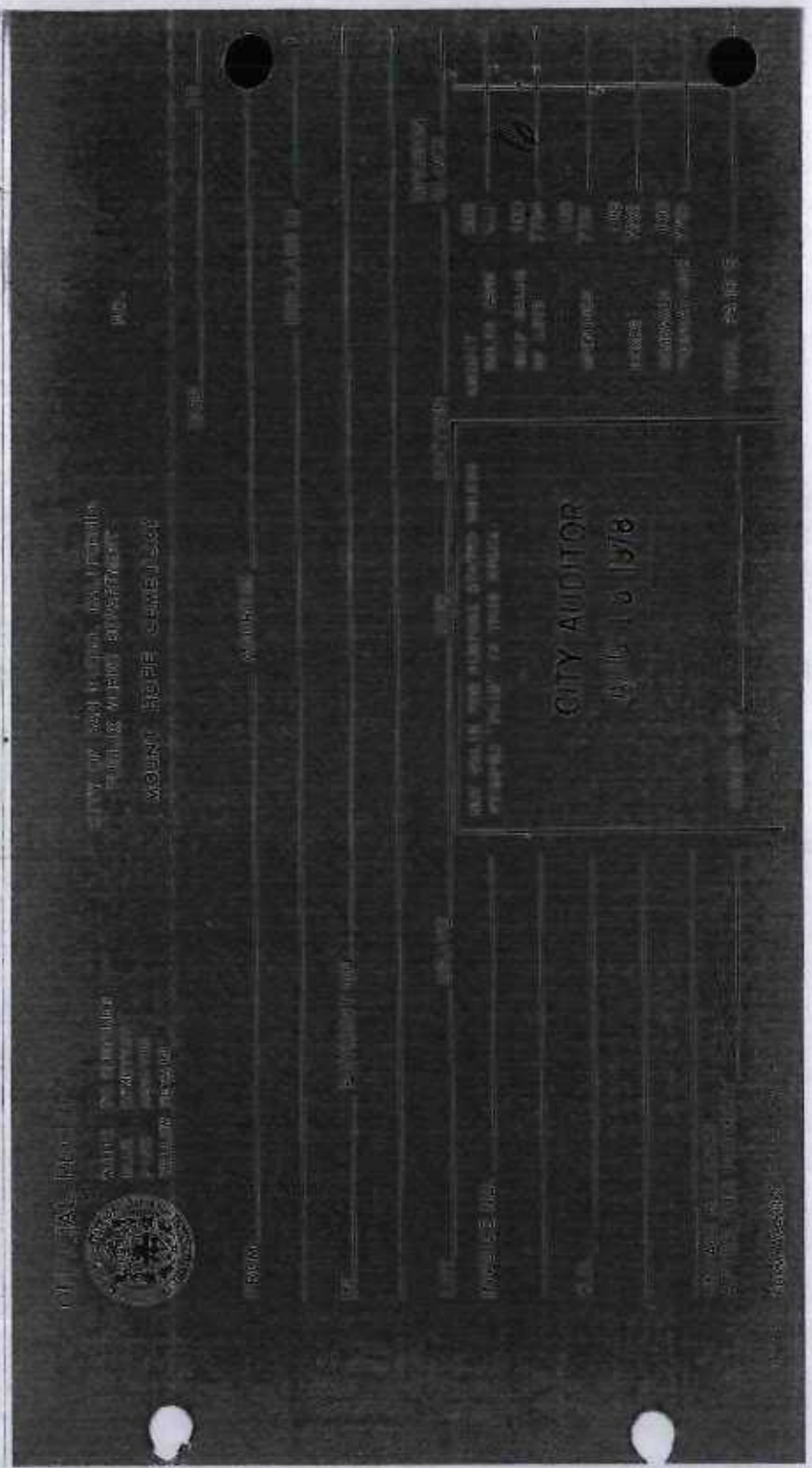
THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

+9580

AUTHORIZED
IN PERSON
PHONE BY Edwin Kinsey ORDER TAKEN BY

W.O. NO. D Nº 9535 INVOICE NO. Cash

FORM PR-974 REV.



E-21136

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container TS,

			X			

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

Blind check Initiated by: _____ Date: _____

Interment space for: ED KIMBEY

Interment Date: 2-12 Time: 2:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 12 Grave: 9

Grave Laid out by: DAVID & JUAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: [illegible] Date 2/10/04

Cremains were placed at: _____ of grave

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-21136
82

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
EDWIN	DALE	KIMZEY

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	08/11/1926	02/05/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
LA JOLLA	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
DOLORES J. KIMZEY	WIFE	CONRAD LEMON GROVE MORTUARY 7387 BROADWAY LEMON GROVE, CA 91945	FD 941

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
PO BOX 290343 PHELAN, CA 92329

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ [signature]	02/11/2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/11/2009	▶ 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	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MOUNT HOPE CEMETERY - 3751 MARKET ST, SAN DIEGO, CA 92102	2/12/09	E-21136

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING: ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

E21136

OFFICIAL RECEIPT

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

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

61451

Date: 2-10, 20 09

From: ED KIMZEY JR. Address: 544 WESTBORNG St. SD. 92037

ONE THOUSAND TWO HUNDRED - FORTY THREE 51/100 Dollars ($ 1243 51)

in FULL Payment of INTERMENT OF ED KIMZEY

Div 12 Sec 2 Blk/Row ____ Lot 12 Grave 4

Invoice No. (09535)

Acct. No. E21136

W.O. ____

BALANCE DUE -0-

☐ Money Order
☒ Charge AP R58153
☐ Check

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

PAID

FEB 1 0 2009

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184	—	
80% Sales	100	—	
of Lots	77184		
Opening/	100	533	—
Closing	77181		
Burial	100		
Containers	77182	315	—
	100		
Handling Fee	77185	263	—
Recording &	100		
Misc. Fees	77183	65	—
Sales Tax	60101		
	78390	27	51
TOTAL PAID	$	1243	51

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 02/09/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benjamin Watkins 232115

In a Liner (Type of Burial Container) Funeral, date, time Friday-February 13, 2009

Church, Chapel, Graveside _____ : Bishop Mortuary.

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

will be applied and billed to undersigned _____

Division 7 Section 16 Blk/Row — Lot 21 Grave 4

Grave space & Care Fund	2764.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	209.93
Total Due	3,358.93
Paid receipt number R61453	3,358.93
Balance due	-0-

PAID

FEB 10 2009

MOUNT HOPE CEMETERY

92114

227950

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

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

Signature

paid per verification

Print Name

Address See attached

City Zip Code

Telephone

Invoice # _____

Work Order # E 21137

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

1702 Public St.
SD CA 92104

E-21137

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At-Need

Date 02/09/09

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

In a Liner (Type of Burial Container) Funeral, date, time Friday-February 13, 2009

Church, Chapel, Graveside _____ : Bishop Mortuary

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

Division 7 Section 16 Blk/Row — Lot 21 Grave 4

Grave space & Care Fund	2264.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.-
Burial Container	270.-
Handling Fees	206.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.-
Sales taxes	209.93
Total Due	$3,358.93
Paid receipt number 92114	
Balance due	

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

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

Gary Watkins

Signature

paid per verification

Gary WATKINS SR

Print Name

3433 ALEXANDRA AVE

Address

Spring Valley CA 91977

City Zip Code

(619) 307-9226

Telephone

Work Order # E 21137

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21137

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 1/04)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT -- FIRST (Given)	2. MIDDLE	3. LAST (Family)
BENJAMIN	LEON	WATKINS

AKA ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST):

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs	IF UNDER ONE YEAR Months / Days	IF UNDER 24 HOURS Hours / Minutes	6. SEX
06/27/1954	54			M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CA	556-04-7191	[ ] YES [X] NO [ ] UNK	DIVORCED	02/07/2009	0120

13. EDUCATION -- Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)
BACHELOR	[ ] YES [X] NO	AFRO AMERICAN

17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
PSYCHIATRIC TECHNICIAN	MENTAL HEALTH SERVICES	25

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)
1702 REPUBLIC STREET

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SAN DIEGO	SAN DIEGO	92114	54	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
GARY WATKINS, BROTHER	3433 ALEXANDRA AVENUE, SPRING VALLEY, CA 91977

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE -- FIRST	29. MIDDLE	30. LAST (Maiden Name)
-	-	-

31. NAME OF FATHER -- FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
CHARLIE	LEE	WATKINS	TX

35. NAME OF MOTHER -- FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE
RUBY	JEWEL	WRIGHT	LA

WORKING COPY

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
02/13/2009	MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
BU	DAVID SESSION	EMB7653

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
BISHOP MORTUARY	FD1673	WILMA WOOTEN, MD	02/09/2009

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
KAISER FOUNDATION HOSPITAL	[X] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY
SAN DIEGO	4647 ZION AVENUE	SAN DIEGO

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) CARDIORESPIRATORY ARREST	(AT) 5 MINS
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B) END STAGE KIDNEY FAILURE	(BT) YRS
	(C) DIABETES TYPE 2	(CT) YRS
	(D)	(DT) -

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
[ ] YES [X] NO REFERRAL NUMBER	[ ] YES [X] NO	[ ] YES [X] NO	[ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. IF FEMALE, PREGNANT IN LAST YEAR?
NONE	[ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since (A) mm/dd/ccyy: --/--/2008 — Decedent Last Seen Alive (B) mm/dd/ccyy: 02/06/2009	MICHAEL PAUL BIBERSTEIN M.D.	G40531	02/09/2009

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
MICHAEL PAUL BIBERSTEIN M.D.
4647 ZION AVENUE, SAN DIEGO, CA 92120

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
[ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined	[ ] YES [ ] NO [ ] UNK		

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E	Printed on: 02/10/2009 11:17 AM By MITCHELL, GWEN (GMITCHELL)	FAX AUTH. #	CENSUS TRACT

E-21137

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

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

Burial Container Liner

	Delaney	Watkins	X	Craig		
		Dynes	Mitchell	Knox		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 2/11/09

Interment space for: Benjamin Watkins

Interment Date: FRIDAY 2/13/09 Time: _____

Div: 7 Sect: 16 Blk/Row: ~ Lot: 21 Grave: 4

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: Ken Date 2/ /09

Cremains were placed at: _____ of grave

E-21137

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

54

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

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
BENJAMIN	LEON	WATKINS

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	06/27/1954	02/07/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
GARY WATKINS	BROTHER	BISHOP MORTUARY 3444 CITRUS STREET LEMON GROVE, CA 91945	FD1673

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
3433 ALEXANDRA AVENUE SPRING VALLEY, CA 91977

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ [signature]	02/09/2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/09/2009	▶ 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	--

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	2/13/2009	E-21137

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING

▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION

▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 2/9/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Pearson, Jr. 232111 1:00

in a Liner (Type of Burial Container) Funeral, date, time Friday Feb 13, 2009

Church, Chapel, Graveside ; WMS SD memorial Mortuary.

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

will be applied and billed to undersigned. _____

Division 6 Section 1 Blk/Row ~ Lot 23 Grave 8

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1679.47
Paid receipt number R-6/460	1679.47
Balance due	0

PAID
FEB 11 2009
MOUNT HOPE CEMETERY

Pending verification of address via letter

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

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

_____
Signature

Print Name See attached

Address

City 232110 Zip Code

Telephone

Invoice # _____

Work Order # E 21138

Acct. # _____

REA-104 (3-04) LOW INCOME

This information is available in alternative formats upon request.

Printed on recycled paper

E-21138

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need Date 2/9/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Pearson 100

in a Liner Funeral, date, time Friday Feb. 13, 2009

Church, Chapel, Graveside ; WMS SD memorial Mortuary.

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

Division 6 Section 1 Blk/Row ~ Lot 23 Grave 8

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	260.50
Burial Container	135.00
Handling Fees	102.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,672.47
Paid receipt number	
Balance due	

Pending verification of address via letter

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

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

Valadia McCain
Signature

Valadia McCain
Print Name
2935 39th St.
Address
San Diego, Ca 92105
City Zip Code
(619) 697-3048
Telephone

Invoice # _____

Work Order # E 21138 Acct. # _____

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

© Recycled paper

CORNELL

Cornell Companies, Inc.

B.Lambert
Warden
10 Lakeview Rd
Baker, Ca. 92309
February 11, 2009

Mr. James Pearson, G30743 was an inmate of the State of California and was housed at Baker Community Correctional Facility in Baker, California at the time of his death.

B. Lambert
Warden

GENERATIONS HEALTHCARE

ARBOR HILLS NURSING CENTER

Sheila Williams
2441 University Avenue
San Diego, CA 92104

This letter is to inform you that James Pearson Sr. is a San Diego Resident. He is currently receiving medical care at Arbor Hills Skilled Nursing Facility using his medical benefits. His current physical address is in San Diego County. If you have any questions or concern you may contact me at the facility (619)460-2330/

Thank You,

Jim Geddie
Administrator

E-21138

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ⊘

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

Burial Container Liner

		Miller	X	Bernsh	Wright	Camp

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette C. Date: 2/10/2009

Interment space for: James Pearson Jr.

Interment Date: Fri: 13, 2009 Time: 1:00 pm

Div: 6 Sect: 1 Blk/Row: ~ Lot: 23 Grave: 8

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Date 2/11/09

Cremains were placed at: _____ of grave

E-21138
53

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
JAMES	LEVI	PEARSON JR

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	07/03/1955	02/04/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
BAKER	SAN BERNARDINO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
SERENA PEARSON	DAUGHTER	WMS SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE SAN DIEGO, CA 92104	FD1575

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1433 FERN CREEK CT. CORONA, CA 92880

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ Sheila A Williams	02/11/2009

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

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/11/2009	▶ MAXWELL OHIKHUARE, 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 BERNARDINO HEALTH DEPARTMENT 340 NORTH MOUNTAIN VIEW AVENUE SAN BERNARDINO, CA 92415-0010	SAN DIEGO COUNTY VITAL RECORDS 3851 ROSECRANS ST SAN DIEGO, CA 92110

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

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO,CA 92102	2/13/09	E-21138

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING

▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION

▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY

▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

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

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

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

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

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

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

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kelsy Diaz Alvarez 232107

in a DD Crypt "A" (Type of Burial Container) Funeral, date, time Friday, Feb 13 @ 11

Church, Chapel, Graveside _____ ; CA Cremation EC Mortuary.

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

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 168 Grave 9

Grave space & Care Fund	2,264
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number R-61458	3,896.77
Balance due	0

PAID
FEB 11 2009
MOUNT HOPE CEMETERY

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

232106

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

Ema E Diaz
Signature

Ema Erendira Diaz
Print Name

3177 K ST
Address

San Diego CA 92102
City Zip Code

(619) 546-9320
Telephone

Invoice # _____

Work Order # E 21139

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21139

61456

OFFICIAL RECEIPT

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

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

Date: 2/11, 2009

From: Raymundo A. Diaz Address: 3177 K ST SD 92102

Three Thousand Eight Hundred Ninety six 77/xx Dollars ($ 3,896.77)

In _____ Payment of Raymundo Alvarez Alvarez 168

Div 12 Sec 2 Blk/Row _____ Lot ~~155~~ Grave ~~8~~ 9

Invoice No. E-21139

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☐ Charge
☒ Check 421784899

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
FEB 11 2009
MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	452	80
20% Sales Care	77184	1811	20
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181	533	00
Burial	100	539	00
Containers	77182		
	100	454	00
Handling Fee	77185		
Recording &	100	65	00
Misc Fees	77183		
Sales Tax	80101	41	77
	78390		
TOTAL PAID	$	3,896	77

Tree roots on Former site

Bank of America

Cashier's Check No. 421784899

Notice to Purchaser: In the event this check is lost, misplaced or stolen, a copy may be obtained but 90 days waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Date FEBRUARY 10, 2009 11-35/1210 NCA

Banking Center 36TH AND NATIONAL

000208 03009 421784899

REYMUNDO ALVAREZ DIAZ
Remitter (Purchased By)

Pay **THREE THOUSAND EIGHT HUNDRED NINETY SIX DOLLARS AND 77 CENTS** $ **3896.77**

To The Order Of **MT HOPE CEMETERY**

Bank of America, N.A.
San Francisco, CA

VOID AFTER 90 DAYS

Authorized Signature

05-14-3774B

⑈421784899⑈ ⑆121000358⑆ 13970⑈85076⑈

THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK. THE ORIGINAL DOCUMENT HAS REFLECTIVE WATERMARK ON THE BACK.

E-21139

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

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

Burial Container DD CRYPT

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Kelsy Diaz Alvarez

Interment Date: 2/13/09 Time: 11am

Div: 12 Sect: 2 Blk/Row: ____ Lot: 168 Grave: 9

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Date 2/11/09

Cremains were placed at: _____ of grave

E-21139
23

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
KEISY	-	ALVAREZ

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	10/28/1985	02/08/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
REYMUNDO ALVAREZ	BROTHER	CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
2177 K STREET SAN DIEGO, CA 92102

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED 02/12/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/12/2009	▶ 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	-

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102	2/13/09	E-21139

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
-		

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
-	

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
-	

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
-		

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOSEPH DAVID MURPHY 232109 11:30

In a Liner (Type of Burial Container) Funeral, date, time Friday Feb 13, 2009

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division IOOF Section ~ Blk/Row 74 Lot 6 Grave 2

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.47
Total Due	1,679.47
Paid receipt number R61457	1,679.47
Balance due	0

PAID
FEB 11 2009
MOUNT HOPE CEMETERY

family to pay + mort

VISA AP290372

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

232108

I hereby authorize the interment in lot I hold under deed.

/Marion Murphy
Signature

/Marion Murphy
Print Name
4159 Hemlock St.
Address
S.D. Ca. 92113
City Zip Code
(619) 840-8554
Telephone

Work Order # E 21140

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

LOW INCOME

E-2140

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.

Name of Deceased: Joseph David Murphy

Address: 4159 Hemlock Street

City: San Diego State Ca Zip Code 92113

City of San Diego resident? (Circle) (YES) NO

Size of Family (check one)

	Annual Income		**Annual Income**
(1)	$14,933	(4)	$41,459
(2)	$24,463	(5)	$48,926
(3)	$33,588	(6)	$57,222

For larger families, add $8,296 per additional member. If the deceased has lived with family/friends and has been declared a dependent on another person's tax return, they are considered part of that persons' household. Please submit the deceased's current internal revenue service (IRS) tax return, Health & Human Services-Notice of Action (dated within 30 days), or Social Security- Award/Benefit letter.

I understand that Mt. Hope Staff will respectfully choose the burial site of the deceased to maintain low administrative costs for this program JM 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.

Marion Murphy (mother) 2/9/09
Signed/ Relationship Date

U.S. UNIFORMED SERVICES USN/RET DOC

Proof of Residency: Valid California Driver's License/ Identification card displaying City of San Diego address and one of the following: Current Utility Bill Current Monthly Checking/Bank Statement Rental/Lease Agreement and Current month rent receipt property tax statement Other _____

Current SSA documents verified $21,244.80

Maria Flor R. Ypoca 2/10/09
Approved by Date

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

E-21140

Your New Benefit Amount

752148

BENEFICIARY'S NAME: MARION MURPHY

Your Social Security benefits will increase by 5.8 percent in 2009 because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your new monthly amount (before deductions) is $927.40.
- The amount we are deducting for Medicare medical insurance is $96.40.
  (If you did not have Medicare as of Nov. 20, 2008, or if someone else pays your premium, we show $0.00.)
- The amount we are deducting for your Medicare prescription drug plan is $0.00.
  (If you did not elect withholding as of Nov. 1, 2008, we show $0.00.)
- The amount we are deducting for voluntary federal tax withholding is $0.00.
  (If you did not elect voluntary federal tax withholding as of Nov. 20, 2008, we show $0.00.)
- After taking any other deductions, we will deposit into your bank account on Jan. 2, 2009. $831.00

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

What If I Have Questions?

Visit our website at ***www.socialsecurity.gov*** for information and a variety of online services. You can also call **1-800-772-1213** and speak to a representative from 7 a.m. until 7 p.m. Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, **1-800-325-0778.** If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, and need assistance of any kind, you also can visit your local office.

1333 FRONT STREET
SAN DIEGO CA

BNC#: 08B1916F16674

752149

Over ➤

FOLD & TEAR OFF STUB

SOCIAL SECURITY ADMINISTRATION
WESTERN PROGRAM SERVICE CENTER
PO BOX 2000
RICHMOND CA 94802-1791

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

FOLD & TEAR OFF STUB

Be sure to check out
our website: *www.socialsecurity.gov*

MARION MURPHY
4159 HEMLOCK ST
SAN DIEGO CA 92113-1820

E-21140


UNITED STATES UNIFORMED SERVICES
IDENTIFICATION AND PRIVILEGE CARD

E-21140


DATE OF BIRTH
1920OCT05
WEIGHT
168
HEIGHT
65
HAIR COLOR
GY
EYE COLOR
BR
DATE OF ISSUE
2007NOV15
DIRECT: YES
CIVILIAN
YES
EFF DATE
2001OCT01
EXP DATE
INDEF
DD FORM 1173
OCT 93
PROPERTY OF US GOVERNMEN

Your New Benefit Amount

E-2140

109896

BENEFICIARY'S NAME: JOSEPH D MURPHY

Your Social Security benefits will increase by 5.8 percent in 2009 because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

- Your new monthly amount (before deductions) is $843.00.
- The amount we are deducting for Medicare medical insurance is $0.00.
  (If you did not have Medicare as of Nov. 20, 2008, *or if someone else pays your premium, we show $0.00.)*
- The amount we are deducting for your Medicare prescription drug plan is $0.00.
  (If you did not elect withholding as of Nov. 1, 2008, we show $0.00.)
- The amount we are deducting for voluntary federal tax withholding is $0.00.
  (If you did not elect voluntary federal tax withholding as of Nov. 20, 2008, we show $0.00.)
- After taking any other deductions, we will deposit $843.00 into your bank account on Jan. 2, 2009.

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

What If I Have Questions?

Visit our website at ***www.socialsecurity.gov*** for information and a variety of online services. You can also call **1-800-772-1213** and speak to a representative from 7 a.m. until 7 p.m. Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, **1-800-325-0778.** If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, and need assistance of any kind, you also can visit your local office.

1333 FRONT STREET
SAN DIEGO CA

BNC#: 08B1916F16674

109896

Over ➤

FOLD & TEAR OFF STUB

SOCIAL SECURITY ADMINISTRATION
WESTERN PROGRAM SERVICE CENTER
PO BOX 2000
RICHMOND CA 94802-1791

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

Be sure to check out our website: *www.socialsecurity.gov*

MARION MURPHY FOR
JOSEPH D MURPHY
4159 HEMLOCK ST
SAN DIEGO CA 92113-1820

FOLD & TEAR OFF STUB

E-21140

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ~~Liner~~ 0

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			Flack		Booth	
Boyes Hingland			X			
		Nesland	Hosford		~~[illegible]~~	

Flagged Yes ✓ No _____

Blind check Initiated by: Paulette Date: 2/11/09

Interment space for: Joseph D. Murphy

Interment Date: 2/13/09 Friday Time: 11:30 Chapel

Div: IOOF Sect: _____ Blk/Row: 24 Lot: 6 Grave 2

Grave Laid out by: Norman Perquen

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Date 2/11/09

Cremains were placed at: _____ of grave

E-21140

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61457

Date: February 11, 20 09

From: CA BURIAL Address: 5880 EUCALYPTUS BLVD SAN DIEGO CA 92115

Sixteen Hundred Seventy Nine and 47/100 Dollars ($ 1,679.47)

in Full Payment of At Need Svs. of Joseph D. Murphy.

Div EDOF Sec — Blk/Row 24 Lot 6 Grave 2

Invoice No. E 21140

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☒ Charge AP 290372
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 11 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette L.

CREDIT	67007	452.80
20% Sales Care	77184	679.20
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	266.50
Bunal	100	
Containers	77182	135.00
	100	103.00
Handling Fee	77185	
Recording &	100	32.50
Misc. Fees	77183	
Sales Tax	60101	10.47
	78390	
TOTAL PAID	$	1679.47

AC-212A (11-05)
This information is available in alternative formats upon request.

E-21140

44

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
JOSEPH	DAVID	MURPHY

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	11/01/1964	02/05/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MARION MURPHY	MOTHER	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

4159 HEMLOCK ST
SAN DIEGO, CA 92113

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103065.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED: 2/15/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/12/2009	▶ 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	–

11. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102

12B. DATE BURIED: 2/13/09

12C. INTERMENT NUMBER—IF APPLICABLE: E-21140

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ [signature]

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: –

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: –

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: –

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE: –

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-21140

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61519

Date: March 19, 20 09

From: Marion Murphy Address: ondile

One hundred seventy eight no/xx Dollars ($ 178.00)

in _____ Payment of Marker installation Joseph D. Murphy

Div 100F Sec _____ Blk/Row 24 Lot 6 Grave 2

Invoice No. PEN-232109

Acct. No. _____

W.O. E-21140

BALANCE DUE 0

☒ Money Order
☐ Charge
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
MAR 19 2009
MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	178 00
Sales Tax	60101	
	78390	
TOTAL PAID	$	178 00

AC-212A (11-08)
This information is available in alternative formats upon request.

At Need
Escondido

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/11/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARDIS L. Green 232122

in a DD Crypt "B" Funeral, date, time Tues, Feb 17 @ 1pm
Type of Burial Container

Church (Chapel) Graveside _____ CA Burial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 102 Grave 2

Grave space & Care Fund	E-18725	-0-
Overtime/Late Arrival Fees		
Opening/Closing & Setup		708.00
Burial Container	E-18725	-0-
Handling Fees	E-18725	-0-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		85.00
Sales taxes	E-18725	-0-
	Total Due	793.00
PAID FEB 11 2009	d receipt number R61455	793.00
	CK# 6798 Balance due	-0-

I hereby certify that I am MOUNT HOPE CEMETERY of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

232121
Print Name

Address

City Zip Code

Telephone See attached

Signature

Invoice # _____

Work Order # E 21141 Acct. # _____

REA-104 (3-04) *This information is available in alternative formats upon request.*

Printed on recycled paper

E-21141

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 9/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie M. Green 2282.34

In a D.D. Crypt (A) (Type of Burial Container) Funeral, date, time Fri. Oct. 1 12:00

(Church) Chapel, Graveside ____ : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Division 12 Section 1 Blk/Row ____ Lot 102 Grave 2

Grave space & Care Fund	1310.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	556.00
Handling Fees	468.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	43.09
Total Due	2992.09
Paid receipt number R-58058	2992.09
Balance due	Ø

PAID

SEP 2 8 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Lawrence Green
Print Name

4623 Allende Ave
Address

Oceanside CA 92057
City Zip Code

(760) 439-7673
Telephone

Paulette

Work Order # E 18725

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21141

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Minnie Green

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container DD Crypt "B"

		Blackshear	Brewer			
	Dorsey		X	Lucker	Green	
				Bell		

Flagged Yes ✓ No _____

Blind check Initiated by: Paulette Date: 2/11/09

Interment space for: EARDS GREEN

Interment Date: 2/17/09 Tues Time: 1pm Chapel

Div: 12 Sect: 1 Blk/Row: ~ Lot: 102 Grave: 2

Grave Laid out by: Norman Jr

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: Ken Date 2/12/09

Cremains were placed at: _____ of grave

E-21141

At Need
Escondido

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARDIS L. Green

in a DD Crypt "B" (Type of Burial Container) Funeral date, time Tues, Feb 17 @ 1am

Church (Chapel) Graveside ; CA Burial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 102 Grave 2

Grave space & Care Fund	E-18725	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		708.00
Burial Container	E-18725	0
Handling Fees	E-18725	0
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		85.00
Sales taxes	E-18725	0
Total Due		
Paid receipt number		
Balance due		793.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

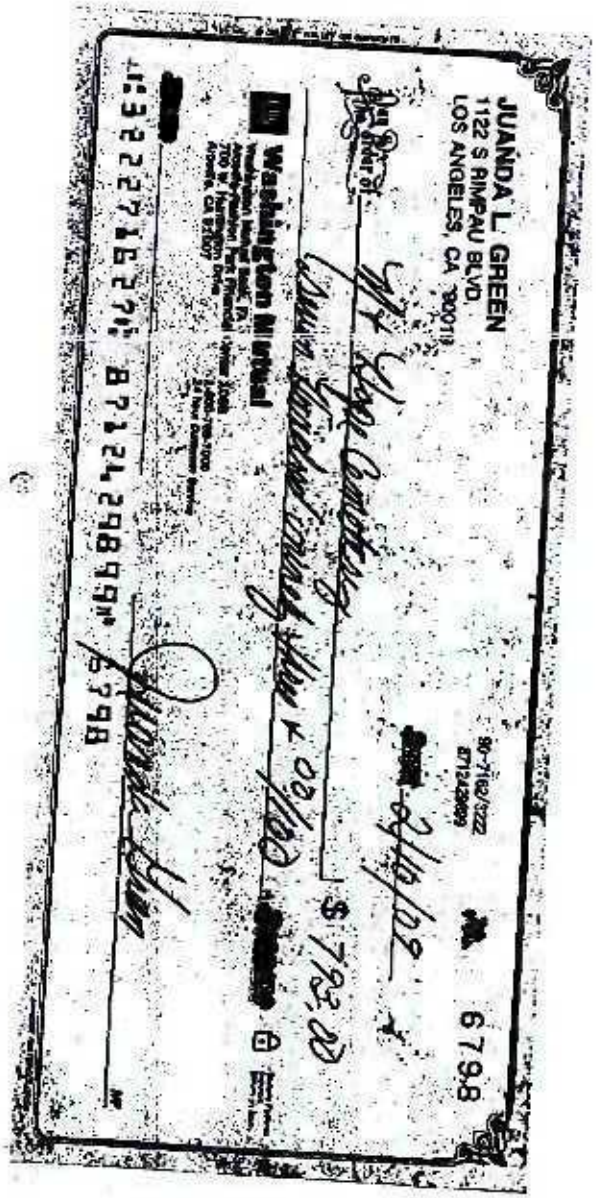
Juanda Green
Signature

Juanda Green
Print Name

1122 S. Rimpau Blvd
Address

Los Angeles, CA 90019
City Zip Code

(323) 383-8662
Telephone



JUANDA L. GREEN
1122 S RIMPAU BLVD.
LOS ANGELES, CA 90019

90-7162/3222
8712429699

Date 2/10/09

Mt Hope Cemetery

Dun Bradstreet Connecting Hope & Co

$ 793.00

Washington Mutual

Juanda Green

6798

⑆322271627⑆ 8712429899⑈ 6798

E-21141

78

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
EARDIS	LEE	GREEN

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	09/22/1930	02/08/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
OCEANSIDE	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
JUANDA GREEN	DAUGHTER	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

1122 S RIMPAU BLVD
LOS ANGELES, CA 90019

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ D Hatchell

9B. DATE SIGNED 02/12/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/12/2009	▶ 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	-

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	2/17/09	E-21141

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Tallon

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
-		

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
-	

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	-	
	15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE
-		

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/12/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ramon Sepulveda ⊗ 232117

In a Urn Vault (Type of Burial Container) Funeral, date, time Tues. Feb 17, 1pm

Church, Chapel, (Graveside) : Family Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 155 Grave 8

Grave space & Care Fund	426.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	810.12
Paid receipt number R-61462	810.12
Balance due	0

PAID
FEB 12 2009
TRION MOUNT HOPE CEMETERY
R-61463

Zip Code 92105

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Josefina Sigala

232116
Josefina Sigala
Print Name
357 Blair Ave.
Address
Calexico, Ca. 92231
City Zip Code
760-357-2564
Telephone

Invoice # _____

Work Order # E 21142

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E21142

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61698

Date: 5/29, 20 09

From: Rosa Gonzalez Address:

one kundred seventy-eight 00 Dollars ($ 178.00)

in Full Payment of Sell Refer Ramon Sepulveda

Div 1 Sec 2 Blk/Row Lot 155 Grave 8

Invoice No.

Acct. No.

W.O.

BALANCE DUE

☐ Money Order
☒ Charge V
☐ Check 0004134

NOT VALID FOR PURPOSES INTENDED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
MAY 29 2009
MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	178. —
Sales Tax	60101	
	78390	
TOTAL PAID	$	178. —

AC-212A (11-08)
This information is available in alternative formats upon request.

June 19 -
Before father
619 - 795 - 9383

E-21142

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container ASH VAULT

			GARCIA SANTIAGO			
			X			WEST Willie
			Jones Constance			

Flagged **Yes** X **No** _____

Blind check Initiated by: 2/17/09 Date: MFD

Interment space for: Ramon Sepulveda &

Interment Date: _____ Time: _____

Div: 12 Sect: 2 Blk/Row: ____ Lot: 155 Grave: 8

Grave Laid out by: Norman & Jason

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Collins Date 2/13/09

Cremains were placed at: _____ of grave

E-21142.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

38

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
Ramon	–	Sepulveda

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	10/06/1970	02/05/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
Mexicali	Mexico

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
Rosa Gonzalez	wife	Rosa Gonzalez 3605 37th st San Diego, Ca 92105	–

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

3605 37th st. San Diego, Ca, 92105

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Rosa Gonzalez

9B. DATE SIGNED 2/13/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/13/2009	▶ Wilma F. Wooten, M.D. JR

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
–	San Diego Health Dept 3851 Rosecrans st. Ste 802 San Diego, Ca 92110

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- [X] A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION *
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mount Hope Cemetery, 3751 Market st. San Diego, Ca 92102

12B. DATE BURIED: 2/17/2009

12C. INTERMENT NUMBER—IF APPLICABLE: E-21142

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT *

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-21142

61462

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

Date: 2/12, 20 09

From: Josefina Sigala Address: 357 Blair Ave Calexico CA 92231

Eight hundred ten and 12/xx Dollars ($ 810.12)

in _____ Payment of Inurment of Ramon Sepulveda

Div 12 Sec 2 Blk/Row _____ Lot 155 Grave 8

Invoice No. E-21142

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☒ Charge
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
FEB 12 2009
MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	85	20
20% Sales Care	77184		
80% Sales	100	340	80
of Lots	77184		
Opening/	100		
Closing	77181	149	00
Burial	100		
Containers	77182	79	00
	100		
Handling Fee	77185	85	00
Recording &	100		
Misc. Fees	77183	65	00
Sales Tax	60101	6	12
	78390		
TOTAL PAID	$	810	12

AC-212A (11-05)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61463

232118

Date: 2/12, 20 09

From: MARIA E. RUIZ Address: 27833 Lentiscol

Mission Viejo, Ca. 92672 Dollars ($ 88.72)

in _____ Payment of _____

Div 12 Sec 2 Blk/Row _____ Lot 155 Grave 8

Invoice No. E-21142

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☒ Charge
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
FEB 12 2009
MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182	48	00
	100		
Handling Fee	77185	37	00
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101	3	72
	78390		
TOTAL PAID	$	88	72

AC-212A (11-05)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/12/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rudolph Johnson Jr. 232120 11:00 in a Liner (Type of Burial Container) Funeral, date, time Tuesday Feb. 17, 2009 Church/Chapel, Graveside New Creation Church : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ~ Lot 199 Grave 3

Grave space & Care Fund	3,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	270.00
Handling Fees	206.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-61466	3,358.93
Balance due	-0-

PAID
FEB 17 2009
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

232119

I hereby authorize the interment in lot I hold under deed.

_____
Signature

Print Name _____

Address See attached

City _____ Zip Code

Telephone _____

AIRFORCE

Invoice # _____

Work Order # E 21143

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-21143

Paulette

Feb 13 2009 12:24PM HP LASERJET FAX

PRSRT
FIRST-CLASS MAIL
U.S. POSTAGE PAID
NCP

RETURN SERVICE REQUESTED

GREEN TREE SERVICING LLC
7360 SOUTH KYRENE RD.
TEMPE, AZ 85283-8432

+ 0224793 00003065H 096P02 0068334
Rudolph Johnson
2415 Kathleen Pl
San Diego, CA 92105-5032

E-21143

MOUNT HOPE CEMETERY

AIRFORCE

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

		Johnson	X	Cheek		
				Gonzales		

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 2/09

Interment space for: Rudolph Johnson Jr.

Interment Date: Tuesday Feb 17 Time: 11:00 AM

Div: 12 Sect: 2 Blk/Row: — Lot: 199 Grave: 3

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Date 2/13/09

Cremains were placed at: _____ of grave

E-21143

64

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
RUDOLPH	ALLISTER	JOHNSON

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	06/01/1944	02/11/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
RUDOLPH ALLISTER JOHNSON III	SON	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

2502 TRAILMARKER PLACE
CHULA VISTA, CA 91914

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Sienna Ryan

9B. DATE SIGNED * 2/12/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/12/2009	▶ 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	—

11. AUTHORIZED DISPOSITION(S)

BU

FOR CORONER'S USE ONLY

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102

12B. DATE BURIED: 2/17/09

12C. INTERMENT NUMBER—IF APPLICABLE: E-21143

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-21143

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61830

Date: July 27, 2009

From: L.R. Johnson - Thompson Address: San Diego Ca.

Two hundred, Forty four 06/00 Dollars ($ 244.06)

in full Payment of Setting fee and trion for Rudolph Johnson III

Div 13 Sec 2 Blk/Row Lot 171 Grave 3

Invoice No. E-21143

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge UBS
☐ Check 005318

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUL 27 2009
MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185	28	00 H/F
Recording &	100		
Misc. Fees	77183	213	00 - misc
Sales Tax	60101	3	06 fees
	78390		
TOTAL PAID	$	244.	06 Tax

AC-212A (11-08)
This information is available in alternative formats upon request.

15 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/17/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Francis BRUCE Harris 232124

in a TS VAULT (Type of Burial Container) Funeral, date, time Mon, Feb 23 @ 2 pm

Church, (Chapel) Graveside ; SD FUNERAL SVCS (619-583-0400) Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 123 Grave 4

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	27.51
Total Due	3,507.51
Paid receipt number R-61467	3,507.51
Balance due	0

PAID
FEB 17 2009
MOUNT HOPE CEMETERY

ARMY

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

232123

I hereby authorize the interment in lot I hold under deed.

Mercedes Haros
Signature

Mercedes Harris
Print Name
2112 Crenshaw St.
Address
San Diego 92105
City Zip Code
(619) 813-4856
Telephone
954 7867

Invoice # _____

Work Order # E 21144

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21144

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61467

Date: Feb 17, 20 09

From: Mercedes Harris Address: 2112 Crenshaw ST SD 92105

Three thousand five hundred seven ——— 51/xx Dollars ($ 3,507.51)

in Full Payment of Francis Bruce Harris Interment

Div 11 Sec 1 Blk/Row ____ Lot 123 Grave 4

Invoice No. E-21144

Acct. No. ____

W.O. ____

BALANCE DUE 0

☐ Money Order
☒ Charge AV01791B
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 17 2009

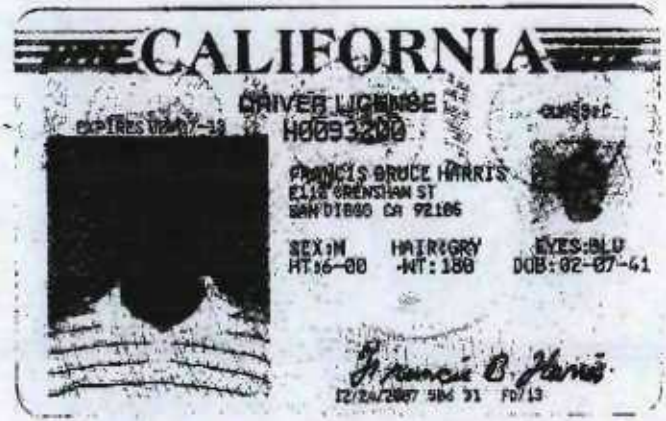
MOUNT HOPE CEMETERY

ISSUED BY Ylana

CREDIT	67007	452 80
20% Sales Care	77184	1811 20
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	533 00
Burial	100	355 00
Containers	77182 100	263 00
Handling Fee	77185	65 00
Recording & Misc. Fees	100 77183	27 51
Sales Tax	60101 78390	
TOTAL PAID	$	3,507 51

AC-212A (11-05)
This information is available in alternative formats upon request.

E-21194


CALIFORNIA
DRIVER LICENSE
H0093200
EXPIRES 02-07-13
FRANCIS BRUCE HARRIS
E112 GRENSHAW ST
SAN DIEGO CA 92106
SEX:M
HT:6-00
HAIR:GRY
WT:180
EYES:BLU
DOB:02-07-41
Francis B. Harris
12/24/2007 506 31 FD/13

PERSONAL DATA

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: ARMY RA TC
5. PLACE OF BIRTH (City and State or Country): Dallas Texas
6. DATE OF BIRTH: DAY 7 | MONTH Feb | YEAR 41
7a. RACE: Cau
7b. SEX: Male
7c. COLOR HAIR: Brown
7d. COLOR EYES: Blue
7e. HEIGHT: 6'0"
7f. WEIGHT: 160
8. U.S. CITIZEN: ☒ YES ☐ NO
9. MARITAL STATUS: Single
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: 11 years
10b. MAJOR COURSE OR FIELD: General

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Trans to USAR (See #18)
11b. STATION OR INSTALLATION AT WHICH EFFECTED: Fort Hamilton New York
11c. REASON AND AUTHORITY: Par 7 AR 635-205 SPN 411 PETS Early Release Overseas Returnee
11d. EFFECTIVE DATE: DAY 13 | MONTH Aug | YEAR 63
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: 66th Trans Co(Med Trk)(CGO)COMMZ
13a. CHARACTER OF SERVICE: HONORABLE
13b. TYPE OF CERTIFICATE ISSUED: None

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: 4 | 141 | 41 | 141
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: #141 San Diego California
16. DATE INDUCTED: DAY | MONTH NA | YEAR
17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: Trans to USAR Control Gp(Reinf)XV USA Corps

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY 25 | MONTH Aug | YEAR 66
19a. SOURCE OF ENTRY: ☒ ENLISTED (First Enlistment) ☐ ENLISTED (Prior Service) ☐ REENLISTED ☐ OTHER:
19b. TERM OF SERVICE (Years): 3
19c. DATE OF ENTRY: DAY 26 | MONTH Aug | YEAR 60
20. PRIOR REGULAR ENLISTMENTS: None
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: PVT E-1
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Los Angeles California
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): 752 Kay Ave La Jolla(San Diego)California
24. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	2	11	18
	(2) OTHER SERVICE	0	0	0
	(3) TOTAL (Line (1) + line (2))	2	11	18
b. TOTAL ACTIVE SERVICE		2	11	18
c. FOREIGN AND/OR SEA SERVICE USARPAC		2	7	4

25a. SPECIALTY NUMBER AND TITLE: 941.10 Cook
25b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: 2-28.01 Executive Chef
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Expert(Rifle M-14)
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): None
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE (a)	DATES (From - To) (b)	MAJOR COURSES (c)
Com Spec Pt Ord Calif	31Oct-20Dec60	Cook

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: ATP 21-114 Code of Conduct Crse B Mil Just *Geneva Conv* Crse A NonJudPun

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE: ☐ YES ☒ NO
30b. AMOUNT OF ALLOTMENT: NA
30c. MONTH ALLOTMENT DISCONTINUED: NA
31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type): None
31b. VA CLAIM NUMBER: C- NA

AUTHENTICATION

32. REMARKS: Lump sum payment made for 60 days accrued leave
Blood Group: A SSAN: 450 64 0231
33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): Same as #23
34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: ROBERT E GABBEY 1st LT AGC ASST ADJ
35b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52. WHICH IS OBSOLETE. ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

#18 Mar 19

E-21144

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container TS VAULT

		Moss Anthony	Boettinger	Cook Fred		
			X		Robillard Kenneth	
		Fleming Charles		Matthews Isaac		

Flagged Yes X No _____

Blind check Initiated by: Maria Date: 2/17/09

Interment space Francis B. Harris

Interment Date: 2/23/2009 Time: 10am 123 Mon 23 2pm

Div: 11 Sect: 1 Blk/Row: _____ Lot: 23 Grave: 4

Grave *Laid out* by: Norm Dave

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Dawn Date 2-18-09

Cremains were placed at: _____ of grave

E-21144
68

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
FRANCIS	BRUCE	HARRIS

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	02/07/1941	02/13/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
LINDA PEREYRA	DAUGHTER	SAN DIEGO FUNERAL SERVICE 4891 ATLANTA DRIVE SAN DIEGO, CA 92115	FD 1964

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

2112 CRENSHAW STREET
SAN DIEGO, CA 92105

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶

9B. DATE SIGNED 2-23-09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/18/2009	▶ 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	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	2/23/09	E-21144

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth [illegible]

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15D. DATE SHIPPED
▶	

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

*THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-21144

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61803

Date: July 10, 20 09

From: Mercedes Harris Address: On file

One hundred seventy eight 00/xx Dollars ($ 178.00)

In _____ Payment of _____

Div 11 Sec 1 Blk/Row _____ Lot 123 Grave 5

Invoice No. E-21213

Acct. No. E-21144

W.O. _____

BALANCE DUE -0-

☐ Money Order
☐ Charge
☒ Check 3148

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 10 2009

MOUNT HOPE CEMETERY

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182	178	00
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Sales Tax	60101		
	78390		
TOTAL PAID	$	178	00

AC-212A (11-08)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/17/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Watkins 232135

in a LINER (Type of Burial Container) Funeral, date, time Tues, Feb 24 @ 2pm

(Church), Chapel, Graveside _____ ; CA Burial /NC Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 48 Grave 12

Grave space & Care Fund	1,132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	135.00
Handling Fees	103.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	10.46
Total Due	1,679.46
Paid receipt number R-61479	1,680.00
Balance due overage	.54¢

PAID
FEB 23 2009
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Monica Hill 232140
Print Name

Signature

Address

City Zip Code

Telephone

Residency Verified
CA DL

Invoice # _____

Work Order # E 21145

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Low Income

Seaman-poe

E-21145

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61601

Date: 4/22, 20 09

From: Monica Hill Address: 4471 44th St., SD #106 SD

One hundred, seventy-eight and 00 Dollars ($ 178 —)

in full Payment of Selling fee for Michael A. Watkins

Div 11 Sec 2 Blk/Row Lot 48 Grave 12

Invoice No.

Acct. No.

W.O.

BALANCE DUE Ø

☒ Money Order
☐ Charge # 09-0561240 83
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
APR 22 2009
MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	178	—
Sales Tax	80101		
	78390		
TOTAL PAID	$	178	—

AC-212A (11-08)
This information is available in alternative formats upon request.

E-21145

WESTERN UNION | MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

09-041957724

82-40/1021

AGENT 732318 DATE 022309
TIME 1247 01
090419577246 LOCATION 000000

1,000.00 ****

** PAY EXACTLY ONE THOUSAND DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF Mount Hope

PAYMENT FOR/ACCT. #

PURCHASER'S ADDRESS

Michael Watkins
PURCHASER SIGNS FOR DRAWER
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑈102100400⑈ 400904195772 46⑈

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION | MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

09-041957723

82-40/1021

AGENT 732318 DATE 022309
TIME 1247 01
090419577237 LOCATION 000000

600.00 ****

** PAY EXACTLY SIX HUNDRED DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF Mount Hope

PAYMENT FOR/ACCT. #

PURCHASER'S ADDRESS

Michael Watkins
PURCHASER SIGNS FOR DRAWER
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑈102100400⑈ 400904195772 37⑈

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION | MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

***PAY EXACTLY $80.00 09-070596868

82-40/1021

AGENT 706430 DATE 022309
TIME 1252 01
090705968685 LOCATION 000003

80.00 ****

** PAY EXACTLY EIGHTY DOLLARS AND NO CENTS **********

PAY EXACTLY

PAY TO THE ORDER OF Mount Hope

PAYMENT FOR/ACCT. #

PURCHASER'S ADDRESS

Michael Watkins
PURCHASER SIGNS FOR DRAWER
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑈102100400⑈ 400907059686 85⑈

Revised July 2008

E-2145

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: Michael Anthony Watkins JR

Address: 4471 44th St #106

City: San Diego State CA Zip Code 92115

City of San Diego resident? (Circle) (YES) NO

Size of Family (check one)

	Annual Income		**Annual Income**
(1)	$14,933	(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 MH 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.

Monica Hill (mother) 2/17/09

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 W-2 / School Enrollment

Current _____ documents verified

Approved by 2/18/09

Date

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Guidelines
Mt. Hope Low-Income Fee Waiver (Effective July 2008)

1. Applicant must be a City of San Diego resident, **not** *County of San Diego*
2. The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
   a. Social Security –Award/Benefit Letter
   b. Internal Revenue (IRS) Tax Return
   c. Health & Human Services Notice of Action (dated within 30 days)
3. The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	$14,933
2	$24,463
3	$33,588
4	$41,459
5	$48,926
6	$57,222
More than 6	Each additional member add $ 8,296

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.
5. Residency can be proven by the following methods
   a. Valid California driver's license/ identification card displaying City of San Diego address
   b. Current utility bill
   c. Current monthly checking statement
   d. Rental/lease agreement and month rent receipt
   e. Property tax statement
   f. Active/Retired duty military ID with City of San Diego address
6. Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
7. The Mt. Hope low income fee waiver does not apply to grave marker installation fees, late charges, or Saturday services
8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the first burial. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.
9. The low-income fee waiver cannot be applied retroactively to already purchased lots/services
10. The low-income fee waiver is intended for "At Need" services only.

E-2145

PIMA MEDICAL INSTITUTE

PIMA MEDICAL INSTITUTE
CAREER PREP HOMEWORK
ACKNOWLEDGEMENT

By initialing you have acknowledged that you have not completed the assigned homework chapters in the subjects listed below. It is understood that no homework will be accepted after the due date and you will receive a zero grade

Name: Watkins, Michael VA

Week #1	Chapter	Grade	Date	Initial
A&P-MT	Handout Ch #1 Intro to Medical Terms	83		
A&P-MT	Handout Ch #3 Integumentary System	71		
A&P-MT	Diagrams The Skin, Cell Structure	75		
Math	Handout #1 Math Fundamentals Add, Sub	97		

Week #2	Chapter	Grade	Date	Initial
Study Skills	Ch #6 Outline- Notetaking & Memory	90		
A&P-MT	Handout Ch #4 Musculoskeletal System	63		
A&P-MT	Handout Ch #5 Cardiovascular System	14		
A&P-MT	Diagrams Cardiovascular, Skeletal System	100		
Math	Handout #2 Add & Subtract Fractions	77		
Comp	Type & Define computer terms worksheet #1	90		
First Aid	Essay on CPR	100		

Week #3	Chapter	Grade	Date	Initial
Study Skills	Ch #7 Outline Test Taking	85		
A&P-MT	Handout Ch #7 Respiratory System	83		
A&P-MT	Handout Ch #8 Digestive System	89		
A&P-MT	Diagrams Digestive, Respiratory System	100		
Math	Handout #3 Multiply & Divide Fractions	85		
Comp	Type & Define computer terms worksheet #2	100		
First Aid	Essay on Triaging	90		

Week #4	Chapter	Grade	Date	Initial
Study Skills	Ch #5 Outline	85		
A&P-MT	Handout Ch #9 Urinary System	91		
A&P-MT	Handout Ch # 10 Reproductive System	57		
A&P-MT	Diagrams Reproductive, Senses, Edocrine	100		
Math	Handout #4 Decimals & Fractions	83		
Comp	Type & Define computer terms worksheet #3	100		
First Aid	Essay on Allergies	100		

Week #5	Chapter	Grade	Date	Initial
Math	Complete Review Sheet Handout	86		
A&P-MT	Complete Review Sheet Handout	77		

Typed essays should be a minimum of one page and must be 12pt font single space. Hand written essays should be a minimum of two pages.

Mr. Jesse Godinez, COA, ABO, NCLE
Instructor's Signature

11/24/08
Date

Student's Signature

Date

REVISED 3/2008 C.R.

PIMA MEDICAL INSTITUTE

PIMA MEDICAL INSTITUTE CAREER PREP GRADE SHEET

NAME: Watkins, Michael **Date:** 11/26/2008

PROGRAM: VA

INSTRUCTOR: Jesse Godinez, COA, ABO, NCLE

STUDY SKILLS CSK 100

Homework 20%	Homework Score	x.20 =	86.67	17.33
PPS 10%	PPS Score	x.10 =	98	9.80
Quizzes/Tests 25%	Averaged Test Score	x.25 =	90	22.50
Project Portfolio 45%	Project Portfolio Score	x.45 =	90	40.50
				+
Student Initials:		Final Course Grade		90

CPR/FIRST AID CHS 100

Homework 10%	Homework Score	x.10 =	96.67	9.67
Lab Skills 25%	Final Exam Score	x.25 =	97	24.25
PPS 10%	PPS Score	x.10 =	98	9.80
Quizzes/Tests 25%	Averaged Test Score	x.25 =	82.5	20.63
Final Exam 30%	Project Portfolio	x.30 =	90	27.00
				+
Student Initials:		Final Course Grade		91

COMPUTER BASICS CCB100

Homework 10%	Homework Score	x.10 =	96.67	9.67
Lab Skills 30%	Final Exam Score	x.30 =	97	29.10
PPS 10%	PPS Score	x.10 =	98	9.80
Quizzes/Tests 25%	Averaged Test Score	x.25 =	77.5	19.38
Final Exam 25%	Final Exam Score	x.25 =	71	17.75
				+
Student Initials:		Final Course Grade		86

A&P, Medical Terminology CAT 150

Homework 10%	Homework Score	x.10 =	77.25	7.73
PPS 10%	PPS Score	x.10 =	98	9.80
Quizzes/Tests 25%	Averaged Test Score	x.25 =	61.25	15.31
Project Portfolio 30%	Project Portfolio	x.30 =	94	28.20
Final Exam 25%	Final Exam Score	x.25 =	62	15.50
				+
Student Initials:		Final Course Grade		77

BASIC MATH CMF 99

Homework 10%	Homework Score	x.10 =	85.5	8.55
PPS 10%	PPS Score	x.10 =	98	9.80
Quizzes/Tests 25%	Averaged Test Score	x.25 =	90	22.50
Project Portfolio 30%	Project Portfolio	x.30 =	93	27.90
Final Exam 25%	Final Exam Score	x.25 =	89	22.25
				+
Student Initials:		Final Course Grade		91

Updated 03/2008 C.R.

Workbook Name: AFT Grade Book 10-20-2008.xls

Student Number: 25 B25 C25 D25 E25 F25

E-2145

2008 W-2 and EARNINGS SUMMARY

e-file Visit the IRS Web Site at www.irs.gov/efile.

Employee Reference Copy

W-2 Wage and Tax Statement **2008**

Control number 1237 10/JXF | Dept. R62036 | Corp. | Employer use only T EIC 239

Employer's name, address, and ZIP code
SAN DIEGO TROLLEY INC
1255 IMPERIAL AVE #900
SAN DIEGO CA 92101

Batch #01269

Employee's name, address, and ZIP code
MONICA HILL
4471 44TH STREET
106
SAN DIEGO,CA 92115

Employer's FED ID number 95-3576967	a Employee's SSA number 558-23-9791
Wages, tips, other comp. 462.70	2 Federal income tax withheld
Social security wages	4 Social security tax withheld
Medicare wages and tips 462.70	6 Medicare tax withheld 6.71
Social security tips	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12
Other 3.70 SDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
State Employer's state ID no. CA 499-0251-3	16 State wages, tips, etc. 462.70
State income tax	17 Local wages, tips, etc.
Local income tax	18 Locality name

2008 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2008 pay stub plus any adjustments submitted by your employer.

Gross Pay	462.70	Social Security Tax Withheld Box 4 of W-2		CA State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	3.70
Fed. Income Tax Withheld Box 2 of W-2		Medicare Tax Withheld Box 6 of W-2	6.71		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	462.70	462.70	462.70	462.70
Reported W-2 Wages	462.70	0.00	462.70	462.70

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

MONICA HILL
4471 44TH STREET
106
SAN DIEGO,CA 92115

Social Security Number: 558-23-9791
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

© 2008 ADP, INC.

Cut or Detach Here

1 Wages, tips, other comp. 462.70	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips 462.70	6 Medicare tax withheld 6.71
d Control number 011237 10/JXF / Dept. R62036 / Corp. / Employer use only T EIC 239	
c Employer's name, address, and ZIP code SAN DIEGO TROLLEY INC 1255 IMPERIAL AVE #900 SAN DIEGO CA 92101	
b Employer's FED ID number 95-3576967	a Employee's SSA number 558-23-9791
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 3.70 CA SDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code MONICA HILL 4471 44TH STREET # 106 SAN DIEGO,CA 92115	
15 State Employer's state ID no. CA 499-0251-3	16 State wages, tips, etc. 462.70
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA State Reference Copy

W-2 Wage and Tax Statement **2008**

Copy 2 to be filed with employee's state income tax return.

1 Wages, tips, other comp. 462.70	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips 462.70	6 Medicare tax withheld 6.71
d Control number 011237 10/JXF / Dept. R62036 / Corp. / Employer use only T EIC 239	
c Employer's name, address, and ZIP code SAN DIEGO TROLLEY INC 1255 IMPERIAL AVE #900 SAN DIEGO CA 92101	
b Employer's FED ID number 95-3576967	a Employee's SSA number 558-23-9791
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other 3.70 CA SDI	12b 12c 12d 13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code MONICA HILL 4471 44TH STREET # 106 SAN DIEGO,CA 92115	
15 State Employer's state ID no. CA 499-0251-3	16 State wages, tips, etc. 462.70
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA State Filing Copy

W-2 Wage and Tax Statement **2008**

Copy 2 to be filed with employee's state income tax return.

te, accurate, STI Use — e-file — Visit the IRS Web Site at www.irs.gov/efile

Employee Reference Copy

W-2 Wage and Tax Statement 2008

Department of the Treasury—Internal Revenue Service

Control number	Dept.	Corp.	Employer use only
5235 74/XXU	028821		A 260

Employer's name, address, and ZIP code
ACE MANAGEMENT COMPANY
645 ASH ST
SAN DIEGO CA 92101-3211

Batch #01290

Employee's name, address, and ZIP code
ONICA D HILL
171 44TH ST
06
AN DIEGO CA 92115

Employer's FED ID number 95-3131447	a Employee's SSA number 558-23-9791
Wages, tips, other comp. 13169.89	2 Federal income tax withheld 17.44
Social security wages 13226.42	4 Social security tax withheld 820.04
Medicare wages and tips 13226.42	6 Medicare tax withheld 191.78
Social security tips	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
Nonqualified plans	12a See instructions for box 12 D 56.53
Other 105.81 SDI	12b 12c 12d
	13 Stat emp. X Ret. plan 3rd party sick pay
State Employer's state ID no. CA 352-8830 7	15 State wages, tips, etc. 13169.89
State income tax	16 Local wages, tips, etc.
Local income tax	20 Locality name

2008 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2008 pay stub plus any adjustments submitted by your employer.

Gross Pay	13226.42	Social Security Tax Withheld Box 4 of W-2	820.04	CA State Income Tax Box 17 of W-2	
				SUI/SDI Box 14 of W-2	105.81
Fed. Income Tax Withheld Box 2 of W-2	17.44	Medicare Tax Withheld Box 6 of W-2	191.78		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	13,226.42	13,226.42	13,226.42	13,226.42
Less 401(k) (D-Box 12)	56.53	N/A	N/A	56.53
Reported W-2 Wages	**13,169.89**	**13,226.42**	**13,226.42**	**13,169.89**

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

MONICA D HILL
4471 44TH ST
#106
SAN DIEGO CA 92115

Social Security Number: 558-23-9791
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 4
STATE: 4

© 2008 ADP, INC.

Fold and Detach Here

1 Wages, tips, other comp. 13169.89	2 Federal income tax withheld 17.44
3 Social security wages 13226.42	4 Social security tax withheld 820.04
5 Medicare wages and tips 13226.42	6 Medicare tax withheld 191.78
d Control number 045235 74/XXU / Dept. 028821	Corp. / Employer use only A 260
c Employer's name, address, and ZIP code ACE MANAGEMENT COMPANY 645 ASH ST SAN DIEGO CA 92101-3211	
b Employer's FED ID number 95-3131447	a Employee's SSA number 558-23-9791
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a D 56.53
14 Other 105.81 CA SDI	12b 12c 12d
	13 Stat emp. X Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code MONICA D HILL 4471 44TH ST #106 SAN DIEGO CA 92115	
15 State CA Employer's state ID no. 352-8830 7	16 State wages, tips, etc. 13169.89
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA State Reference Copy

W-2 Wage and Tax Statement **2008**

Copy 2 to be filed with employee's State Income Tax Return

1 Wages, tips, other comp. 13169.89	2 Federal income tax withheld 17.44
3 Social security wages 13226.42	4 Social security tax withheld 820.04
5 Medicare wages and tips 13226.42	6 Medicare tax withheld 191.78
d Control number 045235 74/XXU / Dept. 028821	Corp. / Employer use only A 260
c Employer's name, address, and ZIP code ACE MANAGEMENT COMPANY 645 ASH ST SAN DIEGO CA 92101-3211	
b Employer's FED ID number 95-3131447	a Employee's SSA number 558-23-9791
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12a D 56.53
14 Other 105.81 CA SDI	12b 12c 12d
	13 Stat emp. X Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code MONICA D HILL 4471 44TH ST #106 SAN DIEGO CA 92115	
15 State CA Employer's state ID no. 352-8830 7	16 State wages, tips, etc. 13169.89
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CA State Filing Copy

W-2 Wage and Tax Statement **2008**

Copy 2 to be filed with employee's State Income Tax Return

E-21145

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container LINER

			BLUE DOROTHY			
		SANDERS	X	NGAL		
			GREEN ROBT	MARTIN THOMAS		

Flagged Yes X No _____

Blind check Initiated by: Teran Date: 2-23

Interment space for: Michael Watkins

Interment Date: 2/24/09 Time: 2pm

Div: 11 Sect: 2 Blk/Row: ____ Lot: 48 Grave: 12

Grave Laid out by: Norman Ferguson & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Date 2/24/09

Cremains were placed at: _____ of grave

E-21145

E-2145 (2)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

26

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
MICHAEL	ANTHONY	WATKINS JR.

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	01/31/1983	02/13/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
MONICA HILL	MOTHER	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
4471 44TH ST. #106
SAN DIEGO, CA 92115

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055

9A. APPLICANT SIGNATURE ▶ Jeanette Benyard

9B. DATE SIGNED 02/24/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/17/2009	▶ 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	–

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102

12B. DATE BURIED 2/24/09

12C. INTERMENT NUMBER—IF APPLICABLE E-2145

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY
–

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS
–

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED
–

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE
–

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-17-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELIZA NOLDEN 220884

in a T.S. (Type of Burial Container) Funeral, date, time 2-24 TUE 2:30 ARRIVAL

Church, Chapel, Graveside _____ : RAGSDALE Mortuary.

1800

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 36 Grave 3

Grave space & Care Fund E000393 6-4-79	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup E-14470	0
Burial Container "	0
Handling Fees "	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees E-14470	0
Sales taxes "	0
Total Due	0
Paid receipt number	
Balance due	

Interfund Transfer
DP 3821425

I hereby certify I am the Cousin / POA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Janette M Tate
Signature

JANETTE M TATE
Print Name

1122 RAMONA AVE
Address

SPRING VALLEY CA 91977
City Zip Code

619/697-5766
Telephone

Invoice # _____

Work Order # E 21146

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21146

95

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
ELIZA	-	NOLDEN

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	12/13/1913	02/15/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
SPRING VALLEY	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
JEANETTE TATE	POA	ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1122 RAMONA AVENUE
SPRING VALLEY, CA 91977

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Jeanette Tate

9B. DATE SIGNED 2/19/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/19/2009	▶ 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	—

11. AUTHORIZED DISPOSITION(S)
BU

FOR CORONER'S USE ONLY

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102

12B. DATE BURIED 2/24/09

12C. INTERMENT NUMBER—IF APPLICABLE E-21146

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-2146

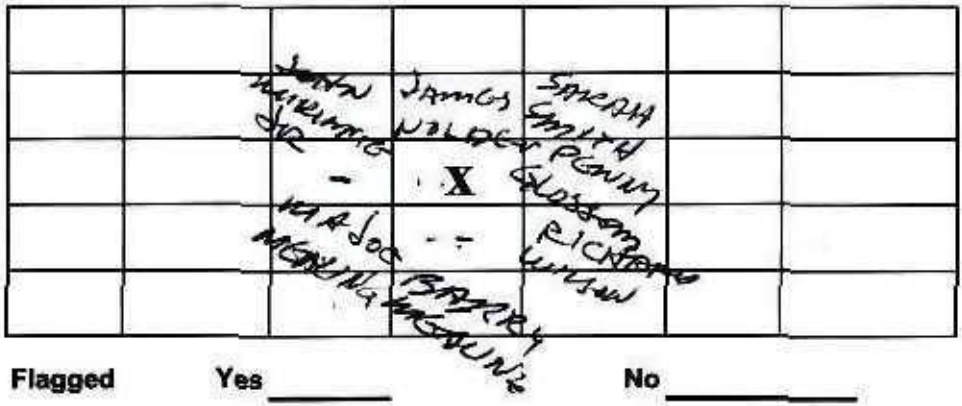
MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container TS VAULT



Flagged **Yes** _____ **No** _____

Blind check Initiated by: Tom Date: 2-18-09

Interment space for: ELIZA NOLDEN

Interment Date: 2/24/07 Time: 2:30

Div: 12 Sect: 3 Blk/Row: ____ Lot: 36 Grave: 3

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: [signature] Date 2/23/09

Cremains were placed at: _____ of grave

E-2114 pre need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-14-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eliza Nolden

in a T.S. vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ will be applied and billed to undersigned.

Lot 36 Grave 3 Row Section 3 Division/Block 12

Grave space & Care Fund ..... pre need E-2948

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number 50180 874.38

Balance due 0

PAID
JUL 14 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: X [signature]
Address: 5050 Federal Blvd.
City: San Diego, CA 92102
Telephone: 619 263-3141

Work Order # E 14470

Invoice # _____

Acct. # _____

REA-104 (7-86) This information is available in alternati[ve] [for]mats upon request.

Printed on recycled paper

50186

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

Date 7-14-98

From Anderson-Ragsdale 5050 Federal Blvd. SD 92102

Address trust fund Burial Fee 874.38

In pre need Eliza Nolden

Payment of

Lot 36 Grave 3 Row Section 3 Division 12 Block

Invoice No.

Acct. No. E-14470

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐ 4029

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Catina Avallone

CREDIT		
20% Sales Care	87007	
80% Sales of Lots	77184	100
Opening/ Closing	77184	100
Burial Containers	77181	100
Handling Fee	77182	100
Recording & Misc. Fees	77185	100
Pre-Need Trust	77183	874 38
Sales Tax	83033	874 38
TOTAL PAID	9022	
	60101	
	75390	874 38
	$	

7-14-98
Skipper / anderson Ragdale
paid and signed for the
penned trip of Eliza Nolden.

E-21146

ORDER

T. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-4 1979

CHARGE Eliza Nolden

ADDRESS 3228 "J" St. S.D. (2)

NAME OF DECEASED Pre-Need Cem. Lot

OWNER Same

ADDRESS

MORTUARY

A

LOT 36 GR 3 ROW SEC 3 DIV 12 | 210 | 00

OPENING TIME DAY DATE

VAULT BOX SIZE

REMOVAL OR FOUNDATION VET.

TOTAL $210.00

PAID RECEIPT NUMBER 27298

BALANCE

Flush Marker Only

PAID
JUN 4 1979
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

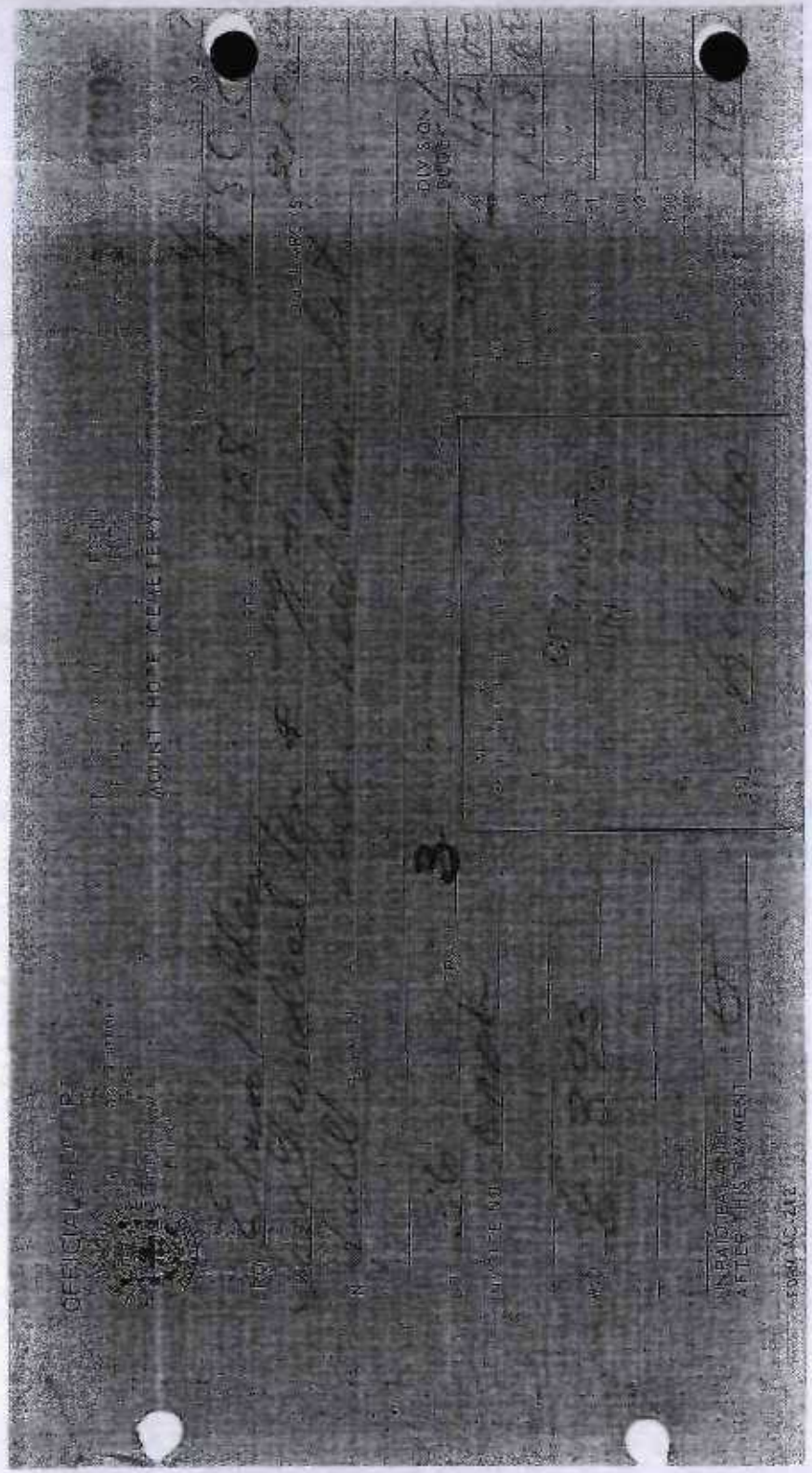
THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

#9913

~~AUTHORIZED IN PERSON~~ PHONE BY Eliza Nolden ORDER TAKEN BY Rullehne

W.O. NO. E 000393 INVOICE NO. Cash

PR-974 (REV. 9-78)



ORDER

T. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-2- 1979

CHARGE Eliza Nolden - 239-3706

ADDRESS 3228 J St San Diego 92113

NAME OF DECEASED James Eddie Nolden

OWNER Same

ADDRESS

MORTUARY Ragsdale

LOT 36 GR 2 ROW SEC 3 ~~BLK~~ DIV 12	210	00
OPENING TIME 11:AM CHURCH DAY DATE FRI 5-4-79	150	00
~~VAULT~~ BOX Bell SIZE	106	00
REMOVAL OR FOUNDATION VET.		
TOTAL	466	00
PAID RECEIPT NUMBER #27187		
BALANCE		

Full marker only

Chgr B4 Sec

B 9878

Res-3 - 8-1-79

PAID
MAY 2 1979
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY Eliza Nolden ORDER TAKEN BY Wallace

W.O. NO. E 000294 INVOICE NO. Cash

PR-974 (REV. 9-

OFFICIAL RECEIPT

MOUNT HOPE CEMETERY

Eliza Nolden

Four Hundred Sixty Six Dollars and No/100

Full Marker Service

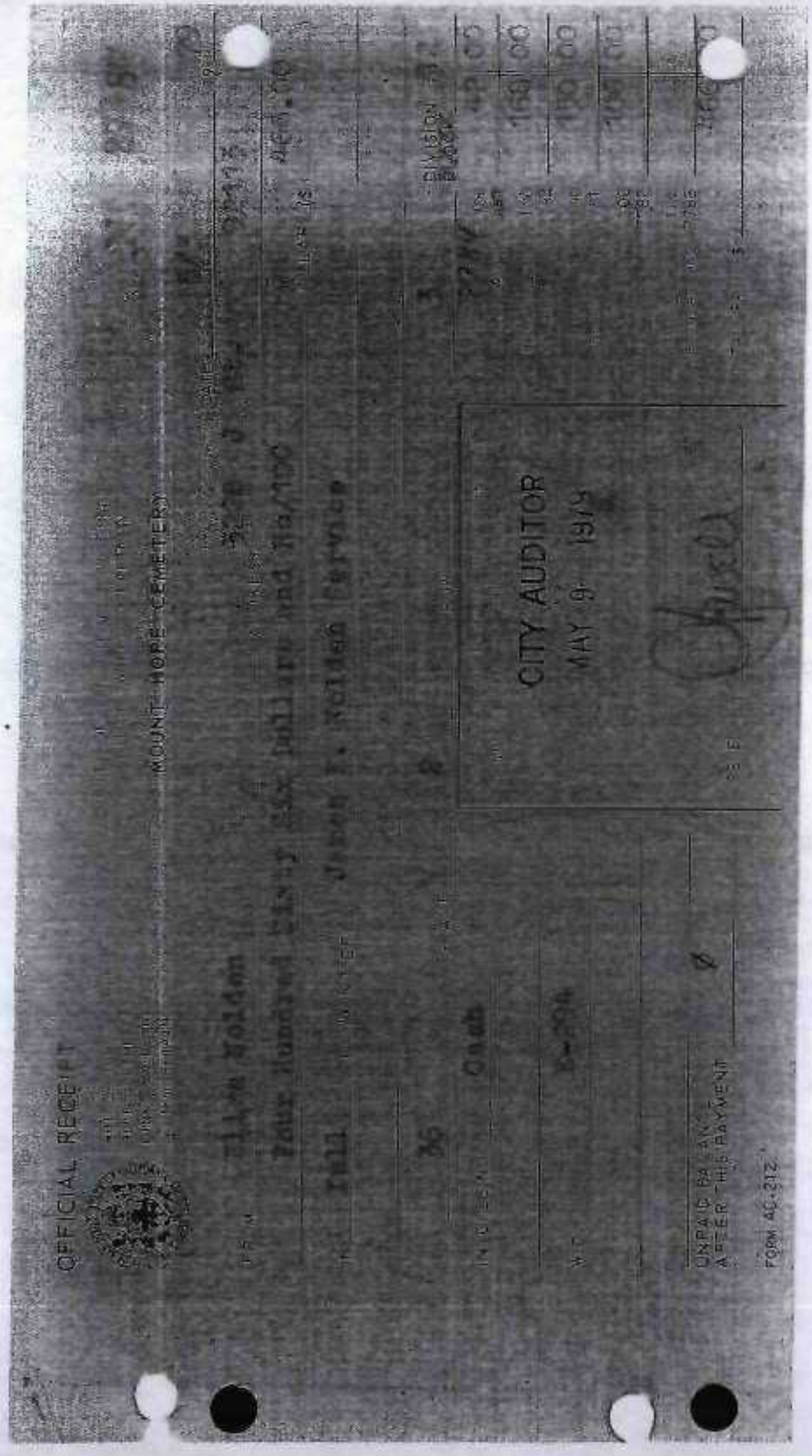
36 Cash

E-294

CITY AUDITOR
MAY 9 1979

UNPAID BALANCE AFTER THIS PAYMENT Ø

FORM AC-212



E-21146

DISTRIBUTION:
PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP 3821425

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

TRANSFER OF FUNDS FROM THE CEMETERY PRE-NEED TRUST FUND FOR ELIZA NOLDEN E21146/E14470.

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 03 / 05 / 2009 FUND OVERRIDE ☐

PAYEE	SEQ	PAYEE FORMAT / VENDOR NUMBER & ALPHA NAME ADDRESS CITY — STATE — ZIP CODE	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	INVOICE DATE	PAYMENT CAT.	LATE CODE	AMOUNT	TAX CODE	WRT-CK. NUMBER
		ENDERFUND TRANSFER					-0-		

TOTAL AMOUNT $ -0-

DISTRIBUTION OF CHARGES TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTING LINE	CY FY	FUND	DEPT.	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
		100			77181					(533.00)
		100			77182					(355.00)
		100			77185					(263.00)
		100			77183					(85.00)
		60101			78390					(27.51)
		63033	63033		4226					874.38
		67007	67007		77186					369.13

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

Maria Flor Popoca

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Paulette Crawford CAII x75400 | PHONE | DATE 02/26/2009 | DEPT'D DIV NAME 072Park/Rec CPI Mt Hope Cemetery | M.S. 072 # | DP

AC-468 (REV. 5-86) 593525

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/17/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth O. Canady @ 232148

in a Ash Vault (Type of Burial Container) Funeral, date, time Wed, March 11 @ 2pm

Church, Chapel, Graveside : CA Cremation & Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 123 Grave 10 (6)

Grave space & Care Fund E-13840	0
Overtime/Late Arrival Fees	149.00
Opening/Closing & Setup	79.00
Burial Container	85.00
Handling Fees	
Flower vases – Marker setting fee	65.00
Recording/Filing/Transfer Fees	6.12
Sales taxes	384.12
Total Due	384.12
Paid receipt number R-61503 CK 4432	Balance due 0

RECEIVED MAR 10 2009 BY

Mortuary To Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

232159

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name See attached

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 21147

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21147

E-21147

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/17/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth O. Canady ✱

In a Ash Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; CA Cremation & Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 123 Grave 10 (b)

Grave space & Care Fund E-13840	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	149.00
Burial Container	79.00
Handling Fees	85.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	6.12
Total Due	384.12

Mortuary to pay

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Etheleen Canady
(Signature)

Ethelleen Canady
(Print Name)
1533 N. Dellrose
(Address)
Wichita, KS 67208
(City) (Zip Code)
(316) 685-2057
(Telephone)

Invoice # _____

Work Order # E 21147

Acct. # _____

AEA-104 (3-04)

This information is available in alternative formats upon request.

Service will take place Wed. 2/25/09. then Cremation Delivery to follow we will call in advance.

Thanks

(TUE) FEB 17 2009 14:01/ST. 14:00/No. 7600000797 P 2

02/17/2009 15:47 6192292750 CALIFORNIA BURIAL PAGE 01

E-21147

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61505

Date: 3/11, 20 09

From: CA BURIAL Address:

three hundred, eighty-four 12/00 ~ Dollars ($384.12)

in paid Payment of Interment of Kenneth O Canady:

Div 12 Sec 1 Blk/Row Lot 123 Grave 10(b)

Invoice No. E-21147

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 4432

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

RECEIVED
MAR 10 2009
By

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	149.00
Opening/	100	79.00
Closing	77181	85.00
Burial	100	
Containers	77162	
	100	
Handling Fee	77185	
Recording &	100	55.00
Misc. Fees	77183	6.12
Sales Tax	60101	
	78390	
TOTAL PAID	$	384.12

AC-212A (11-08)
This information is available in alternative formats upon request.

E-2147

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61503

Date: 3/11, 20 09

From: CA BURIAL Address:

Three hundred eight four 12/100 Dollars ($ 384.12)

in Full Payment of Interment of Kenneth Candy:

Div 12 Sec 1 Blk/Row Lot 123 Grave 10(b)

Invoice No. E-2147

Acct. No.

W.O.

BALANCE DUE 0

☐ Money Order
☐ Charge
☑ Check 4432

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

RECEIVED
MAR 10 2009

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	149.00
Closing	77181	77.00
Burial	100	85.00
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	65.00
Sales Tax	60101	6.12
	78390	
TOTAL PAID	$	384.12

AC-212A (11-08)
This information is available in alternative formats upon request.

CALIFORNIA BURIAL CHAPEL

4

Mount Hope Cemetery	Kenneth Canady	3/10/2009	384.12

#2147

Union Bank of Californ	Kenneth Canady		384.12

E-21147 (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	1B. MIDDLE	1C. LAST
KENNETH	OTIS	CANADY

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	01/14/1955	02/18/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
NATIONAL CITY	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
ETHELEEN CANADY	MOTHER	CALIFORNIA CREMATION & BURIAL CHAPEL 2200 HIGHLAND AVENUE NATIONAL CITY, CA 91950	FD1689

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1533 NORTH DELLROSE ST.
WICHITA, CA 67208

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Kenneth Canady

9B. DATE SIGNED 03/10/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/19/2009	▶ 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	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102

12B. DATE BURIED 3/11/2009

12C. INTERMENT NUMBER—IF APPLICABLE E-21147

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY
SOUTHERN CALIFORNIA CREMATORY
601-D CRANE ST., LAKE ELSINORE, CA 92530

13B. DATE CREMATED 03/02/09

13C. CREMATION NUMBER—IF APPLICABLE 141666-01

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS
-

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED
-

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT NEED
CAN INCOME

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-11 ~~2-17~~ 09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 229003 EDELEN, BETTY J. 10:30

in a T.S. (Type of Burial Container) Funeral, date, time 03/18/09 Weds. ARRIVAL

Church, Chapel, Graveside Direct Burial; PREFERRED Mortuary.

Family Witness

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 156 Grave 2

Grave space & Care Fund	1132.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	266.50
Burial Container	355.00
Handling Fees	263.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	32.50
Sales taxes	27.51
Total Due	2076.51
Paid receipt number R61468	2076.51
Balance due	-0-

PAID

MAR 11 2009

MOUNT HOPE CEMETERY

I hereby certify I am the x Aunt. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Emma Thomas
Signature

x Emma Thomas 232172
Print Name

x 404 47 St #14
Address

x San Diego, CA 92102
City Zip Code

x (619) 756-7737
Telephone

Invoice # _____

Work Order # E 21148

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21148

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

N E W S

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container TS VAULT

		Cruz Nabacuc		Johnson Trory		
		Ruiz AnaB	X			
		Colon Marian	Newsome Anthony	DELACRUZ Cipriano		
			Flores [illegible]			

Flagged Yes X No _____

Blind check Initiated by: Maria Date: 3/11/09

Interment space for: Betty Edelen

Interment Date: 3/13/09 Time: 3pm

Div: 12 Sect: 2 Blk/Row: ____ Lot: 156 Grave: 2

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date _____

Cremains were placed at: _____ of grave

E-21148
59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
BETTY	GEAN	EDELEN

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	10/10/1949	02/13/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
NATIONAL CITY	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
EMMA L THOMAS	AUNT	PREFERRED CREMATION AND BURIAL 6529 UNIVERSITY AVENUE SAN DIEGO, CA 92115	FD1746

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
404 47TH STREET UNIT 14
SAN DIEGO, CA 92102

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Esther M Brown

9B. DATE SIGNED 2/18/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. NOTE: This permit gives no right of disposal outside of California.

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/18/2009	▶ 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	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102

12B. DATE BURIED 3-18-09

12C. INTERMENT NUMBER—IF APPLICABLE E-21175

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Morrison

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Revised July 2008

E-2148

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: Betty J. Edelen

Address: 404 47st #14.

City: San Diego State CA Zip Code 92102.

City of San Diego resident? (Circle) YES NO

Size of Family (check one)

	Annual Income		Annual Income
(1)	$14,933	(4)	$41,459
(2)	$24,463	(5)	$48,926
(3)	$33,588	(6)	$57,222

EMMA $ 9,624
Betty 7,728
$ 17,352

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 E.T. 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.

Emma Thomas (Aunt) 2/17/09
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 5 documents verified

Approved by 2/17/08
Date

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Guidelines
Mt. Hope Low-Income Fee Waiver (Effective July 2008)

1. Applicant must be a City of San Diego resident, **not** *County of San Diego*
2. The low-income fee waiver is for those San Diego residents who can prove need by submitting proper acceptable documentation such as:
   a. Social Security –Award/Benefit Letter
   b. Internal Revenue (IRS) Tax Return
   c. Health & Human Services Notice of Action (dated within 30 days)
3. The Department of Labor has published the 2005 Lower Living Standard Income Level Guidelines. These guidelines are used to determine eligibility for Mt. Hope's low-income fee waiver program

Size of Family	Annual Income
1	$14,933
2	$24,463
3	$33,588
4	$41,459
5	$48,926
6	$57,222
More than 6	Each additional member add $ 8,296

4. If the deceased was living with family at time of death, and had not filed a separate income tax form, the family's income will be taken into account.
5. Residency can be proven by the following methods
   a. Valid California driver's license/ identification card displaying City of San Diego address
   b. Current utility bill
   c. Current monthly checking statement
   d. Rental/lease agreement and month rent receipt
   e. Property tax statement
   f. Active/Retired duty military ID with City of San Diego address
6. Residency is based on the address of the deceased prior to entering a hospital, hospice, or other terminal illness care facility
7. The Mt. Hope low income fee waiver does not apply to grave marker installation fees, late charges, or Saturday services
8. A double depth (2 person/double use) crypt may be purchased under the low-income fee waiver. The family must pay full price for the double depth crypt at the time of the first burial. Eligibility for the 2nd deceased person in the low-income program must be proven at time of second burial otherwise full burial fees will apply to the 2nd burial.
9. The low-income fee waiver cannot be applied retroactively to already purchased lots/services
10. The low-income fee waiver is intended for "At Need" services only.

E-21148

Your New Benefit Amount

185671

BENEFICIARY'S NAME: EMMA L THOMAS

Your Social Security benefits will increase by 5.8 percent in 2009 because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

• Your new monthly amount (before deductions) is	$802.00
• The amount we are deducting for Medicare medical insurance is (If you did not have Medicare as of Nov. 20, 2008, or if someone else pays your premium, we show $0.00.)	$0.00
• The amount we are deducting for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2008, we show $0.00.)	$0.00
• The amount we are deducting for voluntary federal tax withholding is (If you did not elect voluntary federal tax withholding as of Nov. 20, 2008, we show $0.00.)	$0.00
• After taking any other deductions, we will deposit into your bank account on Jan. 2, 2009.	$802.00

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

What If I Have Questions?

Visit our website at ***www.socialsecurity.gov*** for information and a variety of online services. You can also call **1-800-772-1213** and speak to a representative from 7 a.m. until 7 p.m. Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, **1-800-325-0778.** If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, and need assistance of any kind, you also can visit your local office.

1333 FRONT STREET
SAN DIEGO CA

BNC#: 08B1894G97213

185671

Over ➤

SOCIAL SECURITY ADMINISTRATION
MID-AMERICA PROGRAM SERVICE CENTER
601 E 12TH ST
KANSAS CITY MO 64106-2859

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

Be sure to check out our website: *www.socialsecurity.gov*

EMMA L THOMAS
404 47TH ST APT 3
SAN DIEGO CA 92102-4737

E-2148

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2008 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name	Box 2. Beneficiary's Social Security Number
BETTY G EDELEN	429-94-5650

Box 3. Benefits Paid in 2008	Box 4. Benefits Repaid to SSA in 2008	Box 5. Net Benefits for 2008 (Box 3 minus Box 4)
$7,728.00	NONE	$7,728.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or direct deposit	$7,728.00
Benefits for 2008	$7,728.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

BETTY G EDELEN
404 47 ST APT 3
SAN DIEGO CA 92102-4737

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

429-94-5650A

Form **SSA-1099-SM** (1-2009) DO NOT RETURN THIS FORM TO SSA OR IRS

SOCIAL SECURITY ADMINISTRATION
MID-AMERICA PROGRAM SERVICE CENTER
601 EAST 12TH ST
KANSAS CITY MO 64106-2859

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

C
M18
1

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

BETTY G EDELEN
404 47 ST APT 3
SAN DIEGO CA 92102-4737

Your New Benefit Amount

195672

BENEFICIARY'S NAME: BETTY G EDELEN

Your Social Security benefits will increase by 5.8 percent in 2009 because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

How Much Will I Get And When?

• Your new monthly amount (before deductions) is	$681.00
• The amount we are deducting for Medicare medical insurance is (If you did not have Medicare as of Nov. 20, 2008, or if someone else pays your premium, we show $0.00.)	$0.00
• The amount we are deducting for your Medicare prescription drug plan is (If you did not elect withholding as of Nov. 1, 2008, we show $0.00.)	$0.00
• The amount we are deducting for voluntary federal tax withholding is (If you did not elect voluntary federal tax withholding as of Nov. 20, 2008, we show $0.00.)	$0.00
• After taking any other deductions, we will deposit into your bank account on Jan. 2, 2009.	$681.00

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

What If I Have Questions?

Visit our website at ***www.socialsecurity.gov*** for information and a variety of online services. You can also call **1-800-772-1213** and speak to a representative from 7 a.m. until 7 p.m. Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week and early in the month; it is best to call at other times. If you are deaf or hard of hearing, call our TTY number, **1-800-325-0778.** If you are outside the United States, you can contact any U.S. embassy or consulate office, or the Veterans Affairs Regional Office in Manila. Please have your Social Security claim number available when you call or visit and include it on any letter you send to Social Security. If you are inside the United States, and need assistance of any kind, you also can visit your local office.

1333 FRONT STREET
SAN DIEGO CA

BNC#: 08B1882G14401

195672

Over ➤

FOLD & TEAR OFF STUB

SOCIAL SECURITY ADMINISTRATION
MID-AMERICA PROGRAM SERVICE CENTER
601 E 12TH ST
KANSAS CITY MO 64106-2859

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

Be sure to check out our website: *www.socialsecurity.gov*

PRESORTED
FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

BETTY G EDELEN
404 47 ST APT 3
SAN DIEGO CA 92102-4737

FOLD & TEAR OFF STUB

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/18/09

Pin #232127

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALEXANDER BRAGADESTE 10:00am

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Friday Feb 20, 2009

Church, Chapel, Graveside _____ : Anderson Bags Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Division 3 Section 1 Blk/Row ~ Lot 24 Grave 2

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2@533.00	1,066.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 2@65.00	130.00
Sales taxes	41.77
Total Due	4,494.77
Paid receipt number R-61474	4,494.77
Balance due	0

PAID
FEB 19 2009
MOUNT HOPE CEMETERY

I hereby certify I am the a Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 232128

I hereby authorize the interment in lot I hold under deed.

Signature

Roy Bragadeste
Print Name

1603 Collingwood Cove
Address

Round Rock 78665
City Zip Code

512-619-9744
Telephone

Invoice # _____

Work Order # E 21149

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21149

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61474

Date: February 19, 20 09

From: Anderson-Ragsdale Address: on file

Four thousand four hundred ninety four 77/xx Dollars ($ 4,494.77

in FULL Payment of Alexander Bragadeste interment

Div 3 Sec 1 Blk/Row _____ Lot 24 Grave 2

Invoice No. E-21149

Acct. No. _____

W.O. _____

BALANCE DUE -0-

☐ Money Order
☐ Charge
☒ Check 17370

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 19 2009

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	452 80
20% Sales Care	77184	1,811 20
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	533 00
Burial	100	539 00
Containers	77182	
	100	454 00
Handling Fee	77185	
Recording &	100	65 00
Misc. Fees	77183	41 77
Sales Tax	60101	
	78390	
TOTAL PAID	$	4494 77

AC-212A (11-05)
This information is available in alternative formats upon request

E-21149

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Double Depth "A"

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Alexander Bragadeste

Interment Date: Friday 2/20/09 Time: 10:00 am Chapel

Div: 3 Sect: 1 Blk/Row: ____ Lot: 24 Grave: 2

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date 1-18-09

Cremains were placed at: _____ of grave

E-21149

entered

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61697

2323 22

Date: May 28, 20 09

From: Richard Jordan Address: 2512 Euclid Ave, SD CA 92105

Two hundred, six and 40/00 — Dollars ($ 206.40)

In Full Payment of Foundation/Border of Alexandre Bragardeste.

Div 3 Sec 1 Blk/Row — Lot 24 Grave 2

Invoice No. E-21149

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge AF 523227
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

RECEIVED
MAY 28 2009
By

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	206.40
Sales Tax	60101	
	78390	
TOTAL PAID	$	206.40

AC-212A (11-08)
This information is available in alternative formats upon request.

E-21149

69

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
ALEXANDRE	SANTANA	BRAGADESTE

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	09/29/1939	02/17/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
ROY BRAGADESTE	SON	ANDERSON - RAGSDALE MORTUARY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1003 COLLINGWOOD COVE ROUND ROCK, TX 78665

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Siemula Ramos

9B. DATE SIGNED 2/19/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/19/2009	▶ 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	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	2/20/09	

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15D. DATE SHIPPED
▶	

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT NEED REC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of 232131 EVER MANOLO GARCIA

In a DD (Type of Burial Container) Funeral, date, time 2-20 FRI 1:00 ARRIVAL

Church, Chapel, Graveside _____ ; THRESHOLD Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

✓ Division 12 Section 2 Blk/Row _____ Lot 182 Grave 6

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	-
Recording/Filing/Transfer Fees	65.00
Sales taxes	41.77
Total Due	3896.77
Paid receipt number R61470	3896.77
Balance due	Ø

PAID

FEB 18 2009

MOUNT HOPE CEMETERY

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Juan Garcia
Signature

Juan Garcia 232130
Print Name

3307 Lincoln Ave
Address

San Diego CA 92104
City Zip Code

619-280-2270
Telephone

Invoice # _____

Work Order # E 21150

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21150

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
EVER	MANOLO	GARCIA

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	08/30/1985	02/17/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
LUIS GARCIA	BROTHER	THRESHOLDS 8719 LOS COCHES ROAD LAKESIDE, CA 92040	FD1788

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

3307 LINCOLN AVENUE
SAN DIEGO, CA 92104

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED 02/19/2009

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/19/2009	▶ 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	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	2/20/2009	E-21150

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ [signature]

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-21150

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container DD

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: EVER MANDOLO GARCIA

Interment Date: 2-20 Time: 1:00

Div: 12 Sect: 2 Blk/Row: _____ Lot: 182 Grave: 6

Grave Laid out by: _____

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: _____ Date 2-18-09

Cremains were placed at: _____ of grave

ATTACHED REQ-

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joycelyn M Phillips-Lawrence 232133

in a LINER (Type of Burial Container) Funeral, date, time 2-23 MON 1:30 ARRIVAL

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 190 Grave 9

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	-
Opening/Closing & Setup	535.00
Burial Container	270.00
Handling Fees	202.00
Flower vases – Marker setting fee	-
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	3358.93
Paid receipt number R-61471	3358.93
Balance due	0

PAID
FEB 19 2009
MOUNT HOPE CEMETERY

I hereby certify I am the x Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

x Deedri Phillips
Signature

x Deedri Phillips 232132
Print Name
x 6629 Sunny Brae Dr.
Address
x San Diego 92119
City Zip Code
x 702-366-3685
Telephone

RAGSDALE MAY WILL PAY

Work Order # E 21151

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

102-366-3685
D.J.

E-21151

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61572

Date: April 13, 20 09

From: Mac A Lawrence Address: 6629 Sunny Brae Dr. S.D. CA 92119

Twottundred, elven 23/00 Dollars ($ 211.23)

in fall Payment of Setting fee + galvanized vase for Joyce Lynn M. Phillips

Div 12 Sec 2 Blk/Row Lot 190 Grave 9

Invoice No. E-021151

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☐ Charge
☒ Check 3165

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

RECEIVED
APR 13 2009
By [signature]

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182	178.00	Misc
	100		
Handling Fee	77185	18.00	H/F
Recording &	100		
Misc. Fees	77183	14.00	Misc
Sales Tax	60101	1.23	tax
	78390		
TOTAL PAID	$	211.23	

AC-212A (11-08)
This information is available in alternative formats upon request

E-21151

74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JOYCELYN	MARIE	PHILLIPS

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	10/14/1934	02/15/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
DEAJAI PHILLIPS	SON	ANDERSON-RAGSDALE MORTAURY 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
6629 SUNNY BRAE DRIVE SAN DIEGO, CA 92119

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ Stennika Pryor	2/19/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/19/2009	▶ 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	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	2/23/09	E-21151

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING
▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION
▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15D. DATE SHIPPED
▶	

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL
▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-21151

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH ~~O~~

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: ~~2/23/09~~

Interment space for: Joyceelyn Phillips-Lawrence

Interment Date: 2/23/09 Time: 230 Arrival

Div: 12 Sect: 2 Blk/Row: ____ Lot: 190 Grave: 9

Grave Laid out by: Norman Ferguson & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Date 2/19/09

Cremains were placed at: _____ of grave

E-21151

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

61471

Date: 2-18, 20 09

From: RAGSDALE MORTUARY Address: _____

THREE THOUSAND THREE HUNDRED FIFTY EIGHT & 93/ Dollars ($ 3358 93)

in FULL Payment of LINER-INTERMENT OF JOYCELIN M. PHILLIPS-LAWRENCE

Div 12 Sec 2 Blk/Row _____ Lot 190 Grave 9

Invoice No. _____

Acct. No. E21151

W.O. _____

BALANCE DUE -0-

☐ Money Order
☐ Charge
☒ Check 17359

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 19 2009

MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007	45 80
20% Sales Care	77184	1811 20
80% Sales	100	
of Lots	77184	533 -
Opening/	100	
Closing	77181	270 -
Burial	100	-
Containers	77182	
	100	
Handling Fee	77185	296 -
Recording &	100	
Misc. Fees	77183	65 -
Sales Tax	60101	
	78390	20 93
TOTAL PAID	$	3358 93

AC-212A (11-06)
This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/18/09

Pin: 232138

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irina Alexandrovna Kevorkova ⊗

in a Ash VAULT (Type of Burial Container) Funeral, date, time Sat, Feb 28 @ 1pm

Church, Chapel, Graveside _____ : Fearheringill Mortuary.

All Funeral cars 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 5267 Grave 1

Grave space & Care Fund		2,264.00
Overtime/Late Arrival Fees	Saturday Fee	298.00
Opening/Closing & Setup		149.00
Burial Container		79.00
Handling Fees	VAULT $85 / vase $18	103.00
Flower vases – Marker setting fee	galvanized vase $65 + VASE $14.00	79.00
Recording/Filing/Transfer Fees		
Sales taxes	VAULT $ 6.12 / VASE $ 1.09	7.21
	Total Due	2,979.21
	Paid receipt number R-61472	2,979.21
	Balance due	0

PAID FEB 18 2009 MT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

232139

I hereby authorize the interment in lot I hold under deed.

Signature

FLINA KEVORKOVA
First Name

5422 REDLAND dr
Address

SAN DIEGO CA 92115
City Zip Code

(619) 286-82-67
Telephone

Invoice # _____

Work Order # E 21152

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21152

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block *marked with "X". Place the name's, lot # and grave # of all existing marker's in* the appropriate space (s) that are adjacent to the burial space.

Burial Container ASH VAULT

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Irina A. KevorkovA

Interment Date: 2/28/09 Time: 1pm

Div: 10 Sect: _____ Blk/Row: ____ Lot: 5267 Grave: 1

Grave Laid out by: NORMAN

Agrees with Legal Card: Yes [✓] No [ ]

Agrees with Map: Yes [✓] No [ ]

Blind Check & Verified By: Ken Date 2/23/09

Cremains were placed at: _____ of grave

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

62030

Date: Nov 6, 20 09

From: Elina Kevorkova Address: on file

Two hundred Seventy one and 70/100 Dollars ($ 271.70)

in _____ Payment of Border and (2) Monument Trim Kevorka, Irina

Div 10 Sec _____ Blk/Row _____ Lot 5267 Grave 1

Invoice No. E-21152

Acct. No. _____

W.O. _____

BALANCE DUE 0

☐ Money Order
☒ Charge
☐ Check

NOT VALID FOR AMOUNTS STATED UNLESS STAMPED PAID IN THIS SPACE.

PAID
NOV 6 2009
MOUNT HOPE CEMETERY

ISSUED BY Maria

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182	56	00
	100		
Handling Fee	77185	56	00
Recording &	100		
Misc. Fees	77183	154	80
Sales Tax	60101	4	90
	78390		
TOTAL PAID	$	271	70

AC-212A (11-08)
This information is available in alternative formats upon request.

E-21152

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... FILE

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

E-21152
61987

Date: 10/15, 20 09

From: Elena Kovarkova Address: 5422 Redland Dr 92115

One hundred twenty three 84/100 Dollars ($ 123.84)

in ~~Part~~ full Payment of Foundation only 24 x 12

Div 10 Sec _____ Blk/Row _____ Lot 5267 Grave 1

Invoice No. E-21152

Acct. No. 232139

W.O. 7302

BALANCE DUE 0

☐ Money Order
☒ Charge 74918694
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS SPACE.

PAID

OCT 15 2009

MOUNT HOPE CEMETERY

ISSUED BY Tracy Hynson

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183	123	84
Sales Tax	60101		
	78390		
TOTAL PAID	$	123	84

AC-212A (11-08)
This information is available in alternative formats upon request.

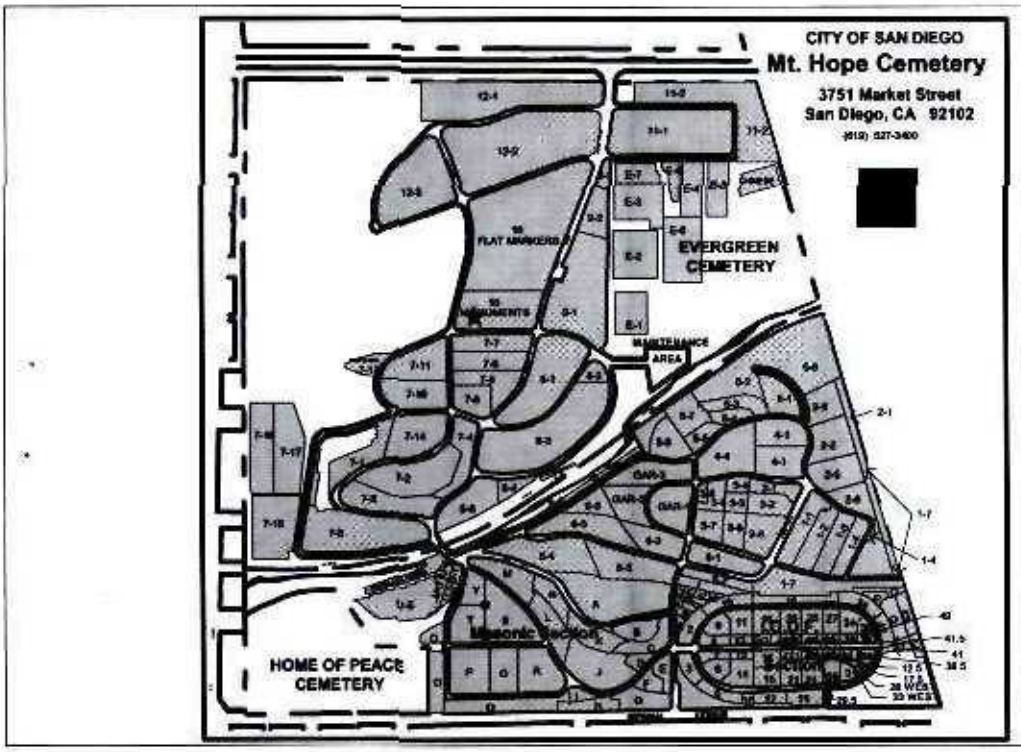
E-21152

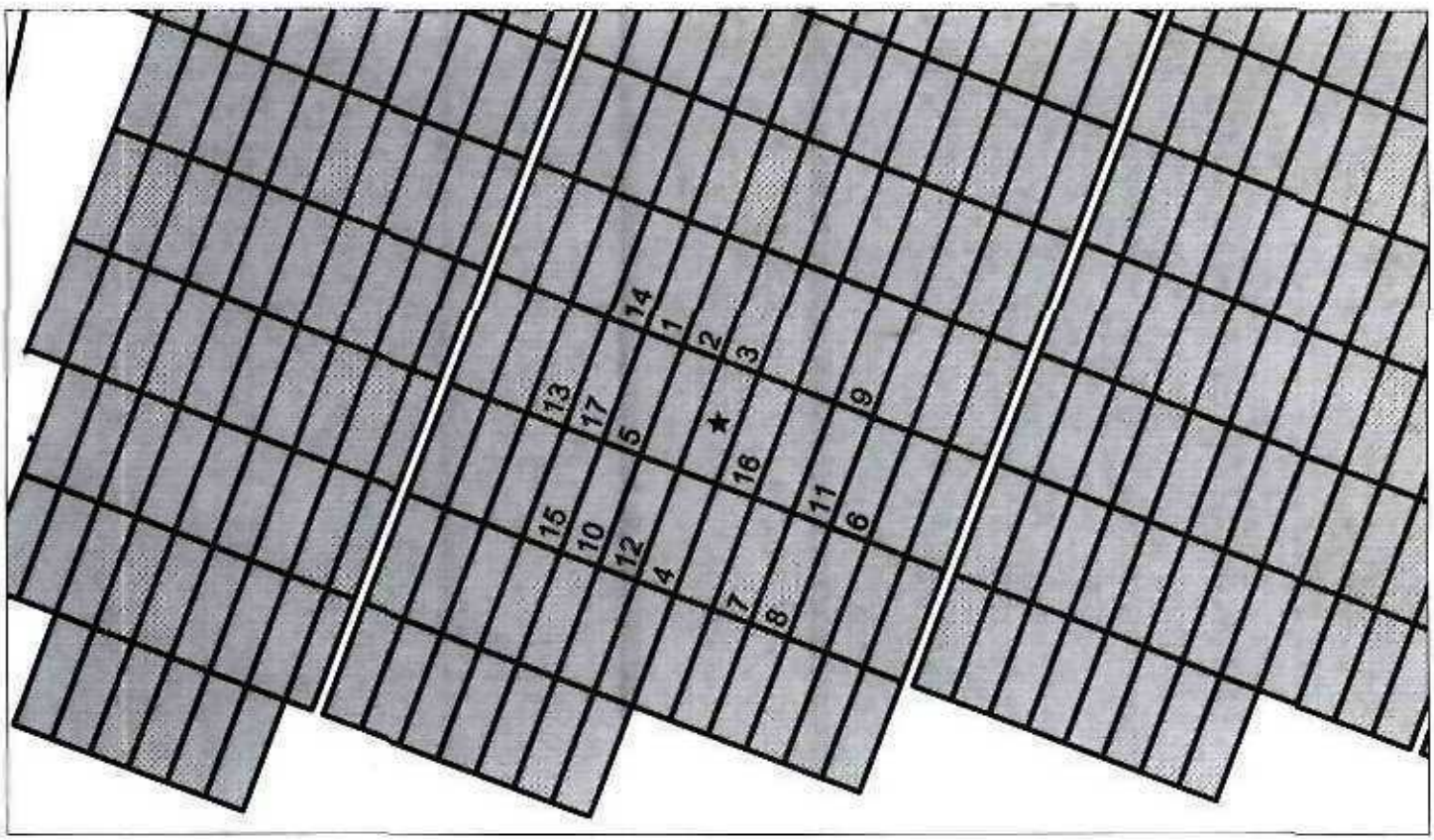
Locator Map

Location	: 10,,,5267,1
Division	: 10
Section	:
Block_Row	:
Lot	: 5267
Grave	: 1
C01_Prop_Status	: A
C52_Deceased_A	:
C53_Deceased_B	:
C54_Deceased_C	:
C55_Deceased_D	:
C56_Deceased_E	:
C57_Deceased_F	:
C10_Convey_No	:
C11_Convey_Date	:
C20_ContractNo_A	:
C21_ContractNo_B	:
C22_ContractNo_C	:
C23_ContractNo_D	:
C24_ContractNo_E	:
C25_ContractNo_F	:
C36_Owner_Name_A	:
C37_Owner_Name_B	:
C38_Owner_Name_C	:
C39_Owner_Name_D	:
C40_Owner_Name_E	:
C41_Owner_Name_F	:
C60_Dec_Info_A	:
C61_Dec_Info_B	:
C62_Dec_Info_C	:
C63_Dec_Info_D	:
C64_Dec_Info_E	:
C65_Dec_Info_F	:

Deceased Within A 15 Pt. Radius.

01-Anderson, Lorenzo (10,,,5219,1)
02-Anderson, Louise Morgan (10,,,5220,1)
03-Anderson, Synetha (10,,,5221,1)
04-Date, Akira (10,,,5306,1)
05-Fujimoto, Emi Annie (10,,,5265,1)
06-Hadding, Oneeta Briscille (10,,,5271,1)
07-Hamaguchi, Fukujiro (10,,,5308,1)
08-Hamaguchi, Matsue (10,,,5309,1)
09-Hanano, Rockuichi (10,,,5224,1)
10-Hunt, Percy Lee (10,,,5304,1)
11-Marumoto, Kikuichi (10,,,5270,1)
12-Priede, Karlina (10,,,5305,1)
13-Renberg, Anton Martin (10,,,5263,1)
14-Shiosake, Tokumatsu (10,,,5218,1)
15-Takashina, Yoshiko (10,,,5303,1)
16-Tsuneyoshi, Sada (10,,,5268,1)
17-Walton, Morgan Gregory (10,,,5264,1)





E-21152

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
IRINA	ALEXANDROVNA	KEVORKOVA

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	07/13/1937	11/22/2008	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
MOSCOW	RUSSIA

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
ELINA KEVORKOVA	DAUGHTER	FEATHERINGILL MORTUARY 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. Dominguez	FD-1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
5422 REDLAND DR.
SAN DIEGO, CA 92115

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ M. Dominguez

9B. DATE SIGNED 02/09/2009

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/09/2009	▶ 2900200

10D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	10E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DIFFERENT FROM 10D
	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

11. AUTHORIZED DISPOSITION(S)—CHECK APPLICABLE ITEMS

- ☒ A. BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☒ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—LOCATION OF REMAINS—NAME AND ADDRESS

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT. HOPE CEMETERY: 3751 MARKET ST.
SAN DIEGO, CA 92102

12B. DATE BURIED 2/28/09

12C. INTERMENT NUMBER—IF APPLICABLE E-21152

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT *

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PHYLISS LEVEGSEN 227292

in a DD (Type of Burial Container) Funeral, date, time 2-26-09 THURS 2:00

Church, Chapel, Graveside _____ ; FEATHERGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division II Section 1 Blk/Row _____ Lot III Grave 6

Grave space & Care Fund E18275/E18172 0

Overtime/Late Arrival Fees _____

Opening/Closing & Setup See attached 0

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees See attached 0

Sales taxes _____

No interfund transfer money was deposited into General Fund

Total Due 0

Paid receipt number Pre-need

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Teresa Young
Signature

x TERESA YOUNG
Print Name

x
Address

x
City Zip Code

x Cell 619 7292488
Telephone

Invoice # _____

Work Order # E 21153

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21153
81

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
PHYLISS	ADELL	LEVESEN

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	07/11/1927	02/22/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
TERESA YOUNG	DAUGHTER	FEATHERINGILL MORT COLL CHAPEL 6322 EL CAJON BLVD. SAN DIEGO, CA 92115 M. Dominguez	FD 1083

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

P.O. BOX 75
JACUMBA, CA 91934

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ M. Dominguez

9B. DATE SIGNED 02/25/2009

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/25/2009	▶ 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	–

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT) *

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT. HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	2/26/09	E-21153

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-21153

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Richard D. Levensen

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container DD "B"

			PARK Bobby	SAMPSON ANSEL		
	PERRY MAUDE	Perry MAXINE	X	JOWNER CARL	BRYANT Herman	
		ENGLE	ERICKSON Charles	GILBERT	MILLER	

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: Phyliss Levensen

Interment Date: 1/26/09 Time: 2pm

Div: 11 Sect: 1 Blk/Row: ___ Lot: 111 Grave: 6

Grave Laid out by: Norman Swan

Agrees with Legal Card: Yes ☐ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: Rel Date 2/24/09

Cremains were placed at: _____ of grave

E-21153

57130

E-21153

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 1/26 , 20 04

From: Phyliss Leveson Address: 4345 Tomecula St #4 SD Ca 92107

Four Hundred Sixty-Three Dollars ($ 463.00)

in Full Payment of Opening & Closing for Phyliss Leveson

Lot 111 Grave 6 Row ____ Section 1 Division 11 ~~Block~~

Invoice No. E-18275

Acct. No. ____

W.O. ____

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☒

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	413 00
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	50 00
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	463. 00

AC-212 (Rev. 10-02) 2002

This information is available in alternative formats upon request.

E-21153 At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/5/03

227293

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Levesen

in a DO Crypt (Type of Burial Container) Funeral, date, time Fri 12/12 2:00

Church, Chapel, Graveside ; Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 111 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	985 —
Additional spaces and care fund	—
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	—
Recording and filing fee	50 —
Sales taxes	32.40
Total Due	2250.40
Paid receipt number R56977	2250.40
Balance due	-0-

PAID

DEC 05 2003

MOUNT HOPE CEMETERY

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Phyliss Levesen
Signature

X 4345 Temecula #4 92107
Address City Zip Code

X SD. Ca.

Telephone 619 - 223-0446

Signature of recorded holder of deed

Pam

Invoice # _____

Acct. # _____

Work Order # E 18172

REA-104 (7-88) *This information is available in alternative formats upon request.*

Printed on recycled paper

pre-need trust PAID

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/26/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Phyliss Levesen 227292

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 111 Grave 6 Row — Section 1 Division/Block 11

Grave space & Care Fund E-18172	—
Additional spaces and care fund	—
Opening/Closing & Setup	413.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	50.00
Sales taxes	—
Total Due	463.00
Paid receipt number R-57130	463.00
Balance due	-0-

PAID

JAN 26 2004

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

(Signature on File)
Signature

Address

City Zip Code

Telephone

Signature of recorded holder of deed

Paulette

Invoice # _____

Acct. # _____

Work Order # E 18275

REA-104 (7-88) *This information is available in alternative formats upon request.*

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

10 & CHAIRS

Date 2/23/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dennis X Carrillo 232137

in a DD Crypt (Type of Burial Container) Funeral, date, time Friday, Feb 27 @ 10

Church, Chapel, Graveside _____ ; Midgley Gardenside Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 133 Grave 12

Grave space & Care Fund	2,264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer	65.00
Sales taxes	41.77
Total Due	3,896.77
Paid receipt number B61481	3,896.77
Balance due	0

PAID

FEB 25 2009

MOUNT HOPE CEMETERY

Residency verified 2/2009

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

232136

I hereby authorize the interment in lot I hold under deed.

Signature

Ann Carrillo
Print Name

611 K St Suite B321
Address

San Diego, Ca 92101
City Zip Code

760-580-0025
Telephone

Invoice # _____

Work Order # E 21154

Acct. # _____

REA-104 (3-04)

...quest.

(562) Alen
633-4745
Fax interment
SVC. order after payment
50 Marriott
10-12 am.
12:30 arrival

E-21154

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH _____

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container DD "A"

N
W E
S

			Savage Stiger			
		SRODE Maria	X	Meshack		
		11	RUIZ			

Flagged Yes X No _____

Blind check Initiated by: Maria Date: 2/25/09

Interment space for: Dennis X Carrillo

Interment Date: 2/27/09 Time: 10am

Div: 12 Sect: 2 Blk/Row: ___ Lot: 133 Grave: 12

Grave Laid out by: DAVID NORMAN

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Date 2/25/09

Cremains were placed at: _____ of grave.

E-21154

57

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
DENNIS	X.	CARRILLO

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
M	12/12/1951	02/18/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
ANN M. CARRILLO	WIFE	MIDGLEY-GARDENSIDE MORTUARY 13450 PARAMOUNT BLVD #B SOUTH GATE, CA 90280-8251	FD1557

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
611 K STREET SUITE B-321 SAN DIEGO, CA 92101

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE	9B. DATE SIGNED
▶ Gennidglay	

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/25/2009	▶ 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	-

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	2/27/09	

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING: ▶ Kenneth Collins

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE
-		

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED
-	

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	15D. DATE SHIPPED
-	15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH 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: ▶

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.

E21155

not included

in this spindle:

E 2100 — E21159

MT. HOPE CEMETERY

AT - need

INTERMENT ORDER

City of San Diego

Date 02/23/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TUANA'I POUMELE 232142 10:00 AM

In a D.D. CRYPT B" (Type of Burial Container) Funeral, date, time MONDAY MARCH 2, 2009

Church, Chapel, Graveside WORD OF LIFE ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row ~ Lot 63 Grave 2

Grave space & Care Fund E-20641-R60725	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup "	Ø
Burial Container	)
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees "	Ø
Sales taxes	
Total Due	Ø
Paid receipt number E-20641 R60725	—
Balance due	Ø

No interfund transfer
Money was deposited into General Fund

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name see attached

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 21156

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

E-21156

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

91

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
TUANA'I	L.	POUMELE

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	04/15/1917	02/19/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
LISE FA'AOLA	DAUGHTER	ANDERSON - RAGSDALE MORTUARY 5050 FEDERAL BLVD SAN DIEGO, CA 92102	FD1329

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE

925 ALVIN STREET
SAN DIEGO, CA 92114

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ Silmika Poumele

9B. DATE SIGNED 2/25/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/25/2009	▶ 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	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
*BU -	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	12B. DATE BURIED	12C. INTERMENT NUMBER—IF APPLICABLE
MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	3-2-09	E-21156

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	13B. DATE CREMATED	13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	16B. DATE OF DISPOSITION	16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-21156

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Lafulafu Poumele "A"

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container d.d. crypt "B"

			schist			
		Pounders	X	Dunlap		
		Williams	Washington			

Flagged **Yes** V **No** _____

Blind check Initiated by: Paulette Date: 2/24/09

Interment space for: Tuanai Poumele

Interment Date: 3/2/09 Time: 10:00 Am (Word of Life Church)

Div: 12 Sect: 2 Blk/Row: ~ Lot: 63 Grave: 2

Grave Laid out by: Norman & Juan

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: Ken Date 2/24/09

Cremains were placed at: _____ of grave

E-21150 AT NEED 25 CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-28-08

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lafulafu Poumele 231443

in a PD Type of Burial Container Funeral, date, time Friday, 3/07/08, 11:30AM

Church, Chapel, Graveside ____ : Anderson Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned. ____

Division 12 Section 2 Blk/Row ____ Lot 63 Grave 2

Grave space & Care Fund	226+
Overtime/Late Arrival Fees	
Opening/Closing & Setup 2(533)	1131
Burial Container	539
Handling Fees	454
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	130.00
Sales taxes	41.77
Total Due	4494.77
Paid receipt number 601693	2000.00
Balance due	2494.77

PAID 2000 2494.77 35 1444.77
FEB 28 2008
MOUNT HOPE CEMETERY
CHK 3700 1088 R607251

I hereby certify I am the niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed 231442

Signature

Print Name Lili'a C. Faaola

Address 925 Alvin St.

City San Diego Zip Code 92114

Telephone 619. 808. 8580

Work Order # E 20641

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

60725

Date: 3-5 .20 08

Address: 925 Alvin St. 92114

Payment of Four Hundred - Four & 77/100 Dollars ($ 2494.77)

Sec 2 Blk/Row ____ Lot 63 Grave 2

FOR LAFU LAFU POUMELE

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 05 2008

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	4494.77	
20% Sales Care	77184	100	1811.20
80% Sales of Lots	77184	100	1131.00
Opening/Closing	77181	100	539.00
Burial Containers	77182	100	454.00
Handling Fee	77185	100	454.00
Recording & Misc. Fees	77183	100	65.00
Sales Tax	60101	76390	41.77
TOTAL PAID	$		2494.77

2000.00
494.77 BAL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 02/24/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY FRANKS 207967 10:00 in a LINER (Type of Burial Container) Funeral, date, time THURS. MAR 5, 2009 Church, Chapel (Graveside) GREENWOOD Mortuary, CORITA 619-267-3131

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row ~ Lot 156 Grave 8

Grave space & Care Fund PAID E-5972	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup FEB 24 2009	533.00
Burial Container	270.00
Handling Fees MOUNT HOPE CEMETERY	206.00
Flower vases (Marker setting fee) Pd 2/3/1995 R45891	
Recording/Filing/Transfer Fees	65.00
Sales taxes	20.93
Total Due	1,094.93
Paid receipt number VISA 005728 R-61480	1094.93
Balance due	0

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

2 32151

I hereby authorize the interment in lot I hold under deed.

+ Henry Simpson
Signature

fax 619-264-3433

HENRY SIMPSON
Print Name

427 ENCINITAS AV
Address

SAN DIEGO 92114
City Zip Code

(619) 787-4898
Telephone

Invoice # _____

Work Order # E 21157

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21157
61480

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
AT-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

Date: 2/24, 20 09

From: Henry Simpson Address: 427 Encinitas Ave, SD CA 92114

One thousand, ninety-four and 93/00 Dollars ($ 1,094.93)

in full Payment of interment of Mary Franks,

Div 12 Sec 1 Blk/Row — Lot 156 Grave 8

Invoice No. E 21157

Acct. No.

W.O.

BALANCE DUE Ø

☐ Money Order
☒ Charge VISA 00672B
☐ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 24 2009

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	—
20% Sales Care	77184	—
80% Sales	100	
of Lots	77184	633.—
Opening/	100	
Closing	77181	270.—
Burial	100	
Containers	77182	206.—
	100	
Handling Fee	77185	65.—
Recording &	100	
Misc. Fees	77183	
Sales Tax	60101	20.93
	78390	
TOTAL PAID	$	1094.93

AC-212A (11-05)
This information is available in alternative formats upon request.

E-2115

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Prepaid lot for Credit Ball

Date July 10, 1986

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Franks

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran _____ .

Lot 156 Grave 8 Row _____ Section 1 Division ~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
X Opening/Closing & Setup	
Y Burial Container	
Y Handling Fees	
Flower vases - Marker setting fee	
X Recording and filing fee	
+ Sales taxes	
Total Due	495.00
Paid receipt number 33522	30.00
Balance due	465.00 (over)

7/2/86

I hereby certify I am the for myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Mary Franks
Signature

[illegible] Encinitas
Address

SD Ca 92114
State Zip Code

460-0564
Telephone

Work Order # E 5972

Invoice # _____

Acct. # _____

PY-693 (REV. 8-85)

E-21157

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container Liner

			X			

Flagged **Yes** _____ **No** _____

Blind check Initiated by: _____ Date: _____

Interment space for: MARY FRANKS

Interment Date: March 3/5/09 Time: Thurs. 10:00 am

Div: 12 Sect: 1 Blk/Row: ~ Lot: 156 Grave 8

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☐ No ☐

Blind Check & Verified By: DAVID Date 3-2-09

Cremains were placed at: _____ of grave

E-21157
85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
MARY	A.	FRANKS

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	05/08/1923	02/23/2009	

6A. CITY OF DEATH	6B. COUNTY OF DEATH—IF OUTSIDE OF CALIFORNIA, ENTER STATE
SPRING VALLEY	SAN DIEGO

7A. NAME OF INFORMANT	7B. RELATIONSHIP TO DECEDENT	8A. TYPED NAME AND ADDRESS OF CALIFORNIA-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
HENRY SIMPSON	SON-DPOA	GREENWOOD MORTUARY 4300 IMPERIAL AVENUE SAN DIEGO, CA 92113	FD843

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
427 ENCINITAS AVENUE SAN DIEGO, CA 92114

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

8A. APPLICANT SIGNATURE ▶ Richard King

8B. DATE SIGNED: 02/26/2009

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	02/26/2009	▶ 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	--

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BURIAL	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102

12B. DATE BURIED: 03/05/2009

12C. INTERMENT NUMBER—IF APPLICABLE: E-21157

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Morrison

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION; IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS:

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*

COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*

COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/09

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Preneed for second burial

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 168 Grave 9

Grave space & Care Fund	E-21139 — 0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	533.00
Burial Container	
Handling Fees	
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	65.00
Sales taxes	
Total Due	598.00
Paid receipt number P-01651 CK	598.00
Balance due	0

PAID
FEB 26 2009
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Ema E Diaz
Signature

Ema E Diaz
Print Name
3177 K ST
Address
SD CA 92102
City Zip Code
(619) 546-93-20
Telephone

Invoice # _____

Work Order # E 21158

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21158

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P01651

Date: Feb 26, 20 09

From: Ema Erendira Diaz Address: on file

Five hundred ninety eight nc/xx Dollars ($ 598.00)

in _____ Payment of Pre-need 2nd burial

Div 12 Sec 2 Blk/Row _____ Lot 168 Grave 9

Invoice No. E-21158

Acct. No. _____

W.O. _____

BALANCE DUE -0-

☐ Pre-Need Lot ☒ Money Order

☐ Pre-Need Trust ☐ Charge

☐ Check

AC-212 (2-08)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" AS BELOW.

PAID

FEB 26 2009

MOUNT HOPE CEMETERY

ISSUED BY Maria P.

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Pre-Need Trust	63033 77186	598 00
TOTAL PAID	$	598 00

PRINTED ON LINEMARK PAPER - HOLD TO LIGHT TO VIEW. FOR ADDITIONAL SECURITY FEATURES SEE BACK.

00486 Office AU # | 11-24 1210(8)

PERSONAL MONEY ORDER

0048604680

Operator I.D.: cu011072

February 26, 2009

PAY TO THE ORDER OF ***MOUNT HOPES CEMENTARY***

Five hundred ninety-eight dollars and no cents **$598.00**

WELLS FARGO BANK, N.A.
346 EUCLID AVE
SAN DIEGO, CA 92114
FOR INQUIRIES CALL (480) 394-3122

VOID IF OVER US $ 598.00

Ema E Diaz
Purchaser's Signature

Security Features Included Details on Back.

⑈0048604680⑈ ⑆121000248⑆4861 505386⑈

E-21158

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 2/23/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jimmie Oliver Sr.

in a Double-Depth "A" (Type of Burial Container) Funeral, date, time Feb 27th 11:00 Friday

(Church), Chapel, Graveside _____ ; Anderson-Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	2264.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	539.00
Handling Fees	454.00
Flower vases – Marker setting fee	—
(Recording/Filing) Transfer Fees	
Sales taxes	41.77
Total Due	
Paid receipt number _____	
Balance due	

Burial will take place at Nat. cemetery

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 21155

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 02/27/2009

132150

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kalindi Mehta (girl) 6 DAYS 11:00

in a _____ Funeral, date, time TUESDAY MARCH 3, 2009

Type of Burial Container

Church, Chapel, Graveside _____ : CA BURIAL ELEASON-MARTIN Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row ~ Lot 1377 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	178.00
Burial Container	91.00
Handling Fees	316.00
Flower vases – Marker setting fee	—
Recording/Filing Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number R-61489 CK	527.63
Balance due	.04

PAID
MAR 3 2009
MOUNT HOPE CEMETERY

Residency CA DL 2008 verified Mortuary to pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

232149

I hereby authorize the interment in lot I hold under deed.

_____
Signature

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone (See attached)

Paulette
Work Order # E 21159

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-21159

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 02/27/2009

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kalindi Mehta (girl) 6 DAYS

In a _____ (Type of Burial Container) Funeral, date time TUESDAY MARCH 3, 2009

Church, Chapel, Graveside CA BURIAL Mortuary GLEASON-MARTIN

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned _____

Division 9 Section 1 Blk/Row _____ Lot 1377 Grave 1

Grave space & Care Fund	142.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	175.00
Burial Container	99.00
Handling Fees	36.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	65.00
Sales taxes	7.67
Total Due	527.67
Paid receipt number	
Balance due	

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

PIYUSH MEHTA
Print Name
1389 Caminito Cuculdon
Address
San Diego CA- 92108
City Zip Code
619-518-0684
Telephone

Paulette
Work Order # E 21159

Invoice # _____

Acct. # _____

RSA-104 (3-04)

This information is available in alternative formats upon request.

E-21159

MOUNT HOPE CEMETERY

GRAVE BLIND CHECK FORM

IN GRAVE WITH Ø

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space (s) that are adjacent to the burial space.

Burial Container _____ * The body will be wrapped and placed on dirt.

	Craig	Brown	Craig			
				black		
			X			
	Higley					

Flagged **Yes** ✓ **No** _____

Blind check Initiated by: Paulette Date: 2/27/09

Interment space for: * Kalinda Mehta (girl) hindu

Interment Date: 3/3/09 Time: 11:00 G.S-Tuesday

Div: 9 Sect: 1 Blk/Row: ~ Lot: 1377 Grave: 1

Grave Laid out by: Norman & Ken

Agrees with Legal Card: Yes ☑ No ☐

Agrees with Map: Yes ☑ No ☐

Blind Check & Verified By: David N. Date 3-2-09

Cremains were placed at: _____ of grave

E-21159

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
KALINDI	PIYUSH	MEHTA

2. SEX	3. DATE OF BIRTH (MONTH, DAY, YEAR)	4. DATE OF DEATH (MONTH, DAY, YEAR)	5. (FETAL DEATH ONLY) DATE OF EVENT (MONTH, DAY, YEAR)
F	02/18/2009	02/24/2009	

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-LICENSED FUNERAL DIRECTOR OR PERSON ACTING AS SUCH—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE	8B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE
PIYUSH M. MEHTA	FATHER	CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD SAN DIEGO, CA 92115	FD1357

7C. INFORMANT'S FULL MAILING ADDRESS—STREET NUMBER AND NAME, CITY, STATE, ZIP CODE
1389 CAMINITO GABALDON
SAN DIEGO, CA 92108

ACKNOWLEDGEMENT OF APPLICANT—I hereby acknowledge as applicant that I have the right to control disposition pursuant to Health & Safety Code Section 7100, and that the disposition stated herein is one of the dispositions authorized by Health & Safety Code Section 103055.

9A. APPLICANT SIGNATURE ▶ [signature]

9B. DATE SIGNED 3/2/09

PERMIT AND AUTHORIZATION OF LOCAL REGISTRAR—ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION
This permit is issued in accordance with provisions of the California Health and Safety Code and is the authority for the disposition specified in this permit. **NOTE: This permit gives no right of disposal outside of California.**

10A. AMOUNT OF FEE PAID	10B. DATE PERMIT ISSUED	10C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 11.00	03/02/2009	▶ 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	–

11. AUTHORIZED DISPOSITION(S)	FOR CORONER'S USE ONLY
BU	

BURIAL OR SCATTERING IN A CEMETERY (INCLUDES ENTOMBMENT)

12A. NAME AND ADDRESS OF CALIFORNIA CEMETERY
MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO CA 92102

12B. DATE BURIED 3/03/2009

12C. INTERMENT NUMBER—IF APPLICABLE E-21159

12D. SIGNATURE OF PERSON IN CHARGE OF BURIAL OR SCATTERING ▶ David Noriega

CREMATION

13A. NAME AND ADDRESS OF CALIFORNIA CREMATORY
–

13B. DATE CREMATED

13C. CREMATION NUMBER—IF APPLICABLE

13D. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶

SCIENTIFIC USE

14A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS
–

14B. DATE RECEIVED

14C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶

TRANSIT

15A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED
–

15B. NAME AND ADDRESS OF PERSON IN CHARGE OF PLACING WITH THE CARRIER

15C. SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶

15D. DATE SHIPPED

SCATTERING/ BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY

16A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CALIFORNIA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE
–

16B. DATE OF DISPOSITION

16C. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

16D. SIGNATURE OF PERSON IN CHARGE OF SCATTERING OR BURIAL ▶

UPON AUTHORIZATION OF PERMIT, DISTRIBUTE COPIES AS FOLLOWS

COPY 1 – ACCOMPANIES REMAINS TO THE STATED PLACE OF DISPOSITION. PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA.*
COPY 2 – RETAINED BY PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS
COPY 3 – RETURN TO COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED.*
COPY 4 – RETAINED BY REGISTRAR ISSUING THE PERMIT.*

* THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.