ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/20 1984

CHARGE HARRY STANDEFER - FATHER

ADDRESS 3821 CHAMOUNE AVE. (SD 92105

NAME OF DECEASED Roy C. STANDEFER

OWNER

ADDRESS

MORTUARY ROGERS

LOT 119 GR 8 ROW SEC 1 DIV 11	495	00
OPENING/CLOSING TIME -Here- 10AM DAY WED DATE 8/22/84	295	00
VAULT/LINER Bell SIZE	245 14	00 70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 31920	1084	70
BALANCE	0	

CK. W/SERVICE

PAID
AUG 22 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 Sutton

W.O. NO. E 4501

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31920

DATE Aug. 22 19 84

FROM Harry Standeler ADDRESS 3821 Chamoune Ave. SD Ca 92105

One thousand eighty four and 70/100 DOLLARS ($ 1084.70)

IN full PAYMENT OF Roy C. Standeler Service

LOT 119 GRAVE 8 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. check

W.O. E-4501

UNPAID BALANCE AFTER THIS PAYMENT 8

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

CITY AUDITOR
AUG 27 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99	00
80% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1084	70

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/20 1984

CHARGE Elizabeth Sykes - Sis

ADDRESS 3502 Herman Ave. CS092104 #284-3485

NAME OF DECEASED William R. Denison (X)

OWNER

ADDRESS

MORTUARY Telophase of Long Beach

LOT	GR 61 ROW 9 SEC 6 ~~BLK~~ DIV 7	~	
OPENING/ CLOSING TIME A.M.	DAY DATE Mon 9-17-84	95	00
VAULT/LINER ASH	SIZE	5 90	40 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	225	40
PAID RECEIPT NUMBER	31951	225	40
	BALANCE	0	

PAID
SEP 14 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Notify Mr. Sykes when Ashes Are Received. - No one will attend
Will mail check
per Conversation 8-31-84

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 Sutton

W.O. NO. E 4502

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31951

DATE 09-14 1984

FROM Elizabeth Sykes ADDRESS 3502 Herman Ave, S.D. Ca 92104

Two hundred twenty five and 40/100 — DOLLARS ($ 225.40)

IN full PAYMENT OF William R. Denison Service

LOT _____ GRAVE 61 ROW 9 SECTION 6 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4502

UNPAID BALANCE AFTER THIS PAYMENT 0

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

SEP 20 1984

ISSUED BY B. Lane

CREDIT 50% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	5	40
TOTAL PAID $		225	40

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/20 19 84

CHARGE Hazel Caldwell-Dau.

ADDRESS 630 67th St. (50 92114

NAME OF DECEASED M.J. Nelson

OWNER

ADDRESS

MORTUARY Ragsdale (H.W.)

LOT 4434 GR — Chapel — ROW SEC ~~BLK~~ DIV 10	~	
OPENING/CLOSING TIME 11Am DAY DATE Friday 8/24/84	295	00
VAULT/(LINER) Bell SIZE	1/2 245	70 00
(REC. FEE)/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER		
BALANCE		

Grave on D-600?

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 Sutton

W.O. NO. E 4503

INVOICE NO. 024920
011117

FY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/20 19 84

CHARGE HARRIET ENGEL

ADDRESS 8378 University #3 (L.M 92041)

NAME OF DECEASED AARON E. ENGEL

OWNER

ADDRESS

MORTUARY CONRAD'S

LOT 1266 GR ROW SEC 1 ~~BLK~~ DIV 8	~	
OPENING/CLOSING TIME 1PM DAY ~~Saturday~~ THURS DATE 8-23-84	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 31912	589	70
BALANCE	0	

* open Imperial St. GATE *

PAID
AUG 20 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 (X)

ORDER TAKEN BY Sutton

W.O. NO. E 4504

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

1984 NO 31912

DATE 8/20 19 84

FROM Harriet A. Engel ADDRESS 8378 University #3 La Mesa 92041

Five Hundred Eighty Nine Dollars 72/100 DOLLARS ($ 589.72)

IN Full PAYMENT OF Aaron Engel Services

LOT 1266 GRAVE ROW SECTION 1 DIVISION BLOCK 8

INVOICE NO. check

W.O. F-4504

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-212 (REV. 9-81)

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

CITY AUDITOR
AUG 27 1984

ISSUED BY Sutton

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	72
TOTAL PAID $		589	72

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-21 19 84

CHARGE Pauline A. Hegwood - 714 846-3718

ADDRESS 16762 Lynn Hunt. Beach 92649

NAME OF DECEASED MAUDE G. BIBEAULT

OWNER

ADDRESS

MORTUARY CLAIRMONT (JOHN)

LOT 1490 GR ROW SEC 3 DIV 8	~	
OPENING/CLOSING TIME -Chapel- 11 AM DAY DATE FRI 8-24-84	295	00
VAULT/LINER Bell SIZE	1X 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 31915	589	70
BALANCE	-0-	

PAID

AUG 21 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 Pauline A. Hegwood ORDER TAKEN BY Sutton

W.O. NO. E 4505 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31915

DATE 08-21 1984

FROM Pauline A. Heawood ADDRESS 16762 Lynn Huntington Beach 92649

Five hundred eighty-nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Maude G. Bibeault Service

LOT 1490 GRAVE ROW SECTION 3 DIVISION BLOCK 8

INVOICE NO. Cheaks

W.O. E-4505

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 27 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
60% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/21 19 84

CHARGE DONALD C. SMITH

ADDRESS 12058 Obispo Rd. (5092128 #487-0095

NAME OF DECEASED NORA B. SMITH

OWNER

ADDRESS

MORTUARY GREENWOOD (SHANON)

LOT 54 GR 11 ROW SEC 2 BLK-DIV 12	495	00
OPENING/CLOSING TIME -Chapel- 1PM DAY THURS DATE 8-23-84	295	00
VAULT/LINER W.T.S. SIZE	19 330	80 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1174	80
PAID RECEIPT NUMBER 31514	1174	80
BALANCE	-0-	

Reserve Lot 54 Gr 12

PAID
AUG 21 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 Sutton

W.O. NO. E 4506

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

1981 № 31914

DATE 8/21 1984

FROM Donald C. Smith ADDRESS 12058 Obispo Rd. CSO 92128

Eleven Hundred Seventy Four Dollars 80/100 DOLLARS ($ 1174.80)

IN Full PAYMENT OF Nora B Smith Services

LOT 54 GRAVE 11 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-4506

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
AUG 27 1984

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	99	00
80% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	295	00
BOXES	100 77182	330	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	19	80
TOTAL PAID $		1174	80

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/22 19 84

CHARGE Sidney Jones - Bro

ADDRESS 1455 2nd Ave. #1112 (SD, CA

NAME OF DECEASED Daisey G. Marron

OWNER

ADDRESS

MORTUARY Rogers (Wynn)

(DIP)

LOT 2744 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10

OPENING/ CLOSING TIME - Here - 11AM DAY DATE Fri 8-24-84

VAULT/LINER W.T.S. SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Rogers to Bring signed Inter. Authorization.

Gr on D-1035

Opening on D-1035

P.N. Vault on D-1035

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 Sutton

W.O. NO. E 4507

INVOICE NO.

PY-593 (4-82)

E-4507

MOUNT HOPE CEMETERY

AUG 21 1984

The undersigned hereby requests and authorizes the interment of the remains of DAISY GOLDEN HARRON in Lot 1744 Gr _____ Row _____ Sec. 10 Block _____ Division _____ 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.

x Sidney J. Jones

Signature of relative or legal representative

~~3475~~ 1455 2nd AVE APT 1112
SAN DIEGO, CA 92101

Address & relationship to lot owner and/or authority to sign authorization

Witness

Witness

DER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/22 19 84

CHARGE Pre-Need (self)

ADDRESS

NAME OF DECEASED BERTHA V. ORYSTUCK (X)

OWNER

ADDRESS

MORTUARY Pacific Beach (Dorothy)

LOT 13 GR 11 ROW SEC 1 DIV 11	~	
OPENING/CLOSING TIME 1:30 PM (Chapel) DAY DATE FRIDAY 8-24-84	95	00
VAULT/LINER ASH SIZE	90 5	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 31922	225	40
BALANCE	-0-	

Center of Grave

PAID
AUG 24 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 Sutton

W.O. NO. E 4508

INVOICE NO.

PY-593 (4-82)

E-4508

MOUNT HOPE CEMETERY

Aug. 22 1984

The undersigned hereby requests and authorizes the interment of the remains of Bertha Victoria Onystuck in Lot 1/3 Gr 11 Row ____ Sec. 1 Block Division 11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

X John W. Onystuck [redacted]
S.D. 92111

X 3511 Mt Acheron Ave Son

Signature of relative or legal representative.

Address & relationship to deceased or authority to sign authorization.

Joann E Onystuck
Witness

Dorothy M. Lindersheim
Witness

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31922

1822

DATE 08-24 19 84

FROM MB Chapel & PB Mort ADDRESS 4710 Cass St. SDCa. 92107

Two hundred twenty five and 40/100 — DOLLARS ($ 225.40)

IN full PAYMENT OF Bertha V. Orystuck

LOT 13 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. check

W.O. E-4508

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 30 1984

ISSUED BY B. Lang

CREDIT 30% SALES CARE	67007 77184		
60% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	5	40
TOTAL PAID $		225	40

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/23 19 84

CHARGE Ann Ruth Mitchell

ADDRESS 5220 Cervantes Ave. (SD 92114

NAME OF DECEASED Pre-Need Grave

OWNER

ADDRESS

MORTUARY

LOT 1764 GR ROW SEC ~~BLK~~ DIV 10	495	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 31921	250	00
BALANCE	245	00
31956	245.00	

PAID
SEP 17 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 Ann Ruth Mitchell ORDER TAKEN BY Sutton

W.O. NO. E 4509 INVOICE NO.

PY-593 (4-82) #11101

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31956

DATE 9/17 1984

FROM Ann Ruth Mitchell ADDRESS 5220 Cervantes Ave. (SD 92114

Two Hundred Forty Five Dollars & 47/100 DOLLARS ($ 245.00)

IN Full PAYMENT OF Pac-View Grave

LOT 1764 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4509

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

SEP 20 1984 AUDITOR

ISSUED BY Sutton

CREDIT	67007		
30% SALES CARE	77184		
85% SALES OF LOTS	100 77184	245	00
OPENINGS	100 77181		
BORES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		245	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31921

1822

DATE 8/27 19 81

FROM Ann Ruth Mitchell ADDRESS 5223 Cervantes Ave. (SD 92114

Two Hundred Fifty Dollars AND NO/100 DOLLARS ($ 250.00)

IN Part PAYMENT OF Pre-Need Grave

LOT 1764 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. check

W.O. E-4554

UNPAID BALANCE AFTER THIS PAYMENT $245.00

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

CITY AUDITOR
AUG 30 1981

ISSUED BY Judy

CREDIT	67007	
50% SALES CARE	77184	99 00
50% SALES OF LOTS	100 77184	151 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		250 00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 08-23 1984

CHARGE Nancy P. Snyder

ADDRESS 1451 Vue du Bay Ct. L.D. Ca.

NAME OF DECEASED Rowena Coke

OWNER Nancy P. Snyder

ADDRESS

MORTUARY Pacific Beach

LOT 579 GR ROW SEC 1 BLK DIV 8		
OPENING/CLOSING TIME 2:00 (GRAVESIDE) DAY DATE mon 8-27-84	295	00
VAULT/LINER SIZE	330	80
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	679	80
PAID RECEIPT NUMBER 31925	679	80
BALANCE	0	

PAID
AUG 27 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Need help at service + Set up nearest to street - Minister unable to walk

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 Lang

W.O. NO. E 4510

INVOICE NO.

PY-593 (4-82)

E-4510

MOUNT HOPE CEMETERY

Aug. 23 1984

The undersigned hereby requests and authorizes the interment of the remains of Rowena Pemberton Coke in Lot 579 Gr _____ Row _____ Sec. 1
Block
Division 8 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.

Nancy P. Snyder, Niece X Owner of lot

Alta E Pemberton X

Signature of relative or legal representative.

Address & relationship to deceased or authority to sign authorization.

Dorothy M. Trudersheim
Witness

_____
Witness

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31925

1823

DATE 08-27 19 84

FROM MBChapel & PB Mort ADDRESS 4710 Cass St. SDCa. 92109

Six hundred seventy nine and 80/100 DOLLARS ($ 679.80)

IN full PAYMENT OF Rowena P. Coke services

LOT 579 GRAVE ROW SECTION 1 DIVISION BLOCK 8

INVOICE NO. check

W.O. E-4510

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 30 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184		
20% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	330	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	19	80
TOTAL PAID $		679	80

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-24 1984

CHARGE Maude L Gill

ADDRESS 3027-33rd St. S.D. Ca. 92104

NAME OF DECEASED Ralph L. Gill

OWNER

ADDRESS

MORTUARY Lewis / Colonial (Jerry) (DIP)

LOT 26 GR 8 ROW SEC 1 ~~BLK~~ DIV 11

OPENING/ CLOSING TIME 2:00 -CHAPEL- DAY DATE Tues 8-28-84

VAULT/LINER W.T.S. SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Re-need D-8009

1st burial

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 Lang

W.O. NO. E 4511

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 08-27 19 84

CHARGE Roderick L. Smith 61107

ADDRESS 2012 Greenfield Lane Rockford, Ill

NAME OF DECEASED James Roderick Smith

OWNER

ADDRESS

MORTUARY Goodbody

LOT 1104 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME 2:00 DAY DATE TUES 8-28-84	295	00
VAULT/LINER Bell SIZE	245	70 88
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER		
BALANCE		

-GRANDSIDE-

A Bell
SD Trust & Savings
Judith Davis, Administrator
Main Branch
540 Broadway
SD Ca 92101

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 Frederick Smith ORDER TAKEN BY Lang

W.O. NO. E 4512 INVOICE NO. 024930 011142

PY-593 (4-82)

024930	09/19/84	011142	JUDITH DAVIS.	ADMINISTRATOR		10/09/84	CK	699287-88	589.70	589.70	0.00
			100	072	77181	000072			295.00		PAID IN FULL
			100	072	77182	000072			245.00		
			100	072	77183	000072			35.00		
			60101		9020				14.70		

E-4512

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-27 19 84

CHARGE Tom Watt

ADDRESS Tillamook, Oregon

NAME OF DECEASED Maude M. King (X)

OWNER

ADDRESS

MORTUARY Mailing

LOT 19 GR 11 ROW SEC 4 BLK DIV 6		
OPENING/CLOSING TIME AM DAY DATE Friday 9-6-84	95	00
VAULT/LINER Ash SIZE	90 5	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 31936	225	40
BALANCE	0	

Daughter of Delia Reeves

Will send check w/ashes

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 Lang

W.O. NO. E 4513

INVOICE NO.

PY-593 (4-82)

E-4513

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

AUTHORIZATION FOR FINAL DISPOSITION

THIS FORM WHEN SIGNED BELOW BY THE FUNERAL SERVICE LICENSEE AND OR THE COUNTY REGISTRAR SHALL SERVE AS A DISPOSAL/TRANSIT PERMIT FOR THE REMAINS OF THE DECEDENT NAMED HEREON.

DECEASED: Maude M. King DATE OF DEATH: August 25, 1984

PLACE OF DEATH: 7900 19th St. Bay City, Oregon FUNERAL HOME: Waud's FuneralHome

I HAVE CONTACTED DR. Howard Kalther M.D. AND THE DOCTOR HAS AGREED TO SIGN A CERTIFICATION OF THE CAUSE OF DEATH AS SOON AS POSSIBLE. THIS ALLOWS FINAL DISPOSITION AS PRESCRIBED BY THE FAMILY.

TIME: 9:30 A.M. DATE: August 26, 1984

SIGNATURE: Thomas A. Waud
FUNERAL SERVICE LICENSEE AND OR COUNTY REGISTRAR

FINAL DISPOSITION WILL BE: ☑ CREMATION ☐ SHIP OUT ☐ BURIAL

FAMILY MEMBER: Edward L. King RELATIONSHIP: Husband
SIGNATURE

THE FUNERAL DIRECTOR OR CEMETERY/CREMATORY AUTHORITY SHALL RETURN THE ORIGINAL OF THIS FORM TO THE COUNTY REGISTRAR IN THE COUNTY WHERE DEATH OCCURRED AT THE CLOSE OF EACH MONTH.

45-105 (6-84)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31936

DATE 8/31 19 84

FROM Wand's Funl Home ADDRESS 1414 3rd St. Tillamook, Oregon 97141

Two Hundred Twenty Five Dollars & 40/100 DOLLARS ($ 225.40)

IN Full PAYMENT OF Maude N. King Services

LOT 19 GRAVE 11 ROW SECTION 4 DIVISION BLOCK 6

INVOICE NO. Check

W.O. E-4513

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 06 1984

ISSUED BY Sutton

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	5	40
TOTAL PAID $		225	40

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-27 19 84

CHARGE Pauline Moss Gordon

ADDRESS 5735 Shaw St. S.D. Ca. 92139

NAME OF DECEASED Hazel A. Davis

OWNER

ADDRESS

MORTUARY Costa Mesa Mortuary

(DIP)

LOT 89 GR 3 ROW SEC 11 SEC DIV 7			
OPENING/CLOSING TIME 2pm DAY THURS DATE 8/30/84		295	00
VAULT/LINER Bell SIZE		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		589	70
PAID RECEIPT NUMBER 31928		589	70
BALANCE		0	

1st burial 1971

PAID
AUG 28 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 Lang

W.O. NO. E 4514

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31928

DATE 08-28 19 84

FROM Pauline V. Gordon ADDRESS 5735 Shaw St. S.D. Ca. 92139

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Hazel A. Davis Service (DIP)

LOT 89 GRAVE 3 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4514

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
AUG 30 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184		
20% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-313 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 08-27 19 84

CHARGE Lillian Frater

ADDRESS 4345 Acacia, S.M. Ca. 92041

NAME OF DECEASED Frank J. Frater

OWNER

ADDRESS

MORTUARY Conrad

(DIP)

LOT 753 GR ROW SEC 1 BLK DIV 8	742	50
OPENING/CLOSING TIME -MASS- 10:00 DAY DATE TUES 8-28-84	295	00
	14	70
VAULT/LINER Bill SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1332	20
PAID RECEIPT NUMBER 31923	1332	20
BALANCE	~~0~~	

PAID
AUG 27 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 Lillian A. Frater ORDER TAKEN BY Lang

W.O. NO. E 4515 INVOICE NO.

PY-593 (4-82) #11098

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-27 19 84

CHARGE Evelyn C. Cummins

ADDRESS 4317 N. Talmadge Dr. SD Ca 92116

NAME OF DECEASED John White Cummins

OWNER

ADDRESS

MORTUARY Lewis/Colonial (Jerry)

Flower Car	15	90
LOT 285 GR ROW SEC 5 BLK/DIV 8		
OPENING/CLOSING TIME 2:00 -CHURCH- DAY/DATE Wed 8-29-84	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	605	60
PAID RECEIPT NUMBER 31932	605	60
BALANCE	0	

Mortuary to bring check to service

PAID

AUG 29 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 Lang

W.O. NO. E 4516

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

1928 № 31932

DATE 08-29 19 84

FROM Evelyn Cummins ADDRESS 4317 N Talmadge Dr SD 92116

Six hundred five and 60/100 DOLLARS ($ 605.60)

IN full PAYMENT OF John White Cummins Service and flower can

LOT 285 GRAVE ROW SECTION 5 DIVISION BLOCK 8

INVOICE NO. Check

W.O. E-4516

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
SEP 06 1984

ISSUED BY B. Lang

CREDIT 33% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	50	00
SALES TAX	60101 8020	15	60
TOTAL PAID $		605	60

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-27 19 84

CHARGE Eva Hooper

ADDRESS 11065 Delphinium Way SD 92126

NAME OF DECEASED Prentis Jimmie Hooper

OWNER

ADDRESS

MORTUARY Anderson/Ragsdale

LOT 1874 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME - Church 11 AM DAY DATE Fri 8/31/84	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 31933	1084	70
BALANCE	-0-	

PAID
AUG 30 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 4517

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31933

DATE 08-30 19 84

FROM Eva Hooper ADDRESS 11065 Delphinus Way, SD 92126

One thousand eighty four and 70/100 DOLLARS ($ 1084 70/100)

IN _____ PAYMENT OF Prentis Jimmie Hooper service

LOT 1874 GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK 10

INVOICE NO. Checks

W.O. E-4517

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
SEP 06 1984

ISSUED BY _____

CREDIT 30% SALES CARE	67007 77184	99	00
30% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1084	70

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/26 19 84

CHARGE Hiizu AND/& Kimiyo Uyeji

ADDRESS 119 S. Belmont (N.C. 92050 267-9319

NAME OF DECEASED Pre-Need GRAVE (For ASHES)

OWNER

ADDRESS

MORTUARY

LOT 130 GR 2 ROW SEC 11 BLK DIV 7	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 31926	100	00
BALANCE	395	00

PAID
JUN 17 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

32062 100.00

295.00

32194 100.00

195.00

6-17-85 32593 195.00

-0-

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 Lang

W.O. NO. E 4518

INVOICE NO.

PY-593 (4-82) #11164

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32194

DATE 1-16 19 85

FROM Remigio Vaiz ADDRESS 119 S. Belmont, N.C. Cargo

One hundred and no/100 DOLLARS ($ 100.00)

IN Cart PAYMENT OF Prepaid grave for ashes

LOT 130 GRAVE 2 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4518

UNPAID BALANCE AFTER THIS PAYMENT $195.00

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	25.00
50% SALES OF LOTS	100 77184	50.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32062

DATE 11-15 19 84

FROM Kimiyo Uriu ADDRESS 119 S. Belmont Ave. Mt Ca 9[illegible]

One hundred and no/100 DOLLARS ($ 100.00)

IN art PAYMENT OF Prenecd grave (ashes)

LOT 130 GRAVE 2 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4518

UNPAID BALANCE AFTER THIS PAYMENT $ 2,275.00

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

CITY AUDITOR
NOV 19 1984

ISSUED BY B. Fang

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	100.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 5020	
TOTAL PAID $		100.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31926

DATE 8/28 19 84

FROM Kimiyo Uyeji ADDRESS 119 S. Belmont Ave. Cnr, CA 92052

One Hundred Dollars and no/100 DOLLARS ($ 100.00)

IN Part PAYMENT OF Pre-Need Grave

LOT 170 GRAVE 2 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-4518

UNPAID BALANCE AFTER THIS PAYMENT $395.00

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

CITY AUDITOR
AUG 30 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184	100	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		100	00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32593

DATE 6-17 19 85

FROM Kimiyo Ayeji ADDRESS 119 S Belmont N.C. Ca 92150

One hundred ninety five and no/100 — DOLLARS ($ 195.00)

IN full PAYMENT OF the need lot

LOT 130 GRAVE 2 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-4511

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JUN 21 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	79.00
40% SALES OF LOTS	100 77184	116.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		195.00

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/26 19 84

CHARGE Mikazu AND/OR Ayako KAMINAKA

ADDRESS 4071 Boone St. (SD 92117

NAME OF DECEASED Pre-Need Grave (ASHES ONLY)

OWNER

ADDRESS

MORTUARY

LOT 130 GR 3 ROW SEC 11 BLK DIV 7	495	00
OPENING/ CLOSING TIME		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 8/26/84 31927	100	00
BALANCE	395	00

PAID
DAY DATE
NOV 25 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

11-15-84 32061 100.00

295.00

11-25-85 32917 295.00

Post Card Sent 11-19-85 -0-

follow-up due 12-10-85

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 Sutton

W.O. NO. E 4519

INVOICE NO.

FY-593 (4-82) #11216

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32061

DATE 11-15 19 84

FROM Ayako Kamenaka ADDRESS 4071 Boone St. Sh Ca 92107

One hundred and 00/100 DOLLARS ($ 100.00)

IN Cash PAYMENT OF Earned grave (ashes)

LOT 130 GRAVE 3 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4519

UNPAID BALANCE AFTER THIS PAYMENT $ 2.95

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

CITY AUDITOR
NOV 19 1984

ISSUED BY B. Lane

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	100 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100 00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31927

1828

DATE 8/28 19 [illegible]

FROM Ayako Kaminaka ADDRESS 4071 Boone St. (SD 92117

One Hundred Dollars and no/100 DOLLARS ($ 100.00)

IN Paid PAYMENT OF Pre-Need Grave

LOT 150 GRAVE 5 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. check

W.O. E 4519

UNPAID BALANCE AFTER THIS PAYMENT $ 795.00

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

CITY AUDITOR
AUG 30 1981

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184		
25% SALES OF LOTS	100 77184	100	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		100	00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

004684 32917

Date: 11-25, 19 85

From: Ayako Hirinaka Address: 4071 [illegible] St [illegible] 92117

[illegible] hundred ninety five and no/100 Dollars ($ 295.00)

In full Payment of [illegible] Lot

Lot 130 Grave 3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-4519

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

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

CITY AUDITOR
NOV 29 1985

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	99.00
80% Sales of Lots	100 77184	196.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	295.00

AC-212 (Rev. 8-85)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-28 19 84

CHARGE Presley O. Kent 95428

ADDRESS 24261 Barnes Lane, Covelo, Ca.

NAME OF DECEASED Murtrie Willis Folsom, Jr.

OWNER

ADDRESS

MORTUARY Erickson/Anderson-Ragsdale

(DIP)

LOT 21 GR 3 ROW SEC 4 BLK DIV 5	247	50
OPENING/CLOSING TIME 2:00 CHAPEL DAY DATE Fri 8-31-84	295	00
VAULT/LINER Bell SIZE 14	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	837	20
PAID RECEIPT NUMBER 31929	837	20
BALANCE		~~0~~

PAID
AUG 28 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 Lang

W.O. NO. E 4520

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31929

DATE 08-28 19 84

FROM Julia T. Folsom ADDRESS 8600 Lemon Ave. L.M. Ca. 92041

Eight hundred thirty seven and 24/100 — DOLLARS ($ 837.20)

IN full PAYMENT OF Multrie Willis Folsom, Jr. service (DIP)

LOT 21 GRAVE 3 ROW SECTION 4 DIVISION BLOCK 5

INVOICE NO. check

W.O. E-4520

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 30 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	49	50
80% SALES OF LOTS	100 77184	198	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		837	20

AC-212 (REV. 5-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/28 19 84

CHARGE Lillian Selmon

ADDRESS 812 ~~412~~ S. 44th St. (SD 92113 #264-9215

NAME OF DECEASED Ivin C Greenwood

OWNER

ADDRESS

MORTUARY Ragsdale (N.W.)

LOT 179 GR 4 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/CLOSING TIME -chapel- 2Pm DAY DATE Fri 8-31-84	295	00
VAULT/LINER Bell SIZE	2Y5 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 31931	789	70
BALANCE	150	00

PAID
AUG 28 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 Lillian Selmon ORDER TAKEN BY Sutton

W.O. NO. E 4521 INVOICE NO. 024926
011116

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/01/84

DATE: 11/01/8
TIME: 211654
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / EN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
024926	09/19/84	011116	LILLIAN SELMON					10/24/84	CK	79452415	150.00	150.00	0.0
			100	072		77184	000072				130.00		PAID IN FULL
			67007			77184					20.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 150.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

1978 № 31931

DATE 08-29 1984

FROM Emma L. Dennis ADDRESS 4920 Dalton Dr. S.D. Ca. 92182

Seven hundred eighty nine and 70/100 DOLLARS ($ 789.70)

IN Cert PAYMENT OF Ebiry L. Greenwood service

LOT 179 GRAVE 4 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4521

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

CITY AUDITOR
SEP 06 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	40	00
20% SALES OF LOTS	100 77184	160	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		789	70

AC-212 (REV. 2-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/29 19 84

CHARGE Pre-Need (self)

ADDRESS

NAME OF DECEASED Howard A. Fuller

OWNER

ADDRESS

MORTUARY Rogers

(X-Deep)

LOT 82 GR 1 ROW SEC 1 ~~BLK~~ DIV 11

OPENING/ CLOSING TIME -Chapel- 1PM DAY DATE Fri 8/31/84

VAULT/(LINER) Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

1ST Burial in 1981

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 Sutton

W.O. NO. E 4522

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/31 19 84

CHARGE Sydney HANSEN - Bro

ADDRESS 17482 Dairy View (Huntington Beach, CA 92647

NAME OF DECEASED LEO HANSEN (X)

OWNER

ADDRESS

MORTUARY PARIS (Elmer)

LOT 37 GR ROW SEC MAS BLK DIV P	~	
OPENING/CLOSING TIME AM DAY DATE MON 9-24-84	95	00
VAULT/LINER ASH SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 31966	225	40
BALANCE	~	

* Bill Mortuary.

Direct Burial

Cer. of Grave

PAID

SEP 21 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 Smith

W.O. NO. E 4523

INVOICE NO.

PY-593 (4-82)

E-4523

MOUNT HOPE CEMETERY

August 20 1968

The undersigned hereby requests and authorizes the interment of the ~~remains~~ cremated of

Leo B. Hansen in Lot 37 Gr ____ Row ____ Sec. MASONIC ~~Block~~
Division P 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.

Margaret O Hansen
Signature of relative or legal representative

205 E. 2nd St. El Cajon Calif
Address & relationship to lot owner and/or authority to sign authorization

K M Wells
Witness

Witness

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31966

DATE 9-21 19 84

FROM PARIS-FREDERICK ADDRESS P.O. Box 397 (El Cajon, CA 92022)

TWO HUNDRED TWENTY FIVE DOLLARS & 42/100 DOLLARS ($ 225.42)

IN Full PAYMENT OF LEO HANSEN SERVICES

LOT 37 GRAVE ROW SECTION MAS DIVISION P BLOCK

INVOICE NO. check

W.O. E-4523

2655

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
SEP 26 1984

ISSUED BY Author

CREDIT	67007	
20% SALES CARE	77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95 00
BOXES	100 77182	90 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	5 42
TOTAL PAID $		225 42

ORDER

MT. HOPE CEM.

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/31 19 84

CHARGE Marlene McDavid Bailey - Mother 266-0937

ADDRESS 5340 Manzanares Way (SD 92114

NAME OF DECEASED Sharlene Rochelle McDavid

OWNER

ADDRESS

MORTUARY Greenwood (Kim Wilden)

LOT 17 GR 3 ROW SEC 3 BLK DIV 12	400	00
OPENING/CLOSING TIME -Church- 11Am DAY DATE Tues 9-4-84	295	00
VAULT/LINER Bell SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	989	70
PAID RECEIPT NUMBER 31934	589	70
BALANCE	400	00

Send Inv. to Ms. Carlene Ellis -

see 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.

AUTHORIZED Mrs Marlene Bailey

IN PERSON

PHONE BY Carlene Ellis ORDER TAKEN BY Sutton

W.O. NO. E 4524 INVOICE NO. 024925 011115

PY-593 (4-82)

024925 09/19/84 011115 CARLENE ELLIS
100 072
E-45 67007

77184 000072 10/10/34 CK 584
77184

400.00
320.00
80.00

400.00 0.00
PAID IN FULL

Number E-4524

Dated 8/31/84 San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 400.00 .

Name Carlene Ellis

Address 247 Los Alamos Dr.
S.D. CA 92114
#264-5324

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

⊗ Carlene Ellis

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31934

DATE 8/31 19 84

FROM Carlene Ellis ADDRESS 247 Los Alamos Dr. CO 92114

Five Hundred Eighty Nine Dollars & 74/100 DOLLARS ($ 589.74)

IN Part PAYMENT OF Shantelle Rochelle McDavid

SERVICES

LOT 77 GRAVE 3 ROW SECTION 3 DIVISION 12 BLOCK

INVOICE NO. Check

W.O. E-4524

UNPAID BALANCE AFTER THIS PAYMENT $400.00

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

CITY AUDITOR
SEP 06 1984

ISSUED BY Sutton

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	245	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	74
TOTAL PAID $		589	74

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/31 19 84

CHARGE Peggy Thomas - Dau.

ADDRESS 998 Winston Dr. (SD 92114 266-1838

NAME OF DECEASED Chrestell Bolton

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 103 GR 12 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/CLOSING TIME 11 Am DAY Tues DATE 9-4-84	295	00
VAULT/(LINER) Bell SIZE	245 14	70 00
(REC. FEE)/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 31935	500	70
BALANCE	439	00

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 ⊗ Peggy Thomas ORDER TAKEN BY Sutton

W.O. NO. E 4525 INVOICE NO. 024921

PY-593 (4-82)

01112

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/25/84

DATE: 10/25/84
TIME: 220937
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPEN	PD BY	PAYM REF NO	FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
024921	09/19/84	011112	PEGGY THOMAS					10/23/84	CK	1723645		439.00	439.00	0.00
			100	072		77161	000072					144.30		PAID IN FULL
	E-4525		100	072		77162	000072					245.00		
			100	072		77163	000072					35.00		
			60101			9020						14.70		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 439.00

E-4525

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32185

DATE 01-14 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 115.00)

IN full PAYMENT OF [illegible]

[illegible]

LOT 103 GRAVE 12 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4525

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
JAN 17 1985

ISSUED BY [illegible]

CREDIT 22% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	115 00
SALES TAX	60101 9020	
TOTAL PAID $		115 00

AC-512 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 31935

DATE 8/31 19 84

FROM Peggy Thomas ADDRESS 998 Winston Dr. (30 92114

Five Hundred Dollars AND NO/100 DOLLARS ($ 500.00)

IN PART PAYMENT OF CHRISTELL Bolton SERVICES

LOT 103 GRAVE 12 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4525

UNPAID BALANCE AFTER THIS PAYMENT $439.00

AC-212 (REV. 9-81)

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

CITY AUDITOR
SEP 06 1984

ISSUED BY Lutton

CREDIT 20% SALES CARE	67007 77184	70	00
80% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	150	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		Ex
TOTAL PAID $		500	00

Number E-4525

Dated 8/31/84 San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 439.00 .

Name Peggy Thomas

Address 998 Winston Dr. (SD 92114

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

X Peggy Thomas 998 Winston Dr. San Diego CA 92114

(NAME) (PROPERTY OWNED BY YOU) (ADDRESS)

FORM PW-1573 (REV. 9-67)

100/77181	144.30
77182	245.00
77183	35.00
60101/9020	14.70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

Lot 4

DATE 9-4 19 84

CHARGE Atty. Michael Stanton -295-2193

ADDRESS Rose Marie Martin Executrix

NAME OF DECEASED Paulina Bostic

OWNER

ADDRESS

MORTUARY Rogers

LOT 142 GR 3 ROW SEC 14 BLK DIV 7	—	—
OPENING/CLOSING TIME 10:00 DAY DATE Wed 9-5-84	295	00
VAULT/LINER Bell SIZE	24	38
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER		
BALANCE		

- Bill Atty -

Cr. Claim coming from atty w/info for billing

Cr. Claim sent 9-5-84 (See attached)

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 Lang

W.O. NO. E 4526

INVOICE NO. 024923
011114

PY-593 (4-82)

E-4526

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
MICHAEL R. STANTON 2865 North Park Way San Diego, CA 92104	619-295-2193	FILED FOR APPROVAL (DATE) (DEPUTY) DUPLICATE MAILED (DATE) (DEPUTY) PRESENTED TO COURT FOR APPROVAL (DATE) (DEPUTY)
ATTORNEY FOR: Rose Marie Martin, Executrix		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
ESTATE OF: PAULINA L. BOSTIC, DECEDENT		
CREDITOR'S CLAIM*		CASE NUMBER

THIS CLAIM MUST BE PRESENTED TO THE PERSONAL REPRESENTATIVE OR FILED IN THE OFFICE OF THE CLERK OF THE COURT IN DUPLICATE WITHIN FOUR MONTHS AFTER THE DATE OF FIRST ISSUANCE OF LETTERS OR AS PROVIDED IN PROBATE CODE 700.

DECLARATION OF CLAIMANT

1. Total amount of the claim is: $ 589.70

2. Claimant (Name) MT. HOPE CEMETERY
   a. ☐ An individual.
   b. ☐ An individual doing business under the fictitious name of:
   c. ☐ A partnership.
   d. ☒ A corporation.

3. The claimant's address is: 3751 Market Street, San Diego, CA 92102

4. I am authorized to make the claim which is justly due or may become due. To my knowledge there are no offsets or payments which have not been credited. I certify (declare) under penalty of perjury that this creditor's claim, including any attachments, is true and correct and that this declaration is executed on (Date): 09/05/84 at San Diego, California.

5. Barbara L. Lang, Administrative Aide II (TYPE NAME AND TITLE) — Barbara L. Lang (SIGNATURE)

(ITEMS 6 — 9 TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE)

6. a. Date of first issuance of letters: b. Date of death:

7. This claim was presented on (Date):

8. Claim is ☐ allowed for: $ ☐ Rejected for: $

9. Estimated value of estate:

(TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE) (SIGNATURE OF PERSONAL REPRESENTATIVE)

10. ☐ Approved for: $ ☐ Rejected for: $

Dated: (Signature of ☐ Judge ☐ Commissioner)

11. Total number of pages attached (Continued on Reverse Side)

* See reverse side for instructions before completing. The declaration must be signed in California (CCP 2015.5), affidavit required when signed outside California. No attachment permitted less than on a full page (California Rule of Court 201 [b]).

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered, or the debt incurred. The item or service should *be described in detail, and the amount claimed for each item indicated. If any debt was incurred after the date of* death, except funeral claims, it must not be included as an item on this claim form.

If the claim is based upon a note or other written instrument, a copy of such note or instrument must be attached. If secured by mortgage, deed of trust or other lien on property that is of record, it is sufficient to state the date, book and page and county where recorded.

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
09/04/1984	Paulina Bostic Services	
	Lot 142, Grave 3, Section 14, Division 7	
	Opening/Closing	295.00
	Concrete Bell Liner	245.00
	Tax on liner	14.70
	Recording Fee	35.00
	Total Due	589.70
	TOTAL	$.....

CREDITOR'S CLAIM

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/07/84

DATE: 12/07/84
TIME: 202313
PAGE: 10

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / ORGR	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
024923	09/19/84	011114	ROSE MARIE MARTIN, EXECUTRIX					12/06/84	CK	061	589.70	589.70	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			C0101			9020					14.70		

E-4526

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/4/84 19

CHARGE Conti & Son Memorial Company

ADDRESS P.O. Box 94
San Diego, CA 92112

NAME OF DECEASED

OWNER

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial installations, Aug, '84 TOTAL $875.00

PAID RECEIPT NUMBER

BALANCE

8/29	Huhn	$55
8/29	Smith, S.	$55
8/29	McNeilage	$115
8/29	Smith, S.	$75
8/29	Johnson	$115
8/29	Jones, E.	$115
8/29	Hemmingson	$115
8/29	Jones, N.	$115
8/29	Reque	$115

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 Sutton

W.O. NO. E 4527

INVOICE NO. 024927

PY-593 (4-82)

Acct #004821

024927	09/19/84	004821	CONTI AND SON MEMORIAL CO			10/02/84	CK 3673	875.00	875.00	0.00
	E-4587		100	072	77183	000072		875.00		PAID IN FULL

OFFICIAL RECEIPT

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

10/03/84

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31975

DATE 9/25 19 84

FROM Conti & Son ADDRESS P.O. Box 94 (SD 92112

Eight Hundred Seventy Five Dollars & No/100 DOLLARS ($ 875.00)

IN Full PAYMENT OF Marker Installation — Aug. '84

LOT GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. 024927

A-11 # 004821

W.O. E-4527

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 03 1984

ISSUED BY

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	875	00
SALES TAX	60101 9020		
TOTAL PAID $		875	00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/4/84 19____

CHARGE ~~Seaman/Poe Monument Company~~

ADDRESS 3893 Imperial Avenue
San Diego, CA 92113

NAME OF DECEASED _____

OWNER _____

ADDRESS _____

MORTUARY _____

LOT ____ GR ____ ROW ____ SEC ____ BLK DIV ____		
OPENING/ CLOSING TIME ____ DAY DATE ____		
VAULT/LINER ____ SIZE ____		
REC. FEE/REMOVAL/FOUNDATION ____		
Memorial installations, Aug, '84 TOTAL	$750.00	
PAID RECEIPT NUMBER ____		
BALANCE		

~~8/16~~	~~Edlund~~	~~$Paid~~
8/16	Carrillo	$115
~~8/16~~	~~Schulenberg~~	~~$115~~
8/26	Romero, Romero	$115
~~8/23~~	~~Obrutscheff~~	~~$145~~
8/29	Lathan	$115
8/23	Furuska	$145

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 Sutton

W.O. NO. E 4528

INVOICE NO. 024928

Acct #000253

PY-593 (4-82)

024928 09/19/84 000253 SEAMAN/PUE MONUMENT CO
100 072 77183 000072 10/02/84 CK 5857 750.00 750.00 0.00
750.00 PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/4/84 19____

CHARGE ~~Clemens Granite Company~~

ADDRESS 10527 Prospect Avenue
Santee, CA 92071

NAME OF DECEASED _____

OWNER _____

ADDRESS _____

MORTUARY _____

LOT _____ GR _____ ROW _____ SEC _____ BLK DIV _____

OPENING/ CLOSING TIME _____ DAY DATE _____

VAULT/LINER _____ SIZE _____

REC. FEE/REMOVAL/FOUNDATION _____

Memorial installations, Aug, '84 TOTAL $360.00

PAID RECEIPT NUMBER _____

BALANCE _____

~~8/7~~	~~Bourne~~	~~$115~~
8/21	Nailon	$100
~~8/21~~	~~Jones, W.~~	~~$145~~

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 Sutton

W.O. NO. E 4529

INVOICE NO. 024929

PY-593 (4-82)

Acct #006490

024929	09/19/84	006490	CLEMENS GRANITE COMPANY			10/11/84	CK	12755	360.00	360.00	0.00
	E-HE29	100	072	77183	000072				360.00		PAID IN FULL

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 725.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/5 19 84

CHARGE Chinese Social Service Ctr.

ADDRESS 428 3rd Ave. (SD 92101

NAME OF DECEASED Mui Tai Kwan

OWNER

ADDRESS

MORTUARY Greenwood (Scott)

LOT 62 GR 10 ROW SEC 17 BLK DIV 7	~	
OPENING/CLOSING TIME ~~CHAPEL~~ 2PM DAY SAT DATE 9-8-84	295	00
VAULT/LINER WTS SIZE	19 330	80 00
REC. FEE/REMOVAL/FOUNDATION + overtime	400	00
TOTAL	1044	80
PAID RECEIPT NUMBER 31942	1044	80
BALANCE	ø	

(over)

PAID
SEP 07 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 Sutton

W.O. NO. E 4530

INVOICE NO.

FY-593 (4-82)

Lot 64 Gr 10 Sec 17 Dib 7
traded this date to Lot 62
Gr 10 Sec 17 Dib 7.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/6 19 84

CHARGE Julia P. Cooper - Sis

ADDRESS 5051 Pelusa St. (SD 92113

NAME OF DECEASED Melvin E. Harrison

OWNER

ADDRESS

MORTUARY H.W. Ragsdale

LOT 54 GR 5 ROW SEC 2 ~~BER~~ DIV 11	495	00
OPENING/CLOSING TIME -Chapel- 10AM DAY DATE Fri 9-7-84	295	00
VAULT/LINER Bell SIZE	245 IV	70 00
REC. FEE REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 31940	934	70
BALANCE	150	00

Setup at Monument

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 Sutton

W.O. NO. E 4531

INVOICE NO. 024922

011113

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/10/85

DATE: 05/10/85
TIME: 201900
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
024922	09/19/84	011113	JULIA P. COOPER					05/06/85	CK	1134	130.00	150.00	130.00-
			100	072		77184	000072				0.00		OVERPAYMENT
			67007			77184					0.00		
			63021			90222					130.00		

E4531

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 130.00

E-4531

MEMO

☒ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

TO: Barbara Lang
Mt. Hope Cemetery

DATE: June 3, 1985

SUBJECT: Invoice Overpayment

FOLD

MESSAGE

The following invoice has been overpaid:
$130.00 011113 / 024922 Julia P. Cooper
Please process a refund, or have the $ applied to an outstanding invoice.

SIGNED: Alfie / Revenue Section

REPLY

Please transfer the overpayment to: 100 - 77183 $130.00.
This overpayment was to cover a marker setting fee.

Thank you

Mt Hope Cemetery SIGNED: Barbara Lang DATE: 6-11-85

FOLD

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

ALOHA FORM 00-873-1

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31940

DATE 9-6 19 84

FROM Julia P. Cooper ADDRESS 5051 Pelusa St. 150 92113

Nine Hundred Thirty Four Dollars & 70/100 DOLLARS ($ 934.70)

IN PART PAYMENT OF Melvin Harrison Senus

LOT 54 GRAVE 5 ROW SECTION 2 DIVISION 11 BLOCK

INVOICE NO. Check

W.O. E-4531

UNPAID BALANCE AFTER THIS PAYMENT $150.00

AC-212 (REV. 9-81)

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

CITY AUDITOR
SEP 20 1984

ISSUED BY Sutton

CREDIT 25% SALES CARE	67007 77184	99	00
50% SALES OF LOTS	100 77184	246	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		934	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/6 19 84

CHARGE Ethel M Richardson-Sisten

ADDRESS 4775 Jutland Dr. (SD 92117

NAME OF DECEASED Evelyn G. Clark

OWNER

ADDRESS

MORTUARY Beardsley-Mitchell

(R-Deep)

LOT 22 GR 2 ROW SEC 1 DIV 11

OPENING/CLOSING TIME -chapel- 10AM DAY MON DATE 9-10-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

1st Burial in 1972

Pre-Need on D-6150

Setup @ Gravesite

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 Sutton

W.O. NO. E 4532

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/7 19 84

CHARGE Menkley-Mitchell Mortuary

ADDRESS 3655 5th Ave. (SD 92103)

NAME OF DECEASED Richard MASON

OWNER

ADDRESS

MORTUARY Menkley-Mitchell (Frank Beynon)

LOT 180 GR 8 ROW SEC 1 ~~BLK~~ DIV 12	100	00
OPENING/CLOSING TIME ~~-Oct. Only-~~ 3PM DAY MON DATE 9-10-84	165	00
VAULT/LINER N/A SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	300	00
PAID RECEIPT NUMBER		
BALANCE		

P.A. has a total of $600 to work with — Per phone conversation w/ Dick Mitchell we are going to go 50-50. He will bill P.A. for $600 & will pay MHC $300.

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 Sutton

W.O. NO. E 4533

INVOICE NO. 024934

011144 ~~000892~~

FY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/27/84

DATE: 11/27/84
TIME: 214741
PAGE: 2

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
024934	09/19/84	011144	MERKLEY-MITCHELL MORTUARY			77181	000072	11/21/84	CK	2441	300.00	300.00	0.00
			100	072		77183	000072				165.00		PAID IN FULL
			100	072		77184	000072				35.00		
			100	072		77184	000072				80.00		
			67007			77184					20.00		

E-4537

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 300.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-10 19 84

CHARGE Pre-Need (self)

ADDRESS

NAME OF DECEASED Mabel Jane Gerber

OWNER

ADDRESS

MORTUARY Heath Funeral Home (Howard)

LOT 138 GR ROW SEC BLK DIV 10

OPENING/ CLOSING TIME —Chapel— 11AM DAY THURS DATE 9-13-84

VAULT/LINER Vault SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Pre-Need

D-4579

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 Lang

W.O. NO. E 4534

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-10 19 84

CHARGE Helen Johnson - Dau.

ADDRESS 4440 Boston Ave. (SD 92113

NAME OF DECEASED Mary Etta Williams

OWNER

ADDRESS

MORTUARY Ragsdale (Novella)

LOT 34 GR 2 ROW SEC 15 BLK DIV 7		
OPENING/CLOSING TIME 2:00 -CHAPEL- DAY DATE Fri 9-14-84	295	00
VAULT/LINER Bell SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 31947	589	70
BALANCE	0	

ck. w/ service

PAID
SEP 13 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 Lang

W.O. NO. E 4535

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31947

DATE 9/13 19 84

FROM Helen Johnson ADDRESS 4440 Boston Ave. 92113

Five Hundred Eighty Nine Dollars & 72/100 DOLLARS ($ 589.72)

IN Full PAYMENT OF Mary E. Williams Services

LOT 34 GRAVE 2 ROW SECTION 15 DIVISION 7 BLOCK

INVOICE NO. check

W.O. E-4535

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-215 (REV. 3-81)

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

SEP 20 1984

ISSUED BY

CREDIT	67007		
20% SALES CARE	77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	245	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	72
TOTAL PAID $		589	72

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-11 19 84

CHARGE

ADDRESS

NAME OF DECEASED Louis Angel Rivera

OWNER

ADDRESS

MORTUARY Merkley-Mitchell (Richard)

LOT 12 GR 1 ROW SEC 3 ~~BLK~~ DIV 5	—	—
OPENING/ CLOSING TIME DAY DATE	95	00
VAULT/LINER Ash SIZE	90 5	00 40
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER		
BALANCE		

Ash vault required when in a full size grave

W O

W O

This cancelled E-4578

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 Lang

W.O. NO. E 4536

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-11 19 84

CHARGE Thelma L. Mallary -263-8269

ADDRESS 744 Elizabeth, SD. 92113

NAME OF DECEASED David Mallary

OWNER

ADDRESS

MORTUARY Rapdale

LOT 34 GR 3 ROW SEC 2 BLK DIV 11	495	00
OPENING/CLOSING TIME 11:00 – CHAPEL – DAY DATE Mon - 9-17-84	295	00
VAULT/LINER Bell SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 31953	439	70
BALANCE	645	00

VA.

Setup @ Monument

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 Lang

W.O. NO. E 4537

INVOICE NO. 024933
011143

PY-593 (4-82)

024933 09/19/84 011143 THELMA L. MALLARY 09/25/84 CA

E-4537	100	072	77181	000072	495.00	645.00
	100	072	77182	000072	165.00	PARTIAL
	100	072	77183	000072	188.02	
	100	072	77184	000072	26.66	
	67007		77184		92.09	
					23.03	

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 011143 INVOICE: 024933 INV DATE: 09 19 84
NAME: THELMA L. MALLARY
1) 744 ELIZABETH 2) _____
3) _____ 4) _____
CITY: SAN DIEGO ST: CA ZIP: 92113 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-4537 DAYS DUE: 030 INV TYPE: GE TYPE CHG: NOTICES: Y
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE:
TIME PATH CODE: _ STD DESC CODE: __ INVOICE TOTAL: 645.00

DESCRIPTION OF CHARGE	AMOUNT
DAVID MALLARY SERVICES	
LOT 34, GR 3, SEC 2, DIV 11	495.00
OPENING/CLOSING	295.00
CONCRETE BELL LINER	245.00
TAX ON LINER	14.70
RECORDING FEE	35.00
LESS PAYMENT 31953	439.70-
TOTAL DUE	645.00

495.00 # 31976 9/25
150.00 -Bal from VA
11/13 150.00

PAID
NOV 13 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
#2 __
THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

Veterans Administration

E-4537

2022 CAMINO DEL RIO N 97
SAN DIEGO CA 92108

NOVEMBER 09, 1984
IN REPLY REFER TO 21/24

E-4537

MOUNT HOPE CEMETERY
A/C D MALLARY
3751 MARKET ST
SAN DIEGO CA 92102

FILE NUMBER
XC- 22 374 618
D MALLA

WE HAVE AUTHORIZED PAYMENT TO YOU IN THE AMOUNT OF $150.00 AS AN ALLOWANCE FOR THE FUNERAL AND BURIAL EXPENSES OF THE DECEASED VETERAN.

THE EVIDENCE DOES NOT SHOW THAT THE VETERAN'S DEATH WAS DUE TO A SERVICE CONNECTED CONDITION.

$150.00 OF THE TOTAL PAYMENT AUTHORIZED REPRESENTS AN ALLOWANCE FOR PLOT OR INTERMENT EXPENSES.

VETERANS ADMINISTRATION

IMPORTANT – SEE REVERSE FOR PROCEDURAL AND APPELLATE RIGHTS
KEEP THIS LETTER FOR FUTURE REFERENCE

VA FORM OCT 1979 21—8332a-4

* U.S. GOVERNMENT PRINTING OFFICE: 1[illegible] 821-562/6078

E-4537

Veterans Administration

2022 Camino Del Rio North
San Diego CA 92108

97

October 31, 1984

IN REPLY REFER TO: 21/24

MOUNT HOPE CEMETERY
A/C D MALLARY
3751 MARKET ST
SAN DIEGO CA 92102

FILE NUMBER:
22-374-618/00
D MALLA

This is just to let you know that we have received your application for benefits. There is no need for you to take any additional action at this time. However, if you find it necessary to contact us, be sure to indicate THE VETERAN'S file number and name.

Veterans Administration

E-4537

SAN DIEGO
CITY TREAS.

OCT 02 '84

PAID #13

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31976

DATE 5/21 19 54

FROM Thelma Mallary ADDRESS 744 Elizabeth ISD 92103

Four Hundred Ninety Five Dollars 00/100 DOLLARS ($ 495.00)

IN Full PAYMENT OF David Mallary Servs.

LOT 34 GRAVE 3 ROW SECTION 2 DIVISION 11 BLOCK

INVOICE NO. 024933

Acct # 011145

W.O. E-4537

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

ISSUED BY Cuth

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		495 00

AC-213 (REV. 3-61)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31953

DATE 09-14 19 84

FROM Thelma L. Mallory ADDRESS 744 Elizabeth S.D. Ca. 92113

Four hundred thirty nine and 70/100 - DOLLARS ($ 439.70)

IN Cert PAYMENT OF David Mallory Service

LOT 34 GRAVE 3 ROW SECTION 2 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4531

UNPAID BALANCE AFTER THIS PAYMENT $645.00

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

SEP 20 1984

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	69.00
25% SALES OF LOTS	100 77184	276.00
OPENINGS	100 77181	80.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	14.70
TOTAL PAID $		439.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-12 19 84

CHARGE Rev. Joseph Higgins - Conservaton

ADDRESS 3127 Altadena Ave. (SD 92105

NAME OF DECEASED Laura B. Stilton

OWNER

ADDRESS

MORTUARY Featheringill (Walter)

LOT 3871 GR ROW SEC BLK DIV 10

OPENING/ CLOSING TIME -Here- 1PM DAY DATE Friday 9-14-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Gr. on C-4245

Commodities on D-8368

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 Walter @ Mortuary ORDER TAKEN BY Sutton

W.O. NO. E 4538 INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/12 19 84

CHARGE Public Guardian - Mr. Womack

ADDRESS

NAME OF DECEASED William Tenny

OWNER

ADDRESS

MORTUARY Menkley-Mitchell (Phil)

LOT 112 GR 2 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/CLOSING TIME -Here- 2PM DAY Friday DATE 9-14-84	295	00
VAULT/(LINER) Bell SIZE	14 245	70 00
(REC. FEE)/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER		
BALANCE		

We select per Mortuary's bill
Public Guardian

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 Menkley-Mitchell ORDER TAKEN BY Sutton

W.O. NO. E 4539 INVOICE NO. 024931
000952

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/05/84

DATE: 10/05/84
TIME: 202726
PAGE: 0

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
024931	09/19/84	000952	COUNTY OF SAN DIEGO					10/01/84	CK	120114	939.70	939.70	0.00
			100	072		77161	000072				295.00		PAID IN FULL
			100	072		77162	000072				245.00		
			100	072		77163	000072				35.00		
			100	072		77164	000072				260.00		
			60101			9020					14.70		
			67007			77164					70.00		

F 452 1

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/13 19 84

CHARGE Bernice Douglas

ADDRESS 805-31st Ave, Seattle, Wash 98122

NAME OF DECEASED CHESTER WILLIAMS

OWNER

ADDRESS

MORTUARY Ragsdale (Norvella)

LOT 119 GR 4 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/CLOSING TIME -Chapel- 11AM DAY FRIDAY DATE 9-14-84	295	00
VAULT/(LINER) Bell SIZE	245 14	00 70
(REC. FEE)/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 31950	939	70
BALANCE	-0-	

We selec- - Minimum per Norvella

PAID
SEP 14 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 Sutton

W.O. NO. E 4540

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31950

DATE 09-14 19 84

FROM Anderson-Ragsdale ADDRESS 5150 Federal Blvd SD Ca 92102

Nine hundred thirty nine and 70/100 — DOLLARS ($ 939.70)

IN full PAYMENT OF Chester Williams Service

LOT 119 GRAVE 4 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4540

UNPAID BALANCE AFTER THIS PAYMENT —

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

SEP 20 1984

ISSUED BY B. Hang

CREDIT 30% SALES CARE	67007 77184	70.00
20% SALES OF LOTS	100 77184	280.00
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		939.70

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/13 19 84

CHARGE Rae Esther Gay

ADDRESS 3658 Crown Pt. Dr. (SD 92109

NAME OF DECEASED Pre-Need Grave

OWNER

ADDRESS

MORTUARY

LOT 91 GR ROW SEC 10F DIV 43	490	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	490	00
PAID RECEIPT NUMBER 31948	100	00
BALANCE	390	00

11-21-84 32075 390.00

PAID
NOV 21 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

(Sold at $490. in error (7-1-84 S/B $495.00)

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 Sutton

W.O. NO. E 4541

INVOICE NO.

PY-593 (4-82) #11468 #11071

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31948

DATE 9/13 19 84

FROM Rae E. Gay ADDRESS 3658 Crown Pt. Dr (SD 92109

One Hundred Dollars and no/100 DOLLARS ($ 100.00)

IN Part PAYMENT OF Pre-Need Grave

LOT 91 GRAVE ROW SECTION 100F ~~DIVISION~~ BLOCK 43

INVOICE NO. Check

W.O. E-4541

UNPAID BALANCE AFTER THIS PAYMENT $390.00

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

CITY AUDITOR
SEP 20 1984

ISSUED BY Seth

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184	100	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		100	00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32075

DATE 11-21 19

FROM Rae E. Gay ADDRESS 3658 Crown Pt. Dr. S.D. Ca 92

Three hundred ninety and no/100 DOLLARS ($ 390.00)

IN full PAYMENT OF Pre need grave

LOT 91 GRAVE ROW SECTION 100F DIVISION BLOCK 43

INVOICE NO. Check

W.O. E-4541

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 29 1984

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77184	98.00
25% SALES OF LOTS	100 77184	292.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		390.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 09-13 19 84

CHARGE Dorthea M. Millender

ADDRESS 6460 Conway Dr. Sp. 316 LD Ca. 92117

NAME OF DECEASED Pre-need services

OWNER Treva Hatcher

ADDRESS

MORTUARY

LOT 3689 & 3690 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME DAY DATE	590	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	70	00
TOTAL	660	00
PAID RECEIPT NUMBER 31949	660	00
BALANCE	-0-	

PAID
PAID RECEIPT NUMBER
SEP 13 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

~~The prices set forth~~ for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

~~No interest will be paid on the prepaid amount set forth on this order form.~~

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 B. Lang

W.O. NO. E 4542

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31949

DATE 09-13 19 84

FROM Dortha M. Millender ADDRESS 6460 Conway St. Sp. 316 SD Ca 92117

Six hundred sixty and no/100 DOLLARS ($ 660.00)

IN full PAYMENT OF Fm. Need Services

CITY AUDITOR
OCT 16 1984

LOT 3689 + 3690 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4542

UNPAID BALANCE AFTER THIS PAYMENT 0

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

3273

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	590.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	70.00
SALES TAX	60101 9020	
TOTAL PAID $		~~625.00~~ 660.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-14 19 84

CHARGE SD County PA

ADDRESS

NAME OF DECEASED Melvin H. Long

OWNER

ADDRESS

MORTUARY El Cajon Montuary

LOT 15 GR 12 ROW SEC 3 ~~BLK~~ DIV 12

OPENING/ CLOSING TIME ~~Here~~ 1:30 PM DAY DATE Tues 9-18-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Creditors claim
sent for $135.00
marker install.
8-26-85

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 Luther

W.O. NO. E 4543

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32804

DATE 9-27 19 85

FROM Pacific Admins ADDRESS 5201-A Ruffin Rd [illegible]

One hundred thirty five and no/100 — DOLLARS ($ 135)

IN full PAYMENT OF Marker installation [illegible]

Melvin H. [illegible]

LOT 15 GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. Check

W.O. E-4543

UNPAID BALANCE AFTER THIS PAYMENT —

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

ISSUED BY [illegible]

CITY AUDITOR
OCT 01 1985

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	135
SALES TAX	60101 9020	
TOTAL PAID $		135

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-17 19 84

CHARGE Charlie C. WATKINS - Bro.

ADDRESS 1702 Republic St. (SD 92114

NAME OF DECEASED LORENZO M. WATKINS

OWNER

ADDRESS

MORTUARY Ragsdale (Norvella)

LOT 110 GR 8 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/CLOSING TIME -chapel- 2pm DAY DATE MON 9-17-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 31955	939	70
BALANCE	0	

ck w/SERVICE

We select pcn Norvella

PAID

SEP 17 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 Sutton

W.O. NO. E 4544

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31955

DATE 9/17 19 84

FROM Anderson - Ragsdale ADDRESS 5050 Federal Blvd 92102

Nine Hundred Thirty Nine Dollars 70/100 DOLLARS ($ 939.70)

IN Full PAYMENT OF Lorenzo M. Watkins Services.

LOT 110 GRAVE 3 ROW SECTION 1 DIVISION 12 BLOCK

INVOICE NO.

W.O. E-4544

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 3-81)

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

SEP 20 1984

ISSUED BY Sutton

CREDIT 25% SALES CARE	87007 77184	70	00
80% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 5020	14	70
TOTAL PAID $		939	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/17 19 84

CHARGE Essie Lee Smart

ADDRESS 612 Jewell Dr. (SD 92113 #264-6327

NAME OF DECEASED Samuel DeWitt Smart

OWNER

ADDRESS

MORTUARY Ragsdale (Nonvella)

LOT 103 GR 11 ROW SEC 1 DIV 12	350	00
OPENING/CLOSING TIME 10 AM -chapel- DAY wed DATE 9-19-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 31960	939	70
BALANCE	0	

PAID
SEP 19 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 (X)

ORDER TAKEN BY Sutton

W.O. NO. E 4545

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31960

DATE 9/19 19 84

FROM Essie Lee Smart ADDRESS 612 Jewell Dr. CA 92113

Nine Hundred Thirty Nine Dollars 70/100 DOLLARS ($ 939.70)

IN Full PAYMENT OF Samuel O. Smart Services

LOT 103 GRAVE 11 ROW SECTION 1 DIVISION 12 BLOCK

INVOICE NO. check

W.O. E-4545

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-215 (REV. 8-81)

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

CITY AUDITOR
SEP 24 1984

ISSUED BY Sutton

CREDIT 20% SALES CARE	67007 77184	70	00
80% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	295	00
ROSES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-17 19 84

CHARGE Louise Pearson

ADDRESS 931 Derby St. SD Ca. 92114

NAME OF DECEASED Dra Lee Fay

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 971 GR ROW SEC ~~BLK~~ DIV 10	495	00
OPENING/CLOSING TIME 1:00 DAY DATE Wed 9-19-84	295	00
VAULT/LINER Bell SIZE	24½	50
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	1084	70
PAID RECEIPT NUMBER 31954	1000	00
BALANCE	84	70

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 Louise E. Pearson ORDER TAKEN BY Sang

W.O. NO. E 4546 INVOICE NO. 025107

PY-593 (4-82) 011168

6-19-86 E-4546

Barbara,
I can't locate any print-out
for Louise Pearson. I'd
all the way thru March.
Here's a copy of the invoice
& our referral showing it
P/F.

Diana
x6194

Acct. - 011168

NAME PEARSON, Louise E. INVOICE NUMBER 025103 AMOUNT DUE $ 84.70

ADDRESS 931 Derby St. S.D. 92114 DATE INCURRED August '84 DATE REFERRED 11-21-84

REFERRED FROM (DEPT.) Mt. Hope - 262-9005 BY/EXT. Robert Sutton TITLE

DESCRIPTION OF CHARGES Ora Lee Fay services
CDL # S0015598

SAN DIEGO CITY TREAS. JAN 2 '85 PAID IN FULL

COLLECTION EFFORTS AND RESULTS (ORIGINATING DEPT.)

ADDITIONAL INFORMATION (CONTACTS, PHONE #, ETC.) * Calif. Teachers Credit Union
10393 S.D. Mission Rd. St. #110 92108 #0086515808 (single)

TREASURER'S COLLECTION EFFORTS

DATE	ACTION TAKEN OR DISCUSSED
DEC 0 3 1984	SCC sent
DEC 05 1984	Sis thought father had pd. it. She would be able to pay until next week (She phoned)

PAYMENTS

DATE	AMOUNT	BALANCE
1-2-85	84.70	0

TR-1083 (REV. 6-80) TREASURER REFERRAL CARD

E-4546

E-4546

CITY OF SAN DIEGO, CALIFORNIA

WHITE - GL
YELLOW - RE
WITH PAYMEN

GENERAL INVOICE

* * * COPY * * *

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

11-21-84

LOUISE PEARSON
931 DERBY STREET
SAN DIEGO CA 92114

ACCT NO
011168

TREASURERS USE ONLY

PAYMENT DATE _____
BY: CA CK IF

PAYMENT REF NO _____ AMT PAID: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/25/84	10/25/84	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
ROBERT SUTTON REF NO: E 4546
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 264 3151

DESCRIPTION OF CHARGES	AMOUNT
ORA LEE FAY SERVICES	
LOT 971 DIV 10	495.00
INTERMENT CHARGE	295.00
CONCRETE BURIAL LINER	245.00
SALES TAX	14.70
RECORDING FEE	35.00
PAID BY RECEIPT 31954	1.000.00-
TOTAL DUE	84.70

CUSTOMER COPY

AC-22 (REV. - 2/82)

INV NO. 025103

Number 4546

Dated 9-17-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 84.70 .

Name Laura E. Pearson

Address 931 Derby Street

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Laura E. Pearson (NAME) 931 Derby Street (PROPERTY OWNED BY YOU) (ADDRESS)

FORM PW-1573 (REV. 9-67)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31954

DATE 09-17 19 84

FROM Louise Pearson ADDRESS 931 Derby St. S.D. Ca. 92114

One thousand and no/100 DOLLARS ($ 1000.00)

IN part PAYMENT OF Dra Lee Gay services

LOT 971 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO.

Money orders

W.O. E-4546

UNPAID BALANCE AFTER THIS PAYMENT $14.72

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

SEP 20 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99.00
80% SALES OF LOTS	100 77184	396.00
OPENINGS	100 77181	245.30
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	15.70
TOTAL PAID $		1000.00

AC-012 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-17 19 84

CHARGE Louise Pearson

ADDRESS 931 Derby St. SD. Ca. 92114

NAME OF DECEASED Pre-need

OWNER

ADDRESS

MORTUARY

LOT 972 GR ROW SEC BLK DIV 10	495	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 11-1-84 32042 ✓	50	00
BALANCE	445	00
also want 973+974 5-24-85 32534 ✓	50.00	
	395	00
6-18-86 33471 ✓	50	00
	345	00

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 Wesley Foy Sr ORDER TAKEN BY Lang

W.O. NO. E 4547 INVOICE NO.

PY-593 (4-82)

E-4547



931 Derby Street
San Diego, CA 92114
May 17, 1985

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

Dear Ms Lang:

I'm sincerely sorry I haven't sent you a payment since November. However, I do wish to purchase the lot. I've been sick and through so much this year - I really forgot about the lot payment.

Enclosed is another payment of $50.00. I can't promise I will pay the same amount every month -- but I will pay on the lot by the 5th of each month at least $25.00.

Thank you for the reminder and for your patient consideration

Sincerely yours,
Louise E. Pearson

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32042

DATE 11-1 19 84

FROM Louise Pearson ADDRESS 931 Derby St. Sd Ca. 92114

Fifty and no/100 DOLLARS ($ 51.00)

IN Lot PAYMENT OF Prenast grave

LOT 972 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4547

UNPAID BALANCE AFTER THIS PAYMENT 445.00

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

CITY AUDITOR
NOV 05 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	10.00
20% SALES OF LOTS	100 77184	41.00
OPENINGS	100 77181	
BOXES	100 77192	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		51.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32534

DATE 5-24 19 85

FROM Louise E. Hanson ADDRESS 931 Hardy St. Sdlla 92114

Fifty and no/100 DOLLARS ($ 50.00)

IN Cart PAYMENT OF Pre-need lot

LOT 972 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Checks

W.O. E-4547

UNPAID BALANCE AFTER THIS PAYMENT $ 3950

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

CITY AUDITOR
MAY 31 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	11
20% SALES OF LOTS	100 77184	41
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		50

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33471

Date: 06-18, 19[illegible]

From: [illegible] Address: 931 [illegible] St SD Ca 92[illegible]

[illegible] Dollars ($ 50.00)

In [illegible] Payment of Preneed Lot

Lot 972 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-4547

Unpaid Balance after this Payment $245.00

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

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

CITY AUDITOR
JUN 20 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	10	00
80% Sales of Lots	100 77184	40	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	50	00

AC-212 (Rev. 8-85)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-18 19 84

CHARGE S.D. Public Guardian

ADDRESS 5201-A Ruffin Rd. (SD 92123

NAME OF DECEASED Maude C. Mauer

OWNER

ADDRESS

MORTUARY Conrad (Gary)

LOT 8 GR 8 ROW SEC 17 BLK DIV 7

OPENING/ CLOSING TIME 11:00 DAY DATE FRI 9-21-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Pre-need

WO D-6467

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 Long

W.O. NO. E 4548

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/18 19 84

CHARGE Thomas Lee Howell, Jr - Son

ADDRESS 192 Welling Way (SD 92114 #263-3598

NAME OF DECEASED Thomas Lee Howell

OWNER

ADDRESS

MORTUARY Anderson / Ragsdale

LOT 2171 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME -Church- 11AM DAY DATE Thurs 9-20-84	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 31958	1084	70
BALANCE	-0-	

Res. 2170 Div 10

PAID
SEP 18 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 (X) Kay Howell (wife) same address ORDER TAKEN BY Sutton
PHONE BY

W.O. NO. E 4549 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31958

DATE 9-18 19 84

FROM KAY Howell ADDRESS 192 Welling Way (SO 92114

ONE THOUSAND EIGHTY Four Dollars * 72/100 DOLLARS ($ 1084.72)

IN Full PAYMENT OF THOMAS Lee Howell SERVICES

LOT 2171 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO. Check

W.O. E-4549

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-512 (REV. 5-81)

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

SEP 20 1984

ISSUED BY Sutton

CREDIT 88% SALES CARE	67007 77184	99	00
88% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	72
TOTAL PAID $		1084	72

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-19 19 84

CHARGE Dennis W. Joslin - Son

ADDRESS 1010 New Penn St. Vineland, NJ 08360

NAME OF DECEASED Margaret M. Lawrence

OWNER

ADDRESS

MORTUARY Menkley - Mitchell (Phil)

LOT 4077 GR ROW SEC BLK DIV 10

OPENING/ CLOSING TIME - Here - 10 AM DAY Mon DATE 9-24-84

VAULT LINER W.T.S. SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

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

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Sutton

W.O. NO. E 4550

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/19 19 84

CHARGE Jim Stalsinburg

ADDRESS 7651 MACAW LN. (SO 92123

NAME OF DECEASED Virginia M. Morgan

OWNER

ADDRESS

MORTUARY FEATHERING'ILL

(X-Deep)

LOT 271 GR 1 ROW SEC 2 ~~BLK~~ DIV 12	742	50
OPENING/CLOSING TIME -HERE- 10 AM DAY DATE THURS 9-20-84		
VAULT/LINER SIZE	3 58	21 55
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	834	26
PAID RECEIPT NUMBER 31962	834	26
BALANCE	0	

PAID
SEP 19 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 Sutton

W.O. NO. E 4551

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31962

DATE 9/19 1984

FROM Jim Stalsonburg ADDRESS 7651 Macaw Ln. (SD 92123)

Eight Hundred Thirty Four Dollars & 26/100 DOLLARS ($ 834.26)

IN Full PAYMENT OF Virginia M. Morgan Services

LOT 271 GRAVE 1 1(X - Deep) ROW SECTION 2 DIVISION ~~BLOCK~~ 12

INVOICE NO. Check

W.O. E-4551

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
SEP 24 1984

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	594	00
40% SALES OF LOTS	100 77184	148	50
OPENINGS	100 77181	—	
BOXES	100 77182	53	55
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	3	71
TOTAL PAID $		834	26

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/20 19 84

CHARGE Pre-Need (self)

ADDRESS

NAME OF DECEASED Jessie M. Mc MAHON

OWNER

ADDRESS

MORTUARY Lewis - Colonial (STAN)

LOT 51 GR ROW 7 SEC 6 ~~BLK~~ DIV 5	—	
OPENING/CLOSING TIME -Chapel- 11AM DAY DATE Fri 9-21-84	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER		
BALANCE		

* Bill Mortuary *

Need help

Set-up on Slab South of office

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 Sutton

W.O. NO. E 4552

INVOICE NO. 025104 ~~025~~ 011169

PY-593 (4-82)

7

025104 09/25/84 011169	LEWIS COLONIAL-BENBOUGH			10/18/84 CK . 069418		589.70	589.70	0.00
	100	072	77181	000072		295.00		PAID IN FULL
E-4552	100	072	77182	000072		245.00		
	100	072	77183	000072		35.00		
	60101		9020			14.70		

E 4552

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-20 19 84

CHARGE CASSANDRA TURNER - MOTHER

ADDRESS 4077 MARCWADE DR. CSD 92154

NAME OF DECEASED MARIAN V. Claiborne

OWNER AKA MARIAN V. THOMAS

ADDRESS

MORTUARY Ragsdale (Norvella)

LOT 2 GR 10 ROW SEC 2 ~~BLK~~ DIV 12	~	
OPENING/ CLOSING TIME -chapel- 2PM DAY FRIDAY DATE 9-21-84	295	00
VAULT/LINER Bell SIZE	14 / 245	70 / 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 31967	589	70
BALANCE	Ø	

CK w/service

TALKED to Ms Turner 9/20/84 - she INDICATED which GRAVE SHE WANTED Ms. Claiborne INTERRED IN.

PAID
SEP 21 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 Sutton

W.O. NO. E 4553

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31967

Anderson-Rosedale

DATE 9/21 19 54

FROM ~~Marion Claiborne~~ ADDRESS 5050 Federal Blvd (SD 92102

Five Hundred Eighty Nine Dollars & 70/100 DOLLARS ($ 589 70)

IN Full PAYMENT OF Marion Claiborne Sears

LOT 2 GRAVE 10 ROW SECTION 2 DIVISION 12 BLOCK

INVOICE NO. Check

W.O. E-4553

2685

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-61)

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

CITY AUDITOR
SEP 26 1954

ISSUED BY

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 5020	14	70
TOTAL PAID $		589	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-20 19 84

CHARGE Pre-Need (self)

ADDRESS

NAME OF DECEASED Anna L. Riley

OWNER

ADDRESS

MORTUARY Merkley-Mitchell (Phil)

LOT GR 39 ROW 5 SEC 8 BLK DIV 7

OPENING/CLOSING TIME -CHURCH- 10:00 DAY DATE TUES. 9-25-84

VAULT/LINER (Bell) SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Pre-need
Deed #2475

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 B. Lang

W.O. NO. E 4554

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-20 19 84

CHARGE Essie Smart - Friend

ADDRESS 612 Jewel Dr. (SD 92113

NAME OF DECEASED Theodore Smart

OWNER

ADDRESS

MORTUARY Anderson/Rage (Novella)

LOT 103 GR 10 ROW SEC 1 BLK DIV 12	250	00
OPENING/CLOSING TIME - CHURCH - 10:00 DAY DATE Fri 9-21-84	295	00
VAULT/LINER Bell SIZE 14	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 31508	939	70
BALANCE	0	

Bill Estate

PAID

SEP 21 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 Lang

W.O. NO. E 4555

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31968

DATE 9-21 19 84

FROM ~~[illegible]~~ Anderson/Ragsdale ADDRESS 5050 Federal Blvd (SD 92102

Nine Hundred Thirty Nine Dollars 70/100 DOLLARS ($ 939.70)

IN Full PAYMENT OF Theodore Smart Servs.

LOT 103 GRAVE 10 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-4555

UNPAID BALANCE AFTER THIS PAYMENT ∅

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

CITY AUDITOR
SEP 26 1984

ISSUED BY Auditor

CREDIT 30% SALES CARE	67007 77184	70	00
50% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	245	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/20 19 84

CHARGE Juan Rosete 281-5393

ADDRESS 3210 Chamoune Ave (SD 92105

NAME OF DECEASED Tony Rosere

OWNER

ADDRESS

MORTUARY Goodbody (Mario)

LOT 1515 GR ROW SEC DIV 10	495	00
OPENING/CLOSING TIME —Chapel— 10:30 DAY —SAT— DATE 9-22-84	295	00
VAULT/LINER Bell SIZE	24 5	70 00
REC. FEE/REMOVAL/FOUNDATION + OVERTIME	400	00
TOTAL	1449	70
PAID RECEIPT NUMBER 31963	1449	70
BALANCE	-0-	

PAID
SEP 20 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 4556

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31963

DATE 9-20 19 84

FROM JUAN ROSETE ADDRESS 3210 CHAMOUNE AVE (SD 92105

ONE THOUSAND FOUR HUNDRED FORTY NINE DOLLARS & 72/100 DOLLARS ($ 1449.72)

IN FULL PAYMENT OF TONY ROSETE SERVICES

LOT 1518 GRAVE 1 ROW SECTION DIVISION 13 BLOCK

INVOICE NO.

W.O. E-V556

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
SEP 24 1984

ISSUED BY Sutton

CREDIT 20% SALES CARE	52002 77184	99	00
80% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	255	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	400	00
SALES TAX	60101 5020	14	72
TOTAL PAID $		1449	72

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-20 19 84

CHARGE Pinkie Ealy

ADDRESS 711 So-30th St SD 92113

NAME OF DECEASED Charlie Ealy

OWNER

ADDRESS

MORTUARY Anderson/Rapp

LOT 146 GR 11 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME -Chapel- 11 Am DAY DATE Wed 9-26-84	295	00
VAULT/LINER Bell SIZE	245	75 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 31964	934	70
BALANCE	150	00

VA

Setup @ Monument

Bronze Marker

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

AUTHORIZED IN PERSON PHONE BY Pinkie Ealy ORDER TAKEN BY Lang

W.O. NO. E 4557 INVOICE NO. 086053 011456

PY-593 (4-82)

E-4551

026053 10/31/84 011456 PINKIE EALY
E-4551 100 072
67007

77184 000072 11/05/84 CK 34417961
77184

150.00
130.00
20.00

150.00 0.00
PAID IN FULL

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31964

DATE 09-20 19 84

FROM Pinkie Caley ADDRESS 711 So. 30th St. SD Ca 92113

Nine hundred thirty four and 70/100 - DOLLARS ($ 934.70)

IN part PAYMENT OF Charlie Caley services

LOT 146 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Cash

W.O. B-4557

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

CITY AUDITOR
SEP 24 1984

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	69	00
25% SALES OF LOTS	100 77184	276	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		934	70

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/20 19 84

CHARGE Georgette Manselian - Wife

ADDRESS 8596 Lerus Rd. (SD 92126

NAME OF DECEASED Rev. Minas Manselian

OWNER

ADDRESS

MORTUARY Logans

LOT 4066 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME -church- 11AM DAY MON DATE 9-24-84	295	00
VAULT/LINER Bell SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 31970	1084	70
BALANCE	-0-	

PAID
SEP 21 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 4558

INVOICE NO.

PY-593 (4-62)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31970

DATE 9/21 19 84

FROM Seto A Marselian ADDRESS P.O. Box 26511 (SD 92126

One Thousand Eighty Four Dollars 70/100 DOLLARS ($ 1084 70)

IN Full PAYMENT OF Rev Minas Marselian Services

LOT 4066 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. check

W.O. E - 4558

UNPAID BALANCE AFTER THIS PAYMENT 8

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

CITY AUDITOR
SEP 26 1984

ISSUED BY [signature]

CREDIT 30% SALES CARE	67007 77184	99	00
30% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	31	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1084	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/21 19 84

CHARGE Melvenine Harrison Sis

ADDRESS 2532 'K' St. (SD 92102 #235-6194

NAME OF DECEASED ARLETHA JACKSON

OWNER

ADDRESS

MORTUARY ANDERSON / RACSDALE

LOT 2768 GR ROW SEC ~~BLK~~ DIV 10	~	
OPENING/CLOSING TIME -church- 11AM DAY THURS DATE 9-27-84	295	00
VAULT/LINER Bell SIZE	245 IN	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 31972	589	70
BALANCE	0	

Ms. HARRISON Will be MON or Tues to take care of CHANGES

PAID
SEP 24 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 Sutton

W.O. NO. E 4559

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31972

DATE 9/24 19 84

FROM Melvenine Harrison ADDRESS 2532 K St. (SD 92102

Five Hundred Eighty Nine Dollars 70/100 DOLLARS ($ 589 70)

IN Full PAYMENT OF Interment Services

LOT 2768 GRAVE ROW SECTION DIVISION 13 BLOCK

INVOICE NO.

W.O. E-4559

UNPAID BALANCE AFTER THIS PAYMENT

AC-212 (REV. 4-81)

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

CITY AUDITOR
SEP 26 1984

ISSUED BY

CREDIT 35% SALES CARE	67007 77184		
35% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-21 19 84

CHARGE Gloria Jefferson

ADDRESS 5144 Palin St SD 92114

NAME OF DECEASED Beatrice Jefferson

OWNER

ADDRESS

MORTUARY Anderson/Ragsdale

LOT 145 GR 7 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME -Chapel- 11AM DAY DATE TUES 9-25-84	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 31969	939	70
BALANCE	~~0~~	

PAID
SEP 21 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 Lang

W.O. NO. E 4560

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31969

DATE 09-21 1984

FROM Gloria Jefferson ADDRESS 5144 Palin St. Sd Ca 92114

Nine hundred thirty nine and 74/100 DOLLARS ($ 939.00)

IN full PAYMENT OF Beatrice Jefferson service

LOT 145 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-4560

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 26 1984

ISSUED BY Bizang

CREDIT 20% SALES CARE	67007 77184	70	00
80% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-22 19 84

CHARGE Juan Rosete

ADDRESS 3210 Chamoune Ave SD 92105

NAME OF DECEASED Tony Rosete

OWNER

ADDRESS

MORTUARY Goodbody (maris)

LOT 1515 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME DAY DATE 9-22-84		
VAULT/LINER SIZE	85	10 00
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	90	10
PAID RECEIPT NUMBER 31977	90	10
BALANCE	0	

Additional charge for vault - see E-4556

PAID
SEP 24 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 Juan V Rosete ORDER TAKEN BY Lang

W.O. NO. E 4561 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31973

DATE 9/24 19 84

FROM JUAN ROSETE ADDRESS 3210 CAMOUNE AVE SD 92105

NINETY DOLLARS AND 10/100 DOLLARS ($ 90.10)

IN Full PAYMENT OF TONY ROSETE - ADDITIONAL CLARGE

FOR VAULT INSTEAD OF LINER

LOT 1515 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO.

W.O. F-4661

UNPAID BALANCE AFTER THIS PAYMENT D

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

CITY AUDITOR
SEP 26 1984

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	85 00
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	5 10
TOTAL PAID $		90 10

AC-211 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/24 19 84

CHARGE Eugene H. Stevens Jr — Son

ADDRESS 650 Rancho Santa Fe Rd (San Marcos, 92069

NAME OF DECEASED Elizabeth Stevens

OWNER 727-4644

ADDRESS

MORTUARY Greenwood (Sharon)

LOT 185 GR ROW SEC 5 ~~BLK~~ DIV 8	—	
OPENING/CLOSING TIME -Chapel- 10AM DAY DATE Wed 9-26-84	295	00
VAULT/LINER Bell SIZE	14 245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 31971	589	70
BALANCE	ø	

PAID
SEP 24 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 Sutton

W.O. NO. E 4562

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31971

DATE 9/24 19 84

FROM Eugene Stevens ADDRESS 650 Rancho Santa Fe Rd. (San Marcos 92069)

Five Hundred Eighty Nine Dollars 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Elizabeth Stevens Sends.

LOT 185 GRAVE ROW SECTION 5 DIVISION BLOCK 8

INVOICE NO. check

W.O. E - 456L

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 26 1984

ISSUED BY Sutton

CREDIT 30% SALES CARD	67007 77194		
30% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/24 19 84

CHARGE Pre-Need (self)

ADDRESS

NAME OF DECEASED Louisa P. Hayes

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 111 GR 1 ROW SEC 14 ~~BLK~~ DIV 7

OPENING/ CLOSING TIME 2:30-3PM Here DAY DATE TUES 9-25-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

P.N. OPENING & LINER ON D-8675

RAGSDALE TO PROVIDE COPY OF WILL INDICATING OWNERSHIP.

* MEMORIAL SERVICE ON WED — FAMILY TO WITNESS BURIAL TODAY FROM 2:30 — 3PM *

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 Norvella

ORDER TAKEN BY Sutton

W.O. NO. E 4563

INVOICE NO.

PV-593 (4-82)

E-4563

MONTGOMERY, MADDOX & RITCHEY
Attorneys at Law
2878 Imperial Avenue
San Diego, California
239-9475

MICROFILMED

WILL

OF

BRAMAN H. HEASTIE

I, BRAMAN H. HEASTIE, residing in the City and County of San Diego, State of California, being of sound and disposing mind and memory and not acting under duress, menace, fraud, or undue influence of any person whomsoever, do make this my Will, revoking any and all Wills and Codicils by me heretofore made.

FIRST: It is my desire that my executor pay all of my just debts and funeral expenses as soon after my death as possible.

SECOND: I hereby give and bequeath the following described property to the hereinafter named persons:

TO: LOUISA HAYES, my real property and all the furnishings located at 5335 Trinidad Way, in San Diego, and my automobile, a 1958 Ford.

THIRD: All of my remaining property, either real, personal or mixed, of whatever kind or character and wheresoever situated, of which I die possessed, or to which I may be entitled, or over which I may at the time of my death have the power of appointment, I hereby give and bequeath to the following described persons:

TO: My sisters, JESSIE, EMMA and HILDA, and my brother, RUBEN, to share and share alike.

FOURTH: In the event that any of my sisters or brother, mentioned above, should predecease me, then his or her share shall be distributed to LOUISA HAYES.

FIFTH: I have intentionally omitted making provisions for all

MONTGOMERY AND MADDOX
ATTORNEYS AT LAW
2878 IMPERIAL AVENUE
SAN DIEGO, CALIFORNIA
239-9475

E-4563

MICROFILMED

of my heirs who are not specifically mentioned herein and I hereby generally and specifically disinherit each, any and all persons whomsoever claiming to be or who may lawfully be determined to be my heirs at law, except such as are mentioned in this Will.

SIXTH: I hereby nominate and appoint BERT RITCHEY as executor of my Will, to serve without bond.

IN WITNESS WHEREOF, I have hereunto set my hand this 19th day of July, 1964, at San Diego, California.

Braman H. Heastie

The foregoing instrument, consisting of two pages, including the page signed by the testator, was on the date hereof, by the said BRAMAN H. HEASTIE, signed, subscribed, published and declared to be his Last Will in the presence of us, and each of us, who at his request and in his presence and in the presence of each other, have signed the same as witnesses thereto.

Ruth J. Griffin
Address 6332 Manzanares
San Diego, Calif

ADMITTED TO
Will _____ Probate
Date SEP 8 1964
Judge GEORGE A. LAZAR
Gerald Hartley
Clerk

Address Bert Ritchey
2620 Blackton St San Diego Calif

77719

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/24 19 84

CHARGE Lee Allen Carey - Son

ADDRESS 340 Ann's Way (Vista, CA 92083) 941-7006

NAME OF DECEASED Beth Ann Windson (R)

OWNER

ADDRESS

MORTUARY Greenwood (Sharon)

LOT 2869 GR ROW SEC ~~BLK~~ DIV 10	~	
OPENING/CLOSING TIME AM (Inter on Delivery) DAY DATE 9-28-84 (Friday)	95	00
VAULT/LINER Ash SIZE	95	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 31974	225	40
BALANCE	0	

PAID
SEP 24 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ctr. of Grave

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 Lee Allen Carey ORDER TAKEN BY Sutton

W.O. NO. E 4564 INVOICE NO.

PY-593 (4-82)

E-4564

MOUNT HOPE CEMETERY

9/24 19 84

The undersigned hereby requests and authorizes the interment of the ~~remains~~ CREMAINS of

Beth Ann Windsor in Lot 2865 Gr ____ Row ____ Sec. ____

~~Block~~

Division 10 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.

(X) Lee Allen Carey

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

Mansfield, Mary A
sister to Windsor

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31974

DATE 9/24 1984

FROM Clara Glass ADDRESS 340 Ann's Way (Vista CA 92083

Two Hundred Twenty Five Dollars 40/100 DOLLARS ($ 225.40)

IN Full PAYMENT OF Beth Ann Windsor Servs

LOT 2869 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO.

W.O. E - 4564

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
SEP 26 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184		
20% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	5	40
TOTAL PAID $		225	40

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-25 19 84

CHARGE John Henry

ADDRESS 3044 "B" St S.D. Ca 92102

NAME OF DECEASED Dena Shantia Henry

OWNER

ADDRESS

MORTUARY Berge-Roberts (Lucy)

LOT GR ROW SEC 2 ~~BLK~~ DIV 9	100	00
OPENING/CLOSING TIME -CHAPEL- 1:00 DAY DATE Thurs 9-27-84	195	00
VAULT/LINER 1X SIZE 4' SITE	130	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	467	00
PAID RECEIPT NUMBER		
BALANCE		

Casket
41" long
18½" wide
16" high

9/26/84
12:30 P.M.
per Alec
@ Berge/Roberts

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 4565

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/25 19 84

CHARGE JANET GRIFFITHS - DAU.

ADDRESS

NAME OF DECEASED RICHARD G. GRIFFITHS (X)

OWNER

ADDRESS

MORTUARY

(OBL ASH PLOT)

LOT 1596 GR ROW SEC 1 ~~BLK~~ DIV 8	—	
OPENING/CLOSING TIME AM DAY DATE WED 9/25/84 - INTERMENT ON DELIVERY -	95	00
VAULT/LINER — SIZE —		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	130	00
PAID RECEIPT NUMBER		
BALANCE		

*KATHRYN G. SMITH - DAU. / EXECUTRIX

124 BELVOIR RD.

GREAT MILLS, MARYLAND 20634

301) 863-5453

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

AUTHORIZED
IN PERSON
PHONE BY (X) Janet C. Griffiths ORDER TAKEN BY Sutton

W.O. NO. E 4566 - -

INVOICE NO. 026052
011455

PY-593 (4-82)

E-4566

Certificate of Cremation

Waldorf, Maryland September 21, 1984

Huntt Crematory

hereby certifies that the body of Richard G. Griffiths

was Cremated on the 21th *day of* September, *and*

that the Cremains are in Container Number 44.

The burial permit, pre-requisite to the Cremation of said body accompanied the same,

and it shows September 18, 1984 *as the date of death of the decedent at*

the age of 70 *years.*

Huntt Crematory

Harold Dean Rofsinger

THIS CERTIFICATE SHOULD ACCOMPANY THESE REMAINS TO THEIR DESTINATION

026052	10/31/84	011455	KATHRYN G. SMITH - EXECUTRIX			11/05/84	CK	110		
E-4566			100	072	77181	000072			130.00	
			100	072	77183	000072			95.00	
									35.00	
										130.00
										0.00
										PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-25 19 84

CHARGE Almaleene Ritchey

ADDRESS 320 Hoitt St. SD 92102

NAME OF DECEASED Carl A. Ritchey

OWNER

ADDRESS

MORTUARY Merkley Mitchell

LOT 1688 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME 11:00 - CHAPEL - DAY DATE Thurs. 9-27-84	295	00
	19	80
VAULT/LINER W.T.S SIZE	330	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1174	80
PAID RECEIPT NUMBER 31980	1174	80
BALANCE	-0-	

- 30 day note -

PAID
OCT 1 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 Almaleene Ritchey ORDER TAKEN BY Lang

W.O. NO.: E 4567 INVOICE NO.

PY-593 (4-82)

Number E-4567

Dated 09-25-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 1174.80 .

Name Almaleene Ritchey

Address 320 Hoitt St. S.D. Ca. 92102

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Almaleene Ritchey	(PROPERTY OWNED BY YOU)	320 North St S.D.C.
NAME		ADDRESS

239-6315

FORM PW-1573 (REV. 9-67)

026047 10/31/84 000952	COUNTY OF SAN DIEGO				02/05/85 CK E-4568		939.70	939.70	0.00
	100	072	77181	000 072			295.00		PAID IN FULL
	100	072	77182	000 072			245.00		
	100	072	77183	000 072			35.00		
	100	072	77184	000 072			280.00		
	60101		9020				14.70		
	67007		77184				70.00		

E-4568

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31980

2836

DATE 10-01 1984

FROM Almalea Ritchey ADDRESS 320 Hoitt St S.D. Ca 92102

One thousand one hundred seventy-four and 00/100 DOLLARS ($ 1174.80)

IN full PAYMENT OF Carl D. Ritchey services

LOT 1688 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. check/cash

W.O. E-4567

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
OCT 03 1984

ISSUED BY B. Lang

CREDIT 30% SALES CARE	67007 77184	99	00
30% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	295	00
BOXES	100 77182	331	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	19	80
TOTAL PAID $		1174	80

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-25 19 84

CHARGE SD County PA (Bitner)

ADDRESS 5201-A Ruffin Rd (SD 92123

NAME OF DECEASED Jack Dunlan

OWNER

ADDRESS

MORTUARY Menkley-Mitchell

LOT 163 GR 8 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/CLOSING TIME -del. only- 2pm DAY Fri DATE 9-29-84	295	00
VAULT/(LINER) Bell SIZE	245	70 00
(REC. FEE)/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER		
BALANCE		

We Bill PA per Dick Mitchell

* Delivery Only, No Service

Creditors Claim Sent 1-14-85

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 Dick Mitchell ORDER TAKEN BY Sutton

W.O. NO. E 4568 INVOICE NO. 026047
000952

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/26 19 84

CHARGE Pearl M. Stevens - Wife

ADDRESS 3667 Tennyson St. (SD 92106

NAME OF DECEASED Clarence L. Stevens

OWNER

ADDRESS

MORTUARY Humphrey (cv)

LOT 4164 GR ROW SEC ~~BLK~~ DIV 10

OPENING/CLOSING TIME 10:30AM DAY Friday DATE 9-28-84 — Del. only —

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

	~
295	00
245 14	70 00
35	00
TOTAL 589	70
589	70
BALANCE ~~0~~	

PAID RECEIPT NUMBER 31977

PN on D-2246

PAID
SEP 28 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 Sutton

W.O. NO. E 4569

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31977

2836 DATE 09-28 19 84

FROM Earl M. Stevens ADDRESS 3667 Jennings St S.D. Ca 92106

five hundred eighty nine and 7/100 —— DOLLARS ($ 589.07)

IN full PAYMENT OF Clarence Leland Stevens Services

LOT 4164 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO. check

W.O. E-4569

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 03 1984

ISSUED BY E. Tang

CREDIT	67007	
25% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	395 00
BOXES	100 77182	145 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 5020	14 90
TOTAL PAID $		589 90

AC-313 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32568

DATE 6-4 19 85

FROM Pearl M. Stevens ADDRESS 3667 Tennyson St. Sala 92106

Ten hundred twenty five and no/100 DOLLARS ($ 1025)

IN full PAYMENT OF Marker installation for Clarence S. Stevens

LOT 4164 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. check

W.O. E-4569

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JUN 10 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	125
SALES TAX	60101 9020	
TOTAL PAID $		125

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/26 19 84

CHARGE Barbara Boerner - Dau.

ADDRESS 9528 Riverview Ave. (Lakeside 92040 #561-6506

NAME OF DECEASED Harry M. Sechrist

OWNER

ADDRESS

MORTUARY El Cajon Mortuary (Steve)

LOT 1374 GR ROW SEC BEK DIV 10	~	
OPENING/CLOSING TIME -Del. only- 10 AM DAY MON DATE 10-1-84	295	00
VAULT/LINER 13c11 SIZE 14	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 31978	589	70
BALANCE	Ø	

PAID
SEP 28 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 Barbara R Boerner ORDER TAKEN BY Sutton

W.O. NO. E 4570 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31978

2836

DATE 9/28 19 84

FROM Barbara Boexner ADDRESS 9528 Riverview Ave. Cerkeside 92010

Five Hundred Eighty Nine Dollars & 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Harry M Sechrist Servs.

LOT 1374 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

W.O. E-4570

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
OCT 03 1984

ISSUED BY [signature]

CREDIT 35% SALES CARE	67007 77184		
35% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-28 19 84

CHARGE Valbong Kittelson - Wife

ADDRESS 1174 E. Main St. / #64 (E C, CA 92021

NAME OF DECEASED Ben Kittelson (X)

OWNER

ADDRESS

MORTUARY Conrad's (Gary)

LOT 817 GR ROW SEC 3 ~~BLK~~ DIV 8	~	
OPENING/CLOSING TIME AM DAY DATE FRI 10-4-84	95	00
(VAULT)/LINER ASH SIZE	90	40 00
(REC. FEE)/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 31991	225	40
BALANCE	0	

Center of Grave

No Serv. - Direct Burial

Check w/Service

PAID

OCT 04 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) Gary

ORDER TAKEN BY Sutton

W.O. NO. E 4571

INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

E-4571

_____ 19____

The undersigned hereby requests and authorizes the interment of the remains of BEN E. KITTELSON in Lot 817 Gr. ____ Row ____ Sec. 3 Block Division 8 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.

/ Valborg E. Kittelson --WIFE 1174 E. Main Street/Space #64

El Cajon, CA 92021

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31991

DATE 10/4 19 84

FROM Valborg Kittelson ADDRESS 1174 E Main St 64 / EC 92021

Two Hundred Twenty Five Dollars & 40/100 DOLLARS ($ 225.40)

IN Full PAYMENT OF Ben Kittelson Senr.

LOT 817 GRAVE ROW SECTION 3 DIVISION BLOCK 8

INVOICE NO. Check

W.O. E-4571

UNPAID BALANCE AFTER THIS PAYMENT 0

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

PAID AUDITOR OCT 8 1984

ISSUED BY Smith

CREDIT	67007		
35% SALES CARE	77184		
65% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	5	40
TOTAL PAID $		225	40

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/10/28 19 84

CHARGE Marie Stanfill - Dau.

ADDRESS 12 63rd Ave (CV 92011 #426-6401

NAME OF DECEASED Bessie R. Stanfill

OWNER

ADDRESS

MORTUARY Humphrey (CV - Brawley)

LOT 43 GR 11 ROW SEC 3 ~~BLK~~ DIV 12		400	00
OPENING/ CLOSING TIME - Here - 11AM DAY DATE Tues 10-2-84		295	00
VAULT/LINER Bell SIZE		14 245	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	989	70
PAID RECEIPT NUMBER	31981	989	70
	BALANCE	0	

PAID
OCT 01 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 Marie Stanfill

ORDER TAKEN BY Sutton

W.O. NO. E 4572

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31981

2836

DATE 10-11 19 84

FROM Hazel M Stanfield ADDRESS 1560-3rd Ave Chula Vista 92011

Nine hundred Eighty-nine and 7/100 DOLLARS ($ 989.72)

IN full PAYMENT OF Jessie R. Stanfield Graves

LOT 43 GRAVE 11 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. F-4672

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
OCT 03 1984

ISSUED BY C. Sanz

CREDIT 35% SALES CARE	67007 77184	90 00
35% SALES OF LOTS	100 77184	315 00
OPENINGS	100 77181	385 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	19 72
TOTAL PAID $		989 72

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/1 1984

CHARGE Eleanor Simpson - Sis

ADDRESS 3705 North Way Oceanside, CA 92056 724-3369

NAME OF DECEASED Miles D. Iverson (X)

OWNER

ADDRESS

MORTUARY Goodbody

LOT 4319 GR ROW SEC ~~BLK~~ DIV 10	~	
OPENING/ CLOSING TIME AM DAY DATE -Inter on Delivery- Monday 10-8-84	95	00
VAULT/LINER Ash SIZE	90 5	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 31985	225	40
BALANCE	Ø	

Per phone call - this date - Ms. Simpson - wants to use empty lot - she will mail check -

Inter on Delivery

Center of Grave

PAID
OCT 02 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 Ms. Simpson

ORDER TAKEN BY Sutton

W.O. NO. E 4573

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31985

DATE 10-2 19 84

FROM Eleanor Simpson ADDRESS 3705 North Way Oceanside 92056

Two Hundred Twenty Five Dollars & 42/100 DOLLARS ($ 225.42)

IN Full PAYMENT OF Miles D. Ivenson Servs

LOT 4319 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4577

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-213 (REV. 8-81)

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

PAID CITY AUDITOR OCT 8 1984

ISSUED BY Sudor

CREDIT 35% SALES CASH	67007 77184		
65% SALES OF LOTS	100 77184		
OPENINGS	100 77181	90	00
BOXES	100 77182	95	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	5	42
TOTAL PAID $		225	42

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32538

DATE 5-26 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 15.75)

IN full PAYMENT OF [illegible]

LOT 4319 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4573

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
MAY 31 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	15
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-1 1984

CHARGE Executor Kernel Edward G. Grier Jr

ADDRESS Healthcare CDEC Fort Ord, Ca 93941

NAME OF DECEASED Kay M. Lake

OWNER

ADDRESS

MORTUARY Lewis Colonial

(DIP)

LOT 92 GR 8 ROW SEC 1 ~~BLK~~ DIV 11	—	
OPENING/ CLOSING TIME -chapel- 9:30 AM DAY DATE Wed. 10-3-84	295	00
VAULT/LINER Bell SIZE	14 / 245	70 / 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER		
BALANCE		

1st Burial 9-17-76 Send bill

Pre-need on D-7368 to atty-

address on back

(Need pall bearer help)

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 Lang

W.O. NO. E 4574

INVOICE NO. 026054

011457

PY-593 (4-82)

Cred Claim + Inv.

↓

Michael R. Avery

4021 Everts St

SD 92109

483-2030

234 3678

E-45M

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/24/85

DATE: 01/24/85
TIME: 223322
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026054	10/31/84	011457	MICHAEL R. AVERY					01/16/85	CK	E-4574	589.70	589.70	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			60101			9020					14.70		

E-4574

E-4574

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
Michael R. Avery 4021 Everts St. San Diego, CA 92109		FILED FOR APPROVAL (DATE) (DEPUTY)
ATTORNEY FOR: Kay M. Lake Estate		DUPLICATE MAILED (DATE) (DEPUTY)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
ESTATE OF: Kay M. Lake DECEDENT		PRESENTED TO COURT FOR APPROVAL (DATE) (DEPUTY)
CREDITOR'S CLAIM*		CASE NUMBER

THIS CLAIM MUST BE PRESENTED TO THE PERSONAL REPRESENTATIVE OR FILED IN THE OFFICE OF THE CLERK OF THE COURT IN DUPLICATE WITHIN FOUR MONTHS AFTER THE DATE OF FIRST ISSUANCE OF LETTERS OR AS PROVIDED IN PROBATE CODE 700.

DECLARATION OF CLAIMANT

1. Total amount of the claim is: $ 589.70

2. Claimant (Name) City of San Diego, Mt. Hope Cemetery
   a. ☒ An individual.
   b. ☐ An individual doing business under the fictitious name of:
   c. ☐ A partnership.
   d. ☐ A corporation.

3. The claimant's address is: 3751 Market St., San Diego, CA 92102

4. I am authorized to make the claim which is justly due or may become due. To my knowledge there are no offsets or payments which have not been credited. I certify (declare) under penalty of perjury that this creditor's claim, including any attachments, is true and correct and that this declaration is executed on (Date): Dec. 4, 1984 at San Diego, California.

5. Barbara L. Lang, Acting Cemetery Manager ....
   (TYPE NAME AND TITLE) (SIGNATURE)

(ITEMS 6 – 8 TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE)

6. a. Date of first issuance of letters: b. Date of death:

7. This claim was presented on (Date):

8. Claim is ☐ allowed for: $ ☐ Rejected for: $

9. Estimated value of estate:

....
(TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE) (SIGNATURE OF PERSONAL REPRESENTATIVE)

10. ☐ Approved for: $ ☐ Rejected for: $

Dated: ....
(Signature of ☐ Judge ☐ Commissioner)

11. Total number of pages attached .....

(Continued on Reverse Side)

* See reverse side for instructions before completing. The declaration must be signed in California (CCP 2015.5); affidavit required when signed outside California. No attachment permitted less than on a full page (California Rule of Court 201 (b)).

Form Approved by the Judicial Council of California
Rev. Eff. January 1, 1980
Form PR-17 Co. Clk. (1-77)

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered, or the debt incurred. The item or service should be described in detail, and the amount claimed for each item indicated. If any debt was incurred after the date of death, except funeral claims, it must not be included as an item on this claim form.

If the claim is based upon a note or other written instrument, a copy of such note or instrument must be attached. If secured by mortgage, deed of trust or other lien on property that is of record, it is sufficient to state the date, book and page and county where recorded.

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
10/3/1984		
	Kay M. Lake Services	
	Lot 92, Gr. 8, Sec 1, Divn. 11	
	Opening/Closing	$ 295.00
	Concrete Bell Liner	245.00
	Tax on Liner	14.70
	Recording Fee	35.00
	Total Due	$ 589.70
	Invoice #026054 - 10/31/84 to Michael R. Avery	
	TOTAL	$ 589.70

CREDITOR'S CLAIM

PR-17 (8-80)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-1 19 84

CHARGE Mildred Ruth - Sister

ADDRESS 9725 Murray Dr (Lm 92041 #442-8186

NAME OF DECEASED Hazel G. Van Natta

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 514 GR ROW SEC 5 ~~BLK~~ DIV 8		
OPENING/CLOSING TIME -chapel- 10 AM DAY THURS DATE 10-4-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 31983	589	70
BALANCE	0	

Pre Need - B-4516

(Needs assistance)

PAID

OCT 02 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 Mildred Ruth ORDER TAKEN BY Lang

W.O. NO. E 4575 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31983

2960

DATE 10/2 19 84

FROM Mildred Ruth ADDRESS 9725 Murray Dr. Cuyamaca Woods

Five Hundred Eighty Nine Dollars & 72/100 DOLLARS ($ 589.72)

IN Full PAYMENT OF Hazel Van Natta Sears.

LOT 514 GRAVE ROW SECTION 5 DIVISION BLOCK H

INVOICE NO. check

W.O. E-4575

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
OCT 8 1984

ISSUED BY Sutton

CREDIT	67007		
20% SALES CARE	77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	275	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	72
TOTAL PAID $		589	72

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-1 19 84

CHARGE EDGAR DICKENSON - Hrs

ADDRESS 3557 FAIRMOUNT AVE. (SD 92105

NAME OF DECEASED (Lucille Dickenson)

OWNER

ADDRESS

MORTUARY Rogers

LOT 19 GR 4 ROW SEC 100F BLK DIV T

OPENING/ CLOSING TIME — CHAPEL — 11:00 DAY DATE TUES. 10-2-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Prenced - B9208

Services E-937

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 Lang

W.O. NO. E 4576

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-1 19 84

CHARGE Charles Reed - Son

ADDRESS 4531 'G' St. (SD 92102 #263-2467

NAME OF DECEASED Elizabeth Reed

OWNER

ADDRESS

MORTUARY Ragsdale (H.W.)

LOT 44 GR 9 ROW SEC 2 DIV 12	495	00
OPENING/CLOSING TIME 11AM DAY DATE Wed 10-3-84 — church —	295	00
VAULT/LINER Bell SIZE	24½	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER		
BALANCE		

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

AUTHORIZED IN PERSON / PHONE BY x Charles Reed ORDER TAKEN BY Sutton

W.O. NO. E 4577 INVOICE NO. 026055

011458

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/14/84

DATE: 11/14/84
TIME: 201836
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026055	10/31/84	011458	CHARLES REED					11/09/84	CK	2-137765	1,084.70	1,084.70	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				396.00		
			60101			9020					14.70		
			67007			77184					99.00		

E-45'17

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,084.70

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32644

DATE 7-5 19 15

FROM Jeanette Neabor ADDRESS 2489 Guthrie Way [illegible]
Fifteen and 70/100 DOLLARS ($ 15.70)

IN full PAYMENT OF Flowers [illegible] on Elizabeth Reed

LOT 44 GRAVE 9 ROW SECTION 2 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4577

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	15 [illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		15 [illegible]

AC-212 (REV. 5-61)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/2 19 84

CHARGE Patricia Heathenly

ADDRESS

NAME OF DECEASED Louis A. Rivera (X)

OWNER

ADDRESS

MORTUARY Menkley-Mitchell

LOT 12 GR 1 ROW SEC 3 ~~BLK~~ DIV 5	~	
OPENING/CLOSING TIME -Here- 3:30 PM DAY DATE Wed 10-3-84	95	00
VAULT/LINER Ash SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 31989	225	40
BALANCE	~~0~~	

Center of Grave

PAID
OCT 03 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 Sutton

W.O. NO. E 4578

INVOICE NO.

FY-593 (4-82)

E-4578

MOUNT HOPE CEMETERY

August 3, 19 84

The undersigned hereby requests and authorizes the interment of the remains of Louis Angel Rivera in Lot 12 Gr 1 Row ____ Sec. 3, Div 5 Block Division ____ 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.

Mrs. Viola E. Nance — Wife of James G. Nance

Viola E. Nance
Signature of relative or legal representative

Wife, 5022 Mansfield St, San Diego
Address & relationship to lot owner and/or authority to sign authorization

Ed Leach
Witness

Philip E. Curtis
Witness

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31989

DATE 10/3 19 84

FROM Merkley-Mitchell ADDRESS 3655 5th Ave. (SD 92103

Two Hundred Twenty Five Dollars & 40/100 DOLLARS ($ 225 40)

IN Full PAYMENT OF Louis A. Rivera Servs.

LOT 12 GRAVE 1 ROW SECTION 3 DIVISION 5 BLOCK

INVOICE NO. check

W.O. E-4578

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 4-81)

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

CITY AUDITOR
OCT 8 1984

ISSUED BY Sutton

CREDIT 35% SALES CARE	67007 77184		
35% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60181 9020	5	40
TOTAL PAID $		225	40

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-02 19 84

CHARGE Margaret Bell

ADDRESS 3761 Birch St. SD Ca. 92113

NAME OF DECEASED Frederick J Bell ⊗

OWNER (Call Berge/Riberts

ADDRESS when Entered)

MORTUARY Berge/Riberts

LOT 64 GR ROW SEC 1 DIV 8	—	—
OPENING/CLOSING TIME no service AM DAY DATE THUR 10-11-84	95	00
VAULT/LINER Ash SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 31988	225	40
BALANCE	⊗	

Mrs Gio will mail check

PAID

OCT 03 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 Lang

W.O. NO. E 4579

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31988

DATE 10/3 19 84

FROM Emelie Bell Ghio ADDRESS 4333 Monroe Ave. (SD 92117

Two Hundred Twenty Five Dollars 50/100 DOLLARS ($ 225.50)

IN Full PAYMENT OF Frederick Bell Services

LOT 64 GRAVE ROW SECTION 1 DIVISION 8 BLOCK

INVOICE NO. check

W.O. E-4579

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 8 1984

ISSUED BY Smith

CREDIT 35% SALES CARE	67007 77184	
65% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95 00
BOXES	100 77182	90 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	5 50
TOTAL PAID $		225 50

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-02 19 84

CHARGE Karen Field - 421-9686

ADDRESS 1384 Caliente Loop, CV CA 92010

NAME OF DECEASED Glenwood F. Allen (X)

OWNER

ADDRESS

MORTUARY Greenwood

LOT 70 GR 15 ROW SEC 2 BLK DIV 11		
OPENING/CLOSING TIME 10:30 - GRAVESIDE DAY DATE THURS 10-4-84	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	130	00
PAID RECEIPT NUMBER 31986	130	00
BALANCE	-0-	

(left side)

PAID

OCT 02 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 Lang

W.O. NO. E 4580

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31986

DATE 10-03 1984

FROM Karen A. Field ADDRESS 1384 Calicut Loop, C.V. Ca. 92010

One hundred thirty and no/100 DOLLARS ($ 130.00)

IN full PAYMENT OF Glenwood F. Allen service

LOT 70 GRAVE 15 ROW SECTION 2 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4580

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 8 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	
TOTAL PAID $		130.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-3 19 84

CHARGE Helen Catherine Goodner

ADDRESS 2700-65 E. Valley Pkwy Escon. Ca 92027

NAME OF DECEASED Preneed

OWNER

ADDRESS

MORTUARY

LOT 1738 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
31987 TOTAL	495	00
PAID RECEIPT NUMBER	495	00
BALANCE	0	

PAID
OCT 03 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 Lang

W.O. NO. E 4581

INVOICE NO.

PY-593 (4-82) #11102

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31987

DATE 10-3 1984

FROM Helen C. Goodner ADDRESS 3700-65 E. Valley Pkwy, Escon. 92027

Four hundred ninety five and Nine DOLLARS ($ 495.00)

IN full PAYMENT OF Pre need grave

LOT 1738 GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK 10

INVOICE NO. check

W.O. E-4581

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 8 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99	00
50% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		495	00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/3/84 19

CHARGE Seaman/Poe Monument Company

ADDRESS 3893 Imperial Avenue
San Diego, CA 92113

NAME OF DECEASED

OWNER F-40258

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial installations, Sept '84 TOTAL $420.00

PAID RECEIPT NUMBER

BALANCE

9/10	ALBARRAN, Sone	$115
9/10	FAUCETT, Ola B.	$115
9/10	PIERRE-PIERRE, Antoinette	$75
9/19	DESTRAY, Louise & Andrew	$Ø
9/19	SMITH, Tommie Lee	$115

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 Sutton

W.O. NO. E 4582

INVOICE NO. 026044

PY-593 (4-82)

Acct #000253

026044 10/31/64 000253 SEAMAN/POE MONUMENT CO 12/08/64 CK 5923 420.00 420.00 0.0
100 072 420.00 PAID IN FULL

E-4582

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/3/84 19

CHARGE

ADDRESS Conti & Son Memorial Company
P.O. Box 94
San Diego, CA 92112

NAME OF DECEASED

OWNER ~~PH-25603192~~

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial installation, Sept '84 TOTAL $490 00

PAID RECEIPT NUMBER

BALANCE

9/10	ANDERSON, William L.	$115	
9/25	RAVIART, Catherine	$145	
9/26	~~CHRISTENSEN, Walter & Dorothy~~		~~$115~~
9/26	DAVIS, Helen L.	$115	

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 Sutton

W.O. NO. E 4583

INVOICE NO. 026040

PY-593 (4-82)

Acct #004821

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/13/84

DATE: 11/13/84
TIME: 205546
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACIL1	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026040	10/31/84	004821	CONTI AND SON MEMORIAL CD					11/09/84	CK	3820	490.00	490.00	0.00
			100	072		77183	000072				490.00		PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/3/84 19

CHARGE Clemens Granite Company

ADDRESS 10527 Prospect Avenue
Santee, CA 92071

NAME OF DECEASED

OWNER F-91479

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial installations, Sept '84 TOTAL $605.00

PAID RECEIPT NUMBER

BALANCE

9/12	GUYMON, Lula M	$115
9/12	LUJON, Oscar	$115
9/12	MILLER, Robert E.	$115
9/12	MITCHELL, Leslie	$115
9/12	JOHNSTON, Meda E.	$145

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 Sutton

W.O. NO. E 4584

INVOICE NO. 026045

PY-593 (4-82)

Acct #006490

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C05-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/29/84

DATE: 11/29/84
TIME: 21:46:46
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026045	10/31/84	006490	CLEMENS GRANITE COMPANY					11/28/84	CK	12813	605.00	605.00	0.00
			100	072		77183	000072				605.00		PAID IN FULL

E-4584

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 605.00

E-4584

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/4 19 84

CHARGE George Kusaka - Son

ADDRESS 519 Naples (CV 92011 #422-2453

NAME OF DECEASED MATSU KUSAKA

OWNER

ADDRESS

MORTUARY Lewis/Colonial

LOT 1 GR 1 ROW SEC 11 ~~BLK~~ DIV 7	~	~
OPENING/CLOSING TIME -HERE- 10AM DAY Mon DATE 10-8-84	295	00
	19	80
VAULT/LINER WTS SIZE	330	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	679	80
PAID RECEIPT NUMBER 31993	679	80
BALANCE	0	

PAID
OCT 05 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 George Kusaka ORDER TAKEN BY Sutton

W.O. NO. E 4585 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31993

DATE 10/5 19 84

FROM George Kusaka ADDRESS 519 Naples Chula Vista

Six Hundred Seventy Nine Dollars & 80/100 DOLLARS ($ 679.80)

IN Full PAYMENT OF Matsu Kusaka Servs.

LOT 1 GRAVE 1 ROW SECTION 11 DIVISION 7 BLOCK

INVOICE NO. check

W.O. E-4586

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
OCT 8 1984

ISSUED BY Sutton

CREDIT 50% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	330	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	19	80
TOTAL PAID $		679	80

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/4 19 84

CHARGE Phyllis Keen-Dau

ADDRESS PO Box 7462 (SD 92107

NAME OF DECEASED Esther Bradberry ⊗

OWNER

ADDRESS

MORTUARY Humphrey/CV

LOT 8 GR 2 ROW SEC 1 BLK 3 DIV		~
OPENING/CLOSING TIME 1PM -Here- DAY/DATE Inter on Delivery WED 10-17-84	95	00
VAULT/LINER ASH SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 31990	225	40
BALANCE	0	

PAID
OCT 04 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 Sutton

W.O. NO. E 4586

INVOICE NO.

PY-593 (A-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 31990

DATE 10/4 19 84

FROM Phyllis Keen ADDRESS PO Box 7462 (SD, CA 92107

Two Hundred Twenty Five Dollars DOLLARS ($ 225.43)

IN Full PAYMENT OF Esther Bradberry Lots

LOT 9 GRAVE 2 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. check

W.O. E-4586

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 8-81)

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

CITY AUDITOR
OCT 8 1984

ISSUED BY Lith

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	30	00
SALES TAX	60101 9020	5	43
TOTAL PAID $		225	43

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/5 19 84

CHARGE Chesten Hicks - Bro-in-law

ADDRESS 516 Elizabeth St CSD 92113

NAME OF DECEASED Sarah Bibbens

OWNER

ADDRESS

MORTUARY H.W. Ragsdale

LOT 8 GR 2 ROW SEC 2 DIV 12		
OPENING/CLOSING TIME 11Am — chapel — DAY MONDAY DATE 10-8-84	295	00
VAULT/LINER Bell SIZE	245 14	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 31994	589	70
BALANCE	0	

PAID
OCT 05 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 Sutton

W.O. NO. E 4587

INVOICE NO.

FY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31994

DATE 10/5 19 84

FROM Inez Hicks ADDRESS 516 Elizabeth St. CSO 92113

Five Hundred Eighty Nine Dollars 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Sarah Gibbens Servs

CITY AUDITOR
OCT 16 1984

LOT 8 GRAVE 2 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-0587

UNPAID BALANCE AFTER THIS PAYMENT X

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

3070

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/5 19 84

CHARGE Barron G. Knechtel - Conservator

ADDRESS 4715 Lucille Dr CSD 92115

NAME OF DECEASED Change of Ownership to

OWNER North Park Community Advent

ADDRESS Christian Church, Inc

MORTUARY 3702 29th St CSD 92104

LOT 41 GR 2 ROW ____ SEC 16 BLK DIV 7

OPENING/ CLOSING TIME ____ DAY DATE ____

VAULT/LINER ____ SIZE ____

REC. FEE/REMOVAL/FOUNDATION ____

TOTAL ____

PAID RECEIPT NUMBER ____

BALANCE ____

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

AUTHORIZED
IN PERSON
PHONE BY (X) Barron G Knechtel ORDER TAKEN BY Sutton

W.O. NO. E 4588

INVOICE NO. ____

PY-593 (4-82) #11105

E-4588

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5/4/1983
(Replaces Deed 7341)

DEED

Nº 10928

OWNERSHIP AND INTERMENT PRIVILEGES

TO Verna L. Smith for the sum of $ 120.00 (DOLLARS)

LEGAL DESCRIPTION Lot 41, Grave 2, Section 16, Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER D-4372 & E-3686

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

Robert M. Sutton
Cemetery Manager

Martin Buelaum
Property Director

PY-554

E-4588

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO:	FOR COURT USE ONLY
BILL J. BRIERTON, JR. 1777 Fifth Avenue San Diego, CA 92101 ATTORNEY FOR: Petitioner	(714) 231-1781	FILED Robert D. Zumwalt, Clerk DEC 22 1980 BY _____ DEPUTY
Name and address of court, or branch: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
☐ Guardianship ☒ Conservatorship of: VERNA L. SMITH		
LETTERS OF ☐ GUARDIANSHIP ☒ CONSERVATORSHIP ☐ INCOMPETENT ☐ CONSERVATEE ☐ MINOR ☒ PERSON ☒ ESTATE		CASE NUMBER: 125050

STATE OF CALIFORNIA, COUNTY OF SAN DIEGO

1. (name): BARRON G. KNECHTEL
is appointed ☐ guardian ☒ conservator of the
☒ person ☒ estate of (name): VERNA L. SMITH
☐ incompetent ☒ conservatee ☐ minor.

2. ☐ The conservator has additional powers as set forth
☐ in attachment 2 ☒ as follows:
To provide for required medical care as needed.

Dated: DEC 22 1980

ROBERT D. ZUMWALT, Clerk

By JUANITA R. BRUCE, Deputy

☐ Number of pages attached:

[SEAL]

3. AFFIRMATION

I solemnly affirm that I will perform the duties of
☐ guardian ☒ conservator according to law.

Executed on (date): December 15, 1980

at (place): San Diego, CA

Barron G. Knechtel
(Signature of appointee)
BARRON G. KNECHTEL

4. CERTIFICATION

I certify that this document is a correct copy of the original on file in my office, and that the letters issued to the above-appointed person have not been revoked, annulled, or set aside, and are still in full force and effect.

Dated: DEC 22 1980

ROBERT D. ZUMWALT, Clerk

By Juanita R. Bruce, Deputy
JUANITA R. BRUCE

[SEAL]

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-5 1984

CHARGE Winnie Elmore

ADDRESS 3936 "T" St SD Ca 92113

NAME OF DECEASED Gwendolyn Louise Adams

OWNER

ADDRESS

MORTUARY Anderson / Ragsdale

LOT 28 GR 8 ROW SEC 1 BLK DIV 12	495	00
OPENING/ CLOSING TIME - CHURCH - 2:00 DAY DATE Tues 10-9-84	295	00
	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 31996	1084	70
BALANCE	0	

PAID
OCT 05 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 Winnie Elmore

ORDER TAKEN BY Lang

W.O. NO. E 4589

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31996

DATE 10-5 19 84

FROM Winnie Blomire ADDRESS 3936 T St Sd Ca 92113

One thousand eighty four and 70/100 DOLLARS ($ 1084.00)

IN full PAYMENT OF Lavendolyn Louise Adams service

LOT 28 GRAVE 8 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Checks

W.O. E-4589

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 16 1984
3273

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	99.00
20% SALES OF LOTS	100 77184	396.00
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		1084.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/5 19 84

CHARGE Arnold Steele

ADDRESS 5139 Long Ranch Rd. SD. 92107

NAME OF DECEASED Alma M. Steele

OWNER

ADDRESS

MORTUARY GREENWOOD

LOT 49 GR 2 ROW SEC 4 BLK DIV 5	~	
OPENING/CLOSING TIME 1:20 ~~CLOSING~~ DAY DATE Thurs 10-9-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32004	589	70
BALANCE	0	

Greenwood to bring check & enter auth.

PAID
OCT 09 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 4590

INVOICE NO.

PY-593 (4-82)

INTERMENT ORDER AND AUTHORIZATION

E-4090

Contract No. _____ Interment No. _____ Date 10/5/84

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 [redacted]etery performing the interment.

Th[redacted]ndersigned hereby request and authorize:

Name of Cemetery Mt Hope

in accordance with and subject to its rules and regulations to inter the remains of:

NAME OF DECEDENT Alma M. Steele Age 97 Sex female

in the following described interment space:

Grave 2 Lot 49 ~~Sec~~ Block 4 ~~Lawn~~ Division 5 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.

T[redacted]ndersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including r[redacted]iable 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 Arnold K. Steele / / (Authorized Representative) Print Name Relationship to Deceased

Address _____ Tel. No. _____ 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 _____

T[redacted]f 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 .....

Na[redacted] ..... Address ..... Relation .....

Order Taken By Wayne Elliott Greenwood Mortuary

Location Checked and Verified ..... OK'd By ..... Date .....

Index Card ..... Plat Book ..... Plat Card ..... Recorded By .....

Form 23 Rev. 10/83

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32004

DATE 10-9 1984

FROM Greenwood Mem. Pk ADDRESS PO Box 88, SD Ca. 92112

Two hundred eighty nine and 70/100 — DOLLARS ($ 5892)

IN full PAYMENT OF Alma M. Steele services

LOT 49 GRAVE 2 ROW SECTION 4 DIVISION BLOCK 5

INVOICE NO. Check

W.O. E-4590

UNPAID BALANCE AFTER THIS PAYMENT ∅

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

CITY AUDITOR
OCT 16 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	7
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-8 19 84

CHARGE Leon + Marion Miller

ADDRESS 2003 Bayview Hts Dr Sp. 163 Zip 92105

NAME OF DECEASED Pre-Need

OWNER

ADDRESS

MORTUARY

(DIP)

LOT 120 GR 2 ROW SEC 1 BLK DIV 12	525	00
OPENING/CLOSING TIME DAY DATE	590	00
VAULT/LINER SIZE	59 490	40 00
REC. FEE/REMOVAL/FOUNDATION	70	00
TOTAL	1704	40
PAID RECEIPT NUMBER 32009	1704	40
BALANCE		0

PAID
OCT 11 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

~~No interest will be paid on the prepaid amount set~~ forth on this order form.

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 Leon P. Miller ORDER TAKEN BY Lang

W.O. NO. E 4591 INVOICE NO.

PY-593 (4-82) #11058

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32009

DATE 10-11 1984

FROM Marion E. Miller ADDRESS 2003 Bayview Hts Dr. Sd Ca 92105

Seventeen hundred four and 40/100 — DOLLARS ($ 1704.40)

IN full PAYMENT OF Pre-Need grave & service (DIP)

LOT 120 GRAVE 2 ROW SECTION 1 DIVISION ~~BLOCK~~ 12

INVOICE NO. Check

W.O. E-4591

UNPAID BALANCE AFTER THIS PAYMENT 0

CITY AUDITOR
OCT 16 1984

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

ISSUED BY R. Lang

CREDIT 20% SALES CARE	67007 77184	105	00
10% SALES OF LOTS	100 77184	420	00
OPENINGS	100 77181	590	00
BOXES	100 77182	490	00
REMOVALS FOUNDATIONS	100 77183	90	00
SALES TAX	60101 9020	29	40
TOTAL PAID $		1704	40

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-8 19 84

CHARGE Janice Bradley

ADDRESS 11938 Rivercrest Lane, Lakeside Ca 92040

NAME OF DECEASED Mary Lucille Bradley

OWNER

ADDRESS

MORTUARY Rogers

LOT 4 GR 6 ROW SEC MHS BLK DIV B	—	—
OPENING/CLOSING TIME 1:00 DAY DATE WED. 10-10-84	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32002	589	70
BALANCE	0	

PAID
OCT 09 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 Lang

W.O. NO. E 4592

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32002

DATE 10-9 19[illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 4 GRAVE 6 ROW SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4592

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/8 19 84

CHARGE Finley Grady

ADDRESS 637-19th St, SDCa 92113

NAME OF DECEASED Ethel Robinson (F)

OWNER

ADDRESS

MORTUARY Anderson - Ragsdale

LOT 39 GR 5 Here ROW SEC 17 DIV 7

OPENING/ CLOSING TIME 1:30 PM DAY DATE Wed 10-10-84

VAULT/LINER Both SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

D-6594

Pre-Need on ~~D-6954~~

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 Sutton

W.O. NO. E 4593

INVOICE NO.

PY-593 (4-62)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-8 19 84

CHARGE LORENE LOTT

ADDRESS 3884 FLORENCE ST. (SO 92113 #262-1953

NAME OF DECEASED ALFONZO LATHAN

OWNER

ADDRESS

MORTUARY ANDERSON/RAGSDALE

LOT 68 GR 8 ROW SEC 3 ~~BLK~~ DIV 12	400	00
OPENING/CLOSING TIME -Chapel- 11AM DAY THURS DATE 10-11-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	989	70
PAID RECEIPT NUMBER 32005	989	70
BALANCE	0	

PAID
OCT 10 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 Lorene Lott ORDER TAKEN BY Anita

W.O. NO. E 4594 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32005

DATE 10-10 1984

FROM Lorene Lott ADDRESS 3814 Florence St. SD Ca. 92113

Nine hundred eighty nine and 70/100 — DOLLARS ($ 989.70)

IN full PAYMENT OF Alfonzo Lathan Service

LOT 68 GRAVE 8 ROW SECTION 3 DIVISION ~~BLOCK~~ 12

INVOICE NO. Check

W.O. E-4574

UNPAID BALANCE AFTER THIS PAYMENT 8

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

CITY AUDITOR
OCT 16 1984

ISSUED BY B. Tang

CREDIT 50% SALES CARE	67007 77184	80.00
50% SALES OF LOTS	100 77184	321.00
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		989.70

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32347

DATE 3-26- 19 85

FROM Lorene Lott ADDRESS 3884 Florence St. Sp. 9243

One Hundred and fifteen dollars DOLLARS ($ 115.00)

IN check PAYMENT OF Marker installation for Alfonzo Gathan Sr.

LOT 68 GRAVE 8 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. 0003580

check

W.O. E-4594

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
MAR 26 1985

ISSUED BY J. Bragg

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	115 00
SALES TAX	60101 9020	
TOTAL PAID $		115 00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-8 19 84

CHARGE Juana Collette

ADDRESS 135 No. Walnut Dr. C.V. Ca. 92011

NAME OF DECEASED William Collette

OWNER

ADDRESS

MORTUARY Anderson/Ragsdale (HW.)

LOT 3055 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE TUES 10-9-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32000	589	70
BALANCE	0	

PAID
OCT 09 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 Lang

W.O. NO. E 4595

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32000

DATE 10-9 19 84

FROM Anderson - Ragsdale ADDRESS 5050 Federal Blvd. S.D. Ca 92102

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF William Collette Service

LOT 3055 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4595

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184		
20% SALES OF LOTS	100 77184		
OPENINGS	100 77181	395	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-8 1984

CHARGE Marnie Ackerman

ADDRESS 6583 Bantam Lake Cir SD Ca 92119

NAME OF DECEASED Max Ackerman

OWNER

ADDRESS

MORTUARY Humphreys

LOT 1220 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10		495	00
OPENING/ CLOSING TIME 2:30 -CHAPEL DAY DATE FRI 10-12-84		295	00
		14	70
VAULT/LINER Bell SIZE		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	1084	70
PAID RECEIPT NUMBER	R-31998	1084	70
	BALANCE	0	

PAID
OCT 08 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Plus
Flower Vase
$15.90
paid

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 Marnie Ackerman

ORDER TAKEN BY Lang

W.O. NO. E 4596

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 31998

DATE 10-8 19 84

FROM Marnie Ackerman ADDRESS 6513 Bantam Lake Cir SD Ca. 92119

One thousand eighty four and 70/100 — DOLLARS ($ 1084.70)

IN full PAYMENT OF Mag Ackerman service

LOT 1220 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4596

UNPAID BALANCE AFTER THIS PAYMENT 8

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99.00
20% SALES OF LOTS	100 77184	396.00
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		1084.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/9 19 84

CHARGE Earnest Young - Son

ADDRESS 721 Raven St (SD 92102 #264-1820

NAME OF DECEASED Lottie Breckenridge

OWNER

ADDRESS

MORTUARY Anderson / Ragsdale

LOT 44 GR 10 ROW SEC 2 BLK DIV 12	495	00
OPENING/CLOSING TIME -chapel- 11AM DAY DATE Fri 10-12-84	295	00
VAULT/LINER Bell SIZE 14	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 32003	1084	70
BALANCE	-0-	

PAID
OCT 09 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 Earnest Young ORDER TAKEN BY Smith

W.O. NO. E 4597 INVOICE NO.

MY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32003

DATE 10-9 19 84

FROM Francis Young ADDRESS 721 Prospect S.D. Ca 92102

One thousand eighty four and 79/100 — DOLLARS ($ 1084.79)

IN full PAYMENT OF [illegible]

LOT 44 GRAVE 10 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4597

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99	00
80% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1084	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-09 19 84

CHARGE Manuel P. Silva

ADDRESS 4712 Del Monte L.D. Ca. 92107

NAME OF DECEASED Louise C. Silva

OWNER Manuel P. Silva

ADDRESS

MORTUARY Beardsley-Mitchell

(DIP) - Disinterment -

LOT 86	GR 1	ROW	SEC 16	BLK DIV 7			670	00
OPENING/ CLOSING TIME AM			DAY DATE Fri 10-19-84					
VAULT/LINER			SIZE					
REC. FEE/REMOVAL/FOUNDATION								
						TOTAL	670	00
PAID RECEIPT NUMBER				32001			670	00
						BALANCE		0

Buried 12-3-84

PAID
OCT 09 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Removed to Holy Cross

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 Lang

W.O. NO. E 4598

INVOICE NO.

PY-593 (4-82)

E-4598

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

Oct (MONTH) 1984 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Louise C. Silva

from Lot 86 Grave 1 Section 16 Row ____ Block ____ Div 7
and to remove the same to and reinter said remains in Lot ____ Grave ____
Section ____ Row ____ Block ____ Div ____.

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

Manuel P. Silva		
Signature	Signature	Signature
Husband		
Relation to deceased	Relation to deceased	Relation to deceased
4712 Del Monte Ave		
Address	Address	Address
San Diego, Calif. 92107		

I hereby authorized the above disinterment:

Manuel P. Silva
(Lot owner must sign if not legal custodian)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32001

DATE 10-09 19 84

FROM Manuel P. Silva ADDRESS [illegible]

Six hundred seventy and [illegible] DOLLARS ($ 670.00)

IN full PAYMENT OF Disinterment of Louise C. Silva

LOT 86 GRAVE 1 ROW SECTION 16 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-4591

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BORES	100 77182	
REMOVALS FOUNDATIONS	100 77183	670 00
SALES TAX	60101 9020	
TOTAL PAID $		670 00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-12 19 84

CHARGE Julia Ann Schupner

ADDRESS 3719 Cowley Way SD Ca 92117

NAME OF DECEASED Frederick Husted Schupner

OWNER (X)

ADDRESS

MORTUARY Humphreys

LOT 293 GR ROW SEC 4 BLK/DIV 8	190	00
OPENING/CLOSING TIME 3:00 -GLADE SIDE- DAY/DATE WED 10-17-84	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	320	00
PAID RECEIPT NUMBER R- 32007	170	00
BALANCE	150	00

Applying for VA benefit

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 Lang

W.O. NO. E 4599

INVOICE NO. 086057
011460

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/13/84

DATE: 12/13/84
TIME: 212429
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026057	10/31/84	011460	JULIA ANN SCHUPNER					12/10/84	CK	523	150.00	150.00	0.00
	E-4599		100	072		77184	000072				130.00		PAID IN FULL
			67007			77184					20.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 150.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-10 19 84

CHARGE Julia Ann Schupner

ADDRESS 3719 Cowley Way SD. Ca. 92117

NAME OF DECEASED Pre-need Service

OWNER

ADDRESS

MORTUARY

PAID
OCT 10 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

LOT 293 GR ROW SEC 4 BLK DIV 8

OPENING/CLOSING TIME — DAY DATE	95	00
VAULT/LINER — SIZE Flamevian	15	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	145	90
PAID RECEIPT NUMBER R-32007	145	90
BALANCE	0	

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 Julia A. Schupner ORDER TAKEN BY Lang

W.O. NO. E 4600 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32007

DATE 10-10 19 84

FROM Julia A. Schuyner ADDRESS 3719 Cowley Way Sd Ca. 92117

Three hundred fifteen and 90/100 — DOLLARS ($ 315.90)

IN part PAYMENT OF Frederick H. Schuyner service, pre-need services and flower can

LOT 293 GRAVE ROW SECTION 4 DIVISION BLOCK 8

INVOICE NO. Check

W.O. E-4599
E-4600

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

CITY AUDITOR
OCT 16 1984

ISSUED BY E. Lang

CREDIT 20% SALES CARE	67007 77184	10	00
80% SALES OF LOTS	100 77184	30	00
OPENINGS	100 77181	190	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	85	00
SALES TAX	60101 9020		90
TOTAL PAID $		315	90

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-10 19 84

CHARGE Joyce Menges

ADDRESS 150 So. Anza 12A, El Cajon Ca 92021

NAME OF DECEASED Pre-Need

OWNER

ADDRESS

MORTUARY

LOT 295 GR ROW SEC 4 BLK DIV 8	190	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	190	00
PAID RECEIPT NUMBER 10-10-84 32008	25	00
BALANCE	165	00
03-06-85 32312	100.00	
	65.00	
9-10-85 32769	65.00	
	-0-	

PAID
SEP 10 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 4601

INVOICE NO.

PY-593 (4-82) #11194

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32769

DATE 9-10 19 85

FROM Joyce Menges ADDRESS 150 So. Anza 12A, Al Cajon Ca

Sixty five and no/100 DOLLARS ($ 65.00)

IN full PAYMENT OF Pre need lot

LOT 295 GRAVE ROW SECTION 4 DIVISION BLOCK

INVOICE NO. Check

W.O. E-7601

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
SEP 16 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	13
50% SALES OF LOTS	100 77184	52
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		65

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

007713

№ 32312

DATE 03-06 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 295 GRAVE ROW SECTION 4 DIVISION BLOCK

INVOICE NO. Check

W.O. E-4601

UNPAID BALANCE AFTER THIS PAYMENT $65.00

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

CITY AUDITOR
MAR 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32008

DATE 11-10 19 84

FROM Joyce Menges ADDRESS 150 So. Anza 12A Clairm 92[illegible]

Twenty-five and no/100 DOLLARS ($ 25.00)

IN Cart PAYMENT OF Pre-need

LOT 295 GRAVE ROW SECTION 4 DIVISION BLOCK 8

INVOICE NO. Above

W.O. E-4601

UNPAID BALANCE AFTER THIS PAYMENT $1165.00

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [illegible]

CREDIT 30% SALES CARE	57007 77184	5.00
80% SALES OF LOTS	100 77184	20.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		25.00

AC-[illegible] (REV. [illegible])

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-10 19 84

CHARGE Virginia N. Counts - wife

ADDRESS 740 - So. 46th St. S.D.

NAME OF DECEASED Mack K. Counts

OWNER

ADDRESS

MORTUARY Anderson / Ragsdale

LOT 687 GR ROW SEC BLK DIV 10

OPENING/ CLOSING TIME 2:00 - CHURCH - DAY DATE THURS 10-11-84

VAULT/LINER (Bell) SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Spence L. on E-311

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 Lang

W.O. NO. E 4602

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/11 19 84

CHARGE Angelia Apodaca

ADDRESS % Heath Funl. 611 Highland Ave Chula Vista 92010

NAME OF DECEASED Pre-Need Grave

OWNER

ADDRESS

MORTUARY

LOT 4933 GR ROW SEC BLK DIV 10	650	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	650	00
PAID RECEIPT NUMBER 32010	650	00
BALANCE	-0-	

PAID
OCT 11 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 Sutton

W.O. NO. E 4603

INVOICE NO.

PY-593 (4-82) #11060

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-11 19 84

CHARGE Mary Wayne - Dau.

ADDRESS 8225 Woodland Dr. (Buena Park, CA

NAME OF DECEASED Mary H. Pranovich ⊗

OWNER

ADDRESS

MORTUARY Oceanside (Lewis Nelson)

INTER upon DELIVERY

LOT 21 GR ROW SEC BLK DIV 10

OPENING/ CLOSING TIME Am DAY DATE Mon 10/22/84

VAULT/LINER Ash SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Lewis will be bringing remains.

Prenced D-5048

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

AUTHORIZED IN PERSON

PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 4604

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-11 19 84

CHARGE Bessie Nedd

ADDRESS 4066 Rene Dr. SD Ca 92154

NAME OF DECEASED Willie Frank Nedd

OWNER

ADDRESS

MORTUARY Anderson/Ragsdale

LOT 138 GR 8 ROW SEC 1 BLK/DIV 12	350	00
OPENING/CLOSING TIME 11AM -chapel- DAY/DATE TUES. 10-16-84	295	00
VAULT/LINER Bell SIZE	245 (14)	00 (70)
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 32012	789	70
BALANCE	150	00

Va app.

PAID
JAN 10 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

(Marker)

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

AUTHORIZED
IN PERSON
PHONE BY Bessie M. Nedd ORDER TAKEN BY Lang

W.O. NO. E 4605 INVOICE NO. 026056 011459

PY-593 (4-82)

Veterans Administration

E-4605

2022 Camino Del Rio North
San Diego CA 92108

December 5, 1984

IN REPLY REFER TO: 21/24

MT HOPE CEMETERY
A/C W F NEDD
3751 MARKET STREET
SAN DIEGO CA 92102

FILE NUMBER:

19-051-112/00
W F NEDD

This is just to let you know that we have received your application for benefits. There is no need for you to take any additional action at this time. However, if you find it necessary to contact us, be sure to indicate THE VETERAN'S file number and name.

Veterans Administration

VA FORM
AUG 1979 21-8332-1

E-4605

Veterans Administration

2022 CAMINO DEL RIO N
SAN DIEGO CA 92108

JANUARY 04, 1985
IN REPLY REFER TO 21/24

MT HOPE CEMETERY
A/C W F NEDD
3751 MARKET STREET
SAN DIEGO CA 92102

FILE NUMBER
XC- 19 051 112
W F NEDD

WE HAVE AUTHORIZED PAYMENT TO YOU IN THE AMOUNT OF $150.00 AS AN ALLOWANCE FOR THE FUNERAL AND BURIAL EXPENSES OF THE DECEASED VETERAN.

THE EVIDENCE DOES NOT SHOW THAT THE VETERAN'S DEATH WAS DUE TO A SERVICE CONNECTED CONDITION.

$150.00 OF THE TOTAL PAYMENT AUTHORIZED REPRESENTS AN ALLOWANCE FOR PLOT OR INTERMENT EXPENSES.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1984-421-962

VETERANS ADMINISTRATION

IMPORTANT — SEE REVERSE FOR PROCEDURAL AND APPELLATE RIGHTS

KEEP THIS LETTER FOR FUTURE REFERENCE

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/14/85

DATE: 01/14/85
TIME: 210042
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/D	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026056	10/31/84	011459	BESSIE NEDD					01/10/85	CK	E-4605	150.00	150.00	0.00
			100	072		77184	000072				130.00		PAID IN FULL
			67007			77184					20.00		

E-4605

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 150.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32099

DATE 12-3 19 84

FROM Bessie M Nedd ADDRESS 1436 Paradise Rd. S.D. Ca. 92104

One hundred thirty and no/100 DOLLARS ($ 130.00)

IN full PAYMENT OF Marker installation for Willie Frank Nedd

LOT 138 GRAVE 8 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4605

UNPAID BALANCE AFTER THIS PAYMENT 8

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

CITY AUDITOR
DEC 07 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	130 00
SALES TAX	60101 9020	
TOTAL PAID $		130 00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32012

DATE 10-11 19 84

FROM Bessie M. Nedd ADDRESS 4066 Rene Dr. S.D. Ca. 92154

Seven hundred eighty nine and 70/100 - DOLLARS ($ 789.70)

IN part PAYMENT OF Willie Frank Nedd services

LOT 138 GRAVE 8 ROW 1 SECTION 1 DIVISION ~~BLOCK~~ 12

INVOICE NO. Check

W.O. E-4615

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

CITY AUDITOR
OCT 16 1984

ISSUED BY B. Tang

CREDIT 20% SALES CARE	67007 77184	41	00
20% SALES OF LOTS	100 77184	160	00
OPENINGS	100 77181	395	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	25	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		789	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/11 19 84

CHARGE Kay Howell

ADDRESS 192 Welling Way ESP 92114

NAME OF DECEASED Pre-Need Grave

OWNER

ADDRESS

MORTUARY

LOT 2170 GR ROW SEC ~~BLK~~ DIV 10	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 32011	495	00
BALANCE	-0-	

PAID
OCT 11 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 Sutton

W.O. NO. E 4606

INVOICE NO.

PY-593 (4-82) #11059

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33084

Date: _____, 19____

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

Unpaid Balance after this Payment _____

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

AC-212 (Rev. 8-85)

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

CITY AUDITOR
FEB 13 1986

ISSUED BY _____

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
TOTAL PAID	$	

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32011

DATE 10/11 1984

FROM Kay Howell ADDRESS 192 Welling Way (5092..)

Four Hundred Ninety Five Dollars 00/100 DOLLARS ($ 495.00)

IN Full PAYMENT OF Pre-Need Grave

LOT 2170 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO.

W.O. E-4006

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [signature]

CREDIT 30% SALES CARE	67007 77184	99	00
80% SALES OF LOTS	100 77184	390	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		495	00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/11 19 84

CHARGE JAMES GRAY #263-8437

ADDRESS 5404 BAYVIEW HTS PL. #2 (SD 92105

NAME OF DECEASED PATRICIA ANN DERAMOUS

OWNER

ADDRESS

MORTUARY ANDERSON / RAGSDALE

LOT 132 GR 5 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/CLOSING TIME -church- 2PM DAY MON DATE 10-15-84	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER R-32016	782	70
BALANCE	157	00

Call Dr Laurence Gray if balance is not paid by monday

157.00

32017 157.00

PAID

OCT 15 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 (X) Carolyn Richards ORDER TAKEN BY Sutton

W.O. NO. E 4607 INVOICE NO. 026050 005665

PY-593 (4-82)

Bill Ragsdale E-4607

LATE CHARGE

$100.00.

005605

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32016

DATE 10-12 19 84

FROM Finch Family ADDRESS 5414 Bayview Ct. Apt 2 Sd. 92105

Seven hundred eighty two and 70/00 DOLLARS ($ 782.70)

IN Part PAYMENT OF Patricia Ann Deramus service

LOT 132 GRAVE 5 ROW SECTION 1 DIVISION ~~BLOCK~~ 12

INVOICE NO. Check/Cash

W.O. E-4607

UNPAID BALANCE AFTER THIS PAYMENT $157.00

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	38.60
80% SALES OF LOTS	100 77184	154.40
OPENINGS	100 77181	295.00
BOXES	100 77162	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		782.70

AC-213 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32017

DATE 10/15 1984

FROM Shirley Wilson ADDRESS 2252 Dusk Dr. Co 92135

One Hundred Fifty Seven Dollars & no/100 DOLLARS ($ 157.00)

IN PAYMENT OF Patricia Ann Dermmous Servs.

LOT 132 GRAVE 5 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO.

W.O. E-~~[illegible]~~ 4607

UNPAID BALANCE AFTER THIS PAYMENT ∅

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	31	40
20% SALES OF LOTS	100 77184	126	60
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		157.	00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-11 19 84

CHARGE Carmen Guillen

ADDRESS 3786 Sunset Lane Apt #10 San Ysidro 92073

NAME OF DECEASED Jose Cirs Guillen

OWNER

ADDRESS

MORTUARY Humphreys

(DIF)

LOT 4536 GR ROW SEC BLK DIV 10	975	00
OPENING/CLOSING TIME 10AM – chapel DAY DATE Mon 10-15-84	295	00
	14	70
VAULT/LINER SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1564	70
PAID RECEIPT NUMBER	1564	70
BALANCE	0	

Upright Monument only

PAID

OCT 12 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 Carmen Guillen ORDER TAKEN BY Lang

W.O. NO. E 4608 INVOICE NO.

PY-593 (4-82)

4536-10 E-1608

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION
CERTIFICATE OF DEATH

DEATH NO. D 102-

Change name

NAME OF DECEASED: A. FIRST	B. MIDDLE	C. LAST	SEX	DATE OF DEATH: MONTH, DAY, YEAR
Jose	Ciro	Guillen	2 Male	3. October 10, 1984

RACE (e.g. white, black, American Indian, etc.) SPECIFY	WAS DECEDENT OF SPANISH ORIGIN (YES, NO) SPECIFY	IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
4A White	4B Spanish	4C Mexican	5. No

PLACE OF DEATH: A. COUNTY	B. TOWN OR CITY	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS)	D. ☐ DOA ☐ ER OR EMER ☒ IN PATIENT
6A Maricopa	Phoenix	St. Joseph's Hospital	

DATE OF BIRTH: MONTH, DAY, YEAR	AGE (YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR: MOS. DAYS	IF UNDER 1 DAY: HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
7. March 18, 1961	8A 23	B	C	9. Married	Maria Del Carmen Aristegui

STATE OF (if not in USA, name country) BIRTH	CITIZEN OF WHAT COUNTRY? SPECIFY	SOCIAL SECURITY NO.	USUAL OCCUPATION (Give kind of work done most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
11. Mexico	12. U.S.A.	13. 573-39-8612	14A Laborer	14B Construction

USUAL RESIDENCE: A. STATE	B. COUNTY	C. TOWN OR CITY	D. ZIP CODE
15. California	San Diego	San Ysidro	92073

STREET ADDRESS OR R.F.D.	INSIDE CITY LIMITS? (SPECIFY Yes or No)	ON RESERVATION (Specify yes or no)	HOW LONG IN ARIZONA? YEARS	MONTHS	DAYS	PREVIOUS STATE OF RESIDENCE
15E 3786 Sunset Lane, Apt. #10	15F Yes	15G No	16.		3	17 California

FATHER'S NAME: A. FIRST	B. MIDDLE	C. LAST	MOTHER'S MAIDEN NAME: A. FIRST	B. MIDDLE	C. LAST
Ciro		Perez	Maria	Eva	Guillen

INFORMANT'S SIGNATURE	RELATIONSHIP TO DECEASED	ADDRESS: STREET NO.	CITY AND STATE	ZIP CODE
20. Maria Guillen	21. Wife	22. 3786 Sunset Lane, Apt. #10,	San Ysidro, Ca.	92073

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	DATE	CEMETERY OR CREMATORY — NAME / LOCATION	EMBALMER'S SIGNATURE	CERT. NO.
23 Removal	24 10-12-84	25 Humphrey Mortuary, Inc. Chula Vista, California	26 Timothy Lee Lott	27 791R

FUNERAL HOME NAME	STREET ADDRESS	CITY AND STATE	FUNERAL DIRECTOR (or person acting as such) (SIGNATURE)	CERT. NO.
Shadow Mountain Mortuary	2350 E. Greenway	Phoenix, Az.	29 Timothy Lee Lott	30. 605R

To be completed by CERTIFYING PHYSICIAN ONLY

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE 31

DATE SIGNED (Mo., Day, Year) 32 — HOUR OF DEATH 33

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 34

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.

SIGNATURE AND TITLE 35 — Thomas L. Travis

DATE SIGNED (Mo., Day, Year) 36. October 11, 1984 — HOUR OF DEATH 37 5:40 p.m.

PRONOUNCED DEAD (Mo., Day, Year) 38 ON October 10, 1984 — PRONOUNCED DEAD (Hour) 39 AT 5:40 p.m.

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) 40 — 120 S. 6th Avenue, Phoenix, AZ 85003 — THOMAS L. TRAVIS, M.D.

DATE REGISTERED	REG. FILE NO.	REGISTRAR'S SIGNATURE	REG. DISTRICT	DATE RCVD IN STATE OFFICE
42 OCT 15 1984	42 11297	43 Phyllis Sullivan and Deputy	44 0003	45

PART I

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

(ENTER ONLY ONE CAUSE ON EACH LINE)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A. IMMEDIATE CAUSE	Head injury	
B. DUE TO, OR AS A CONSEQUENCE OF:		
C. DUE TO, OR AS A CONSEQUENCE OF:		

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female—was she pregnant within past 90 days?) 47

AUTOPSY (Specify yes or no)	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no)
48 no	49 yes

MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ PENDING INVESTIGATION ☒ ACCIDENT ☐ SUICIDE ☐ UNDETERMINED 50

DATE OF INJURY: MO. DAY YR.	HOUR	INJURY AT WORK? (Specify yes or no)	DESCRIBE HOW INJURY OCCURRED
51 10-9-84	52 6:30A	53 no	54 Motor vehicle accident, driver

PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY	WHERE LOCATED? STREET ADDRESS / CITY OR TOWN / STATE
55 Highway	56 near Blythe, California

SUPPLEMENTARY ENTRIES 57

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA } ss
COUNTY OF MARICOPA }

Date Issued

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, AZ. Issued under the authority of A.R.S. 36-341, and by direction of:

Dean L. Benson
DEAN L. BENSON
Chief Deputy County Registrar
Maricopa County Department of Health Services

NOV 5 1984

595497

This copy not valid unless prepared on safety paper displaying county seal in color and impressed with raised seal of issuing agency

MARICOPA COUNTY HEALTH DEPT. PHOENIX, ARIZONA

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

© SECURITY-COLUMBIAN UNITED STATES WARRANTY CORPORATION

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32015

DATE 10/12 1984

FROM Carmen Guillen ADDRESS 3736 Sunset Lane #18 Kan Diego 72073

Fifteen Hundred Sixty Four Dollars & 70/100 DOLLARS ($ 1564.70)

IN Full PAYMENT OF Jose Guillen Services

LOT 4536 GRAVE (OLD) ROW SECTION DIVISION BLOCK 10

INVOICE NO.

W.O. E-4608

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 16 1984

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	195	00
80% SALES OF LOTS	100 77184	780	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1564	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-11 19 84

CHARGE Nellie Rosendale

ADDRESS PO Box 1606 Jamul, Ca. 92035

NAME OF DECEASED Merton E Rosendale (X)

OWNER

ADDRESS

MORTUARY Greenwood

LOT 76 GR 6 ROW SEC MAS SEC DIV O	—	—
OPENING/CLOSING TIME —Here— 10:30AM DAY WED DATE 10-17-84	95	00
VAULT/LINER ASH SIZE	90	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER R-32019	225	40
BALANCE	-0-	

PAID
OCT 15 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 Lang

W.O. NO. E 4609

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

3432

№ 32019

DATE 10-15 1984

FROM Nellie Rosendale ADDRESS Pl Box 616 Jamul, Ca 92035

Two hundred twenty-five and 40/100 DOLLARS ($ 225.40)

IN full PAYMENT OF Merton E. Rosendale Service

LOT 76 GRAVE 6 ROW SECTION Mas DIVISION BLOCK 0

INVOICE NO. check

W.O. E-4609

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 22 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95.00
BOXES	100 77182	90.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	5.40
TOTAL PAID $		225.40

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/12 19 84

CHARGE Eddi Dalton-Dau

ADDRESS 5150 Guava Ave (L.M 92041

NAME OF DECEASED Rena Cittadini

OWNER

ADDRESS

MORTUARY Conrad's (Gary)

LOT 60 GR 4 ROW SEC 17 ~~BLK~~ DIV 7

OPENING/ CLOSING TIME -Here- 1PM DAY DATE FRIDAY 10-12-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

PN charges on E-3491

* Disinter 1st Burial - Dig deeper to allow D.I.P.

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 Sutton

W.O. NO. E 4610

INVOICE NO.

PY-593 (4-82)

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

January (MONTH) 1983 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Nicola C. CITTADINI

from Lot 60 Grave 4 Section 17 Row ____ Block ____ Div 7
and to remove the same to and reinter said remains in Lot 60 Grave 4
Section 17 Row ____ Block ____ Div 7 . *Disinterment and reinter, to allow burial of spouse in same grave*

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

⊠ Eddi Dalton Signature	Signature	Signature
⊠ daughter Relation to deceased	Relation to deceased	Relation to deceased
⊠ 5150 Guava Ave. Address La Mesa Calif. 92041	Address	Address

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/12 1984

CHARGE Alma Ullyot

ADDRESS 6770 Amberly CSD 92120 #286-9725

NAME OF DECEASED Ruby WARD (R)

OWNER

ADDRESS

MORTUARY ROGERS

LOT 902 GR ROW SEC ~~BLK~~ DIV 10	~	
OPENING/CLOSING TIME -Here- 10 Am DAY DATE MON 10/22/84	95	00
VAULT/LINER Ash SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 32014 ~~32015~~	225 224	40 ~~40~~
BALANCE	0	

PAID
OCT 12 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 Alma Ullyot ORDER TAKEN BY Sutton

W.O. NO. E 4611 INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

10/12 19 84

The undersigned hereby requests and authorizes the interment of the remains of Ruby WARD in Lot 902 Gr ____ Row ____ Sec. ____ ~~Block~~ Division 10 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.

(X) Alma Ellyat

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32014

DATE 10/12 19 84

FROM Alma Wilson ADDRESS 6770 Amaly CA 92120

Two Hundred Twenty Five Dollars 45/100 DOLLARS ($ 225.45)

IN Full PAYMENT OF Ruby Wand Servs.

LOT 902 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4611

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-512 (REV. 3-81)

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

CITY AUDITOR
OCT 16 1984

ISSUED BY

CREDIT	67007		
20% SALES CARE	77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	5	45
TOTAL PAID $		225	45

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-15 19 84

CHARGE Colleen Moore - Niece

ADDRESS 9026 Northcote Rd. (Santee, CA. 92071 562-6153

NAME OF DECEASED Mamie Fenreten ⊗

OWNER

ADDRESS

MORTUARY Cypress View (Mike)

LOT 2912 GR ROW SEC BLK DIV 10	~	
OPENING/CLOSING TIME Here - 1 PM DAY DATE Fri 10-19-84	95	00
VAULT/LINER Ash SIZE	90	40
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER		
BALANCE		

Center of grave

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 ⊗ Colleen Moore ORDER TAKEN BY Sutton

W.O. NO. E 4612 INVOICE NO. 026058

011461

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/09/84

DATE: 11/09/84
TIME: 201927
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EG	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026058	10/31/84	011461	COLLEEN MOORE					11/06/84	CK	102	225.40	225.40	0.00
			100	072		77161	000072				95.00		PAID IN FULL
			100	072		77182	000072				90.00		
			100	072		77183	000072				35.00		
			60101			9020					5.40		

E-4612

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 225.40

Number E-4612

Dated 10/12/84 San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 225.40 .

Name Colleen Moore

Address 9026 Northcote Rd.

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

(X) Colleen Moore

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/15 19 84

CHARGE Fred I. Gray - Brother 232-8246

ADDRESS 2127 Franklen Ave SDCa. 92113

NAME OF DECEASED Samuel Gray

OWNER

ADDRESS

MORTUARY Anderson / Ragsdale (Norwella)

LOT 120 GR 9 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME 3PM -Here- DAY DATE Tues 10/16/84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 32022	939	70
BALANCE	0	

PAID
OCT 16 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 Fred I. Gray

ORDER TAKEN BY Sutton

W.O. NO. E 4613

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32022

DATE 10-16 19 84

FROM Fred S. Gray ADDRESS 2137 Franklin Ave. S.D. Ca. 92113

Nine hundred thirty nine and 70/100 DOLLARS ($ 939.70)

IN full PAYMENT OF Samuel Gray service

LOT 120 GRAVE 9 ROW SECTION 1 DIVISION ~~BLOCK~~ 120

INVOICE NO. Check

W.O. E-4613

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
OCT 22 1984

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	70	00
50% SALES OF LOTS	100 77184	270	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	25	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-15 19 84

CHARGE Helen Popov - 295-9967

ADDRESS 3960 UTAH ST. CSD 92104 #295-9967

NAME OF DECEASED Hermann Popov

OWNER

ADDRESS

MORTUARY Rogers (Bishop)

(DIP)

LOT 4942 GR ROW SEC BLK DIV 10	975	00
OPENING/CLOSING TIME 10:00 - CHAPEL - DAY DATE TUES. 10-16-84	295	00
VAULT/LINER SIZE 14	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1564	70
PAID RECEIPT NUMBER 32039	1564	70
BALANCE	0	

(Shovel by graveside)

PAID
OCT 29 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 Helen Popov ORDER TAKEN BY Lang

W.O. NO. E 4614 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32039

DATE 10/29 19 84

FROM Helen Popov ADDRESS 3900 Utah St. (SD, CA 92104)

Fifteen Hundred Sixty Four Dollars & 70/100 DOLLARS ($ 1564.70)

IN Full PAYMENT OF Hermann Popov Services

LOT 4942 GRAVE (DIP) ROW SECTION DIVISION 10 BLOCK

INVOICE NO. check

W.O. E-4614

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-212 (REV. 9-81)

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

CITY AUDITOR
NOV 01 1984
8798

ISSUED BY Sutton

CREDIT 30% SALES CARE	67007 77184	195	00
30% SALES OFF LOTS	100 77184	780	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1564	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-16 19 84

CHARGE Robert Dillard

ADDRESS 1321 So 49th St. SD. Ca. 92113

NAME OF DECEASED Ina Mae Dillard

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 84 GR 6 ROW SEC 1 BLK DIV 12	495	00
OPENING/CLOSING TIME 11:00 DAY DATE WED 10-17-84	295	00
VAULT/LINER Bell SIZE	247	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 32020	1084	70
BALANCE	-0-	

PAID
OCT 16 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 Lang

W.O. NO. E 4615

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32020

DATE 11-16 19 84

FROM Robert Dillard ADDRESS 1321 S. 49th St. S.D. Ca. 92113

One thousand eighty seven and 79/100 DOLLARS ($ 1087.79)

IN full PAYMENT OF Iva Mae Dillard Service

LOT 14 GRAVE 6 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. F-4615

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
OCT 22 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99
20% SALES OF LOTS	100 77184	296
OPENINGS	100 77181	295
BOXES	100 77182	245
REMOVALS FOUNDATIONS	100 77183	25
SALES TAX	60101 9020	14
TOTAL PAID $		1087

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32436

DATE 4-23 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 15.00)

IN full PAYMENT OF [illegible]

Dillard

LOT 84 GRAVE 6 ROW SECTION 1 DIVISION BLOCK 1

INVOICE NO.

W.O. E-4615

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
APR 25 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/16 19 84

CHARGE Alma Humphrey - Wife

ADDRESS 2211 Irving St (SD 92113 #235-8514

NAME OF DECEASED James L. Humphrey

OWNER

ADDRESS

MORTUARY Ragsdale (H.W.)

LOT 132 GR 2 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/CLOSING TIME 11:00 AM ~~GRAVESIDE~~ DAY DATE MON. 10-22-84	295	00
VAULT/LINER Bell SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 32030	939	70
BALANCE	-0-	

Ragsdale to send check per Maxwell

PAID

OCT 22 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 Sutton

W.O. NO. E 4616

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32030

DATE 10/22 19 84

FROM Anderson / Knudsen ADDRESS 5050 Federal Blvd. (SD 92102

Nine Hundred Thirty Nine Dollars 70/100 DOLLARS ($ 939.70)

IN Full PAYMENT OF James L. Humphrey SERVICES

LOT 132 GRAVE 2 TIER ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4612 E-4616

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
NOV 01 1984
8758

ISSUED BY

CREDIT	67007		
35% SALES CARE	77184	70	70
65% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	225	00
BOXES	100 77182	240	00
REMOVALS FOUNDATIONS	100 77183	25	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/16 1984

CHARGE Self-Pre Need

ADDRESS

NAME OF DECEASED Virginia N. Counts

OWNER

ADDRESS

MORTUARY Ragsdale (Normella)

LOT 688 GR ROW SEC ~~BLK~~ DIV 20

OPENING/ CLOSING TIME -church- 11 AM DAY DATE Fri 10/19/84

VAULT (LINER) Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

P.N. on E-311

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 4617

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-16 19 84

CHARGE Dale Bohles 714-536-6426

ADDRESS 8565 Larkhall Cir. #801E Huntington Bch Ca 92646

NAME OF DECEASED Ideal Hayslip ⊗

OWNER

ADDRESS

MORTUARY Rudewit Mem Pk.

LOT 246 GR ROW SEC BLK 1 DIV 3		
OPENING/CLOSING TIME AM DAY DATE THURS 10-12-84	95	00
VAULT/LINER Asb SIZE	90 5	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER R-32021	225	40
BALANCE	-0-	

Mr. H grave

PAID
OCT 16 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 Lang

W.O. NO. E 4618

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32021

DATE 10-16 19 84

FROM Dale Bohls ADDRESS [illegible]

Two hundred twenty five and [illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF Ideal Hauling service

LOT 246 GRAVE CITY AUDITOR ROW SECTION DIVISION 3 BLOCK 1

INVOICE NO. check

W.O. E-4618

UNPAID BALANCE AFTER THIS PAYMENT 0

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

OCT 22 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95 00
BOXES	100 77182	90 00
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/16 19 84

CHARGE Eula M. Collins

ADDRESS 5327 San Bernardo Terr SD 92114

NAME OF DECEASED Eula M. Stocken

OWNER

ADDRESS

MORTUARY Ragsdale (H.W.)

*(X-Deep)

LOT 5001 GR ROW SEC ~~BLK~~ DIV 10		~	
OPENING/CLOSING TIME 2:00 -CHURCH- DAY DATE Fri 10-19-84		295	00
VAULT/LINER WTS SIZE		19 320	80 00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		679	80
PAID RECEIPT NUMBER	32027	679	80
BALANCE		Ø	

PN on C-6209

*1st Burial 1968

PAID

OCT 19 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 Sutton

W.O. NO. E 4619

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32027

DATE 10-19 1984

FROM Eula M. Collins ADDRESS 5327 San Bernardo Ter SD 92114

Six hundred seventy nine and 80/100 DOLLARS ($ 679.80)

IN full PAYMENT OF Eula M. Stocker Service

LOT 5001 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Cash

W.O. E-4619

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY R. Lang

CREDIT 20% SALES CARR	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	330.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	19.80
TOTAL PAID $		679.80

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-17 19 84

CHARGE Arthur Luiani & Maria Ferrer

ADDRESS 4794 Auburn Dr SD 92105

NAME OF DECEASED Francesca

OWNER

ADDRESS

MORTUARY

LOT 222 (DIP) GR ROW SEC BLK DIV 10 — 742 50

OPENING/CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL 742 50

PAID RECEIPT NUMBER 32023 742 50

BALANCE ~~0~~

PAID
OCT 17 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 Lang

W.O. NO. E 4620

INVOICE NO.

PY-593 (4-82) # 11061

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32023

DATE 10-17 19 84

FROM Arthur Lupan ADDRESS 4794 Auburn Dr. SD Ca. 92105

Seven hundred forty-two and 50/100 — DOLLARS ($ 742.50)

IN full PAYMENT OF Prepaid DIP grave

LOT 2222 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Cash

W.O. E-4620

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-312 (REV. 9-81)

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

ISSUED BY B. Kang

CREDIT	67007	148.50
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	594.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		742.50

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-18 19 84

CHARGE Peggy Baker

ADDRESS 3425 Chicago St SD. Ca 92117

NAME OF DECEASED Wesley Wayne Baker

OWNER

ADDRESS

MORTUARY Pacific Beach

LOT 636 GR ROW SEC 1 BLK DIV 8	495	00
OPENING/CLOSING TIME 10AM DAY DATE Mon 10-22-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 32024	200	00
BALANCE	884	70

PB will call
Mon to Confirm

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 Lang

W.O. NO. E 4621

INVOICE NO. 026059
011462

PY-593 (4-82)

Number E-4621

Dated 10-18-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 884.00 .

Name Peggy Baker

Address 3425 Chicago St.
S.D. Ca. 92117

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Peggy S Baker (Same as above)

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/23/84

DATE: 11/23/84
TIME: 194136
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026059	10/31/84	011462	PEGGY BAKER					11/19/84	CK	1310	884.70	884.70	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				216.00		
			60101			9020					14.70		
			67007			77184					79.00		

E-4621

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 884.70

E-4621

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32024

DATE 10-18 19 84

FROM Peggy Baker ADDRESS 3425 Chicago St. Sd. Ca 92107

Five hundred and no/100 DOLLARS ($ 200.00)

IN Cart PAYMENT OF Wesley Wayne Baker Service

LOT 636 GRAVE ROW SECTION 1 DIVISION BLOCK 8

INVOICE NO. Cash

W.O. E-4621

UNPAID BALANCE AFTER THIS PAYMENT $ 114.00

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

CITY AUDITOR
OCT 22 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	20.00
20% SALES OF LOTS	100 77184	180.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		200.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/18 19 84

CHARGE Robert Fassken - Son

ADDRESS 812 Anacapa Ct. (so 92109 488-2904

NAME OF DECEASED Adolph E. Fassken

OWNER

ADDRESS

MORTUARY Lewis/Colonial (Don)

(X-deep)

LOT 41 GR 5 ROW SEC 1 ~~BLK~~ DIV 11

OPENING/ CLOSING TIME -chapel- 11AM DAY DATE Mon 10/22/84

VAULT LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

PN on D-9352

* Setup @ monument *

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 Robert D. Fassler ORDER TAKEN BY

W.O. NO. E 4622 INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-18 19 84

CHARGE Norma J Espinoza

ADDRESS 3610 Audubon St Bonita, Ca 92002

NAME OF DECEASED Emma Barclay

OWNER

ADDRESS

MORTUARY Cypress View

LOT 227 GR ROW SEC 100E BLK ~~DIV~~ 42			
OPENING/CLOSING TIME 11:30 -CHAPEL- DAY DATE Mon 10-22-84		295	00
VAULT/LINER Bell SIZE		245	14 70 00
REC. FEE/REMOVAL/FOUNDATION		25	00
TOTAL		589	70
PAID RECEIPT NUMBER 32025		589	70
BALANCE		0	

PAID
OCT 18 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 Lang

W.O. NO. E 4623

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32025

DATE 10-18 1984

FROM Norma J. Espinoza ADDRESS 3610 Audubon Pt. Bonita 92020

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Lawn Barclay service

LOT 227 GRAVE ROW SECTION 100F ~~DIVISION~~ BLOCK 42

INVOICE NO. Check

W.O. E-4623

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
OCT 22 1984

ISSUED BY B. Tang

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	240.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-313 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32539

DATE 5-26 19 85

FROM Norma Espinoza ADDRESS 35 Broadway SP FE C.V. Ca. [illegible]

One hundred twenty five and 00/100 DOLLARS ($ 125.00)

IN full PAYMENT OF Rose Trees for Lange Center and Emma Carter Bradley

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. Check

W.O. E-46[illegible]

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
MAY 31 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	125.00
SALES TAX	60101 9020	
TOTAL PAID $		125.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-19 19 84

CHARGE Ruth K. Turpin - Dau.

ADDRESS 4111 Kirkcaldy Dr. (SD 92111

NAME OF DECEASED Emma A. Krueger

OWNER

ADDRESS

MORTUARY Allen Bros - Vista 619 726-2555

(DIF)

LOT 241 GR 1 ROW SEC CAR BLK DIV 2 — —

OPENING/CLOSING TIME 10:00 -VISTA- DAY DATE TUES 10-23-84 295 00

VAULT/LINER Bell SIZE 245 00

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 589 70

PAID RECEIPT NUMBER 32032 589 70

BALANCE 0

1st burial 12-18

Expect to be here about

PAID
OCT 23 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Will bring 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

ORDER TAKEN BY Lang

W.O. NO. E 4624

INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

July 7 1980

The undersigned hereby requests and authorizes the interment of the remains of JOHN, A AND EMMA A. KRUEGER in Lot 241 Gr 1 Row _____ Sec. GAR ~~Block~~ Division 2 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.

Ruth K. Turfin

formerly Ruth K. La Haie

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

LOT OWNER

R. W. Oehne
Witness

_____
Witness

Possible D.I.P.
Chp. Explained on 7-7-80

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32032

DATE 10/23 19 84

FROM Allen Brothers Meat ADDRESS 131 S. Santa Fe Ave. Vista CA 92083

Five Hundred Eighty Nine Dollars 00/100 DOLLARS ($ 589.00)

IN Full PAYMENT OF Embalming Services

LOT 241 GRAVE 1 CITY ROW SECTION GAR DIVISION BLOCK 2

INVOICE NO. Check

W.O. E-4674

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

NOV 01 1984

ISSUED BY

CREDIT	57007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 00
TOTAL PAID $		589 00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/22 19 84

CHARGE E.V. Goodwin - Son

ADDRESS 1208-B Monique Ct. Vista, CA 9283

NAME OF DECEASED Alma Goodwin

OWNER

ADDRESS

MORTUARY Humphrey's (San)

LOT 266 GR ROW SEC 10 ~~BLK~~ DIV 7	~	
OPENING/CLOSING TIME -Here- 1PM DAY DATE Tues 10/23/84	295	00
	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32029	589	70
BALANCE	~~0~~	

PAID
OCT 22 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 Sutton

W.O. NO. E 4625

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32029

DATE 10-22 19 14

FROM E.V. Goodwin ADDRESS 1208B Monroe St Vista Ca. 92[illegible]

Five hundred eighty nine and 70/100 — DOLLARS ($ 589.70)

IN full PAYMENT OF Alma Goodwin service

LOT 266 GRAVE ROW SECTION 10 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4625

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 01 1984
3798

ISSUED BY E. Lang

CREDIT 20% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 5020	14	7
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-22 19 84

CHARGE Clifford Gordon

ADDRESS 4984 Elm St SD. Ca. 92102

NAME OF DECEASED Shirley Gordon

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 47 GR 4 ROW SEC 1 BLK DIV 12	495	00
OPENING/CLOSING TIME 2:00 CHAPEL DAY DATE Wed. 10-24-84	295	00
VAULT/LINER Bell SIZE 14	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER		
BALANCE		

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.

AUTHORIZED
IN PERSON
PHONE BY Clifford A Gordon ORDER TAKEN BY Lana

W.O. NO. E 4626 INVOICE NO. 026060 011463

PY-593 (4-82)

Number E-4626

Dated 10-22-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 1084 00

Name Clifford A. Gordon

Address 4984 Elm St SD Ca. 92102

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Clifford A Gordon (NAME) (PROPERTY OWNED BY YOU) 4984 Elm St - San Diego, CA 92102 (ADDRESS)

FORM PW-1573 (REV. 9-67)

026060	10/31/84	011463	CLIFFORD GORDON			12/03/84	CK 1482	1,064.70	1,064.70	0.00
			100 072	77181	000072			295.00		PAID IN FULL
			100 072	77182	000072			245.00		
			100 072	77183	000072			35.00		
			100 072	77184	000072			396.00		
			60101	9020				14.70		
			07007	77184				99.00		

E-4626

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-22 19 84

CHARGE Joel Lee Chambers - Son

ADDRESS 3760 28th ST. (SO 92104 #298-560

NAME OF DECEASED Linnie L. Chambers

OWNER

ADDRESS

MORTUARY Lewis Colonial (Carol)

LOT 12 GR 5 ROW SEC 7 ~~BLK~~ DIV 5		—	—
OPENING/ CLOSING TIME - CHAPEL - 2:00	DAY DATE THURS 10-25-84	295	00
VAULT/LINER Bell	SIZE	14 / 245	70 / 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	589	70
PAID RECEIPT NUMBER	32031	300	00
	BALANCE	289	70
	32052	289.70	

Need assistance
graveside

PAID
NOV 9 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 Joel L. Chambers

ORDER TAKEN BY Lang

W.O. NO. E 4627

INVOICE NO. 26062 011464

PY-593 (4-82)

E-4627

CITY TREASURER
SAN DIEGO, CA

5822511/09/84 289.70 INVS
11/09/64 5822 5 289.70- CA
11/09/64 5822 5 .00 BA

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32052

DATE 11-9 19 84

FROM Joel Lee Chambers ADDRESS 2760-28th St. Sd. Ca. 92104

Five hundred eighty nine and 00/100 DOLLARS ($ 289.00)

IN full PAYMENT OF Lennie L. Chambers service

LOT 12 GRAVE 5 ROW SECTION 7 DIVISION BLOCK 5

INVOICE NO. #C26662

Acct #U1464 - Cash

W.O. E-4627

UNPAID BALANCE AFTER THIS PAYMENT X

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

SAN DIEGO CITY TREAS. NOV 09 '84 PAID #2

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	289.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		289.00

AC-212 (REV. 9-81)

026062	10/31/84	011464	JOEL LEE CHAMBERS			11/09/84	CA	289.70	289.70	0.00
			100	072	77181	000072		289.70		PAID IN FULL

NUMBER OF INVOICES PAID 5
TOTAL AMOUNT PAID 1,289.70

E-4627

E-4627

Number E-4627

Dated 10/23/84 San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 289.70.

Name Joel Lee Chambers

Address 3760 28th St. 92104
SD, CA # 298-5612

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

(X) Jack Lee Chambers
NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

open 5.30

lores 245

35

1470

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/23 19 84

CHARGE Lucille C. Grove

ADDRESS 2031 E. 132nd #215 B Compton 90061

NAME OF DECEASED Ezell Grove

OWNER

ADDRESS

MORTUARY Ragsdale (Nonuella)

(X-Deep)

LOT 132 GR 9 ROW SEC 1 DIV 11	742	50
OPENING/CLOSING TIME 2PM -Near- DAY DATE THURS 10/25/84	295	00
VAULT/LINER Bell SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1332	20
PAID RECEIPT NUMBER 32035	1332	20
BALANCE	-0-	

c/c w/service

PAID
OCT 25 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 Sutton

W.O. NO. E 4628

INVOICE NO.

PY-593 (4-82)

Receipt to:

Irwin M. Groves
2516 Blacketon Dr.
S.D Ca. 92105

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32035

DATE 10-25 1984

FROM Orvin M. Graves ADDRESS 2516 Blackton Dr. SD Ca. 92105

Thirteen hundred thirty-two and 34/100 DOLLARS ($ 1332.33)

IN full PAYMENT OF Cyril Graves service

LOT 132 GRAVE 9 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Cash

W.O. E-462

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 01 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	57007 77184	148.15
80% SALES OF LOTS	100 77184	594.00
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.90
TOTAL PAID $		1332.33

AC-313 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/23 1984

CHARGE Public Administraton (Bittner)

ADDRESS

NAME OF DECEASED HUGH C. LATHAM, SR (X)

OWNER

ADDRESS

MORTUARY Beardsley - Mitchell

LOT 70 GR 21 ROW SEC 2 ~~DIV~~ DIV 11	190	00
OPENING/ CLOSING TIME AM -Interon Delivery- DAY DATE MON - 10-29-84	95	00
VAULT/LINER SIZE		
(REC. FEE)/REMOVAL/FOUNDATION	35	00
TOTAL	320	00
PAID RECEIPT NUMBER		
BALANCE		

Bill Public Administraton
Seno Credit Claim

New Cred. Claim
Sent 2-1-85

Creditors Claim
Sent 12-12-84

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) Bittner @ P.A.

ORDER TAKEN BY Sutton

W.O. NO. E 4629

INVOICE NO. 026049
000952

PY-593 (4-82)

(See Instructions on reverse side.)

Space Below for Use of Court Clerk Only

County Counsel

By
Attorneys for
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201 – A Ruffin Road
San Diego, California 92123
TELEPHONE: 565-5494

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

Estate of
Hugh C. Latham, Sr.
DECEASED.

No.

CREDITOR'S CLAIM

Claimant: Mt. Hope Cemetery, whose address is 3751 Market St., San Diego, CA 92102, is a creditor of the above named decedent and presents the following claim:

Date of Item	Description of Item	Amount Claimed
		$
10/29/1984	Hugh C. Latham, Sr. Services	
	Lot 70, Gr 21, Sect 1, Divn 11	190.00
	Opening/Closing	95.00
	Recording Fee	35.00
		320.00
	TOTAL	$ 320.00

If space above is not sufficient, continue on reverse side. Attach riders, bills, invoices, ledger sheets, and the like to support your claim. If original document referred to is lost or destroyed, please so state.

I am Barbara Lang the claimant herein, or the person authorized to sign on behalf of the claimant; the amount set forth in said claim is justly due to said claimant; no payments have been made thereon which are not credited and there are no offsets to my knowledge.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 12, 1984 (DATE) at San Diego, (PLACE), California.

Subscribed and Sworn to before me
December 12, 1984.

Barbara Lang
(SIGNATURE)
CLAIMANT/AUTHORIZED AGENT

Notary Public in and for the County of
State of
(Seal)

NOTE: IF CLAIM IS EXECUTED IN CALIFORNIA, IT NEED NOT BE NOTARIZED.

If PARTNERSHIP or CORPORATION claimant, state capacity in which affiant acts for claimant and type of business organization, for example: "a partner in Jones Bros., a partnership, claimant herein," or, "president of Jones, Inc., a corporation, claimant herein," and in either case add the words "and for that reason make this affidavit on behalf of".

If affiant is not a member of the partnership or an officer of the corporation, set forth affiant's relation to claimant and the reasons why affiant makes the affidavit.

*Affiant will sign his individual name ONLY, without placing the partnership or corporation name above, with or near it; do NOT sign the name of the partnership or corporation claimant "by" the name of affiant. This declaration can only be made and signed by a PERSON whether acting for himself as a claimant or on behalf of a partnership or corporation claimant. 38 C.A. 214, 5 C.A. 80; etc.

This claim presented on

is ALLOWED/REJECTED for $

Dated

PERSONAL REPRESENTATIVE

(Where claim has been filed before presentation to personal representative. Prob. C. Sec. 710). This claim and written allowance thereof by personal representative presented to the Judge on

DEPUTY CLERK

Approved for

$

Dated

JUDGE

First publication Notice to Creditors was
(REP. MUST FILL IN) (DATE)

Estimated Value of Estate
$

Form 78 PA (Rev. 1/78)

CREDITOR'S CLAIM

Prob. C. Secs. 705, et seq; C.C.P. Sec. 2015.5; etc.

SAN DIEGO
CITY TREAS.
APR 18 '85
PAID #13

E-4629

E-4629

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32427

DATE 07-18 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

[illegible]

W.O. [illegible]

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-61)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/22/85

DATE: 04/22/85
TIME: 213937
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026049	10/31/84	000952	COUNTY OF SAN DIEGO					04/18/85	CK	E-4629	320.00	320.00	0.00
			100	072		77181	000072				95.00		PAID IN FULL
			100	072		77183	000072				35.00		
			100	072		77184	000072				152.00		
			67007			77184					38.00		

E-4629

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-24 19 84

CHARGE Samuel Turner

ADDRESS 2868 Quadra Ave SD 92154

NAME OF DECEASED Ethel Mae Turner

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 4563 GR ROW SEC BLK DIV 10	650	00
OPENING/CLOSING TIME 11:00 (CHANGE) DAY DATE Fri 10-26-84	295	00
VAULT/LINER Bell SIZE	245 (14)	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1239	70
PAID RECEIPT NUMBER 32038	939	70
BALANCE	300	00

Upright Monument

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 Lang

W.O. NO. E 4630

INVOICE NO. 026064
011465

PY-593 (4-82)

Number E-4630

Dated 10-24-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 123.70.

Name Samuel Turner

Address 2868 Quadra Ave SDCa 92154

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Samuel Turner (NAME) 722 Peggy Dr. San Diego (PROPERTY OWNED BY YOU) (ADDRESS) 92114

FORM PW-1573 (REV. 9-67)

E-4630

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/27/84

DATE: 11/27/84
TIME: 214741
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
		E-4630											
026064	10/31/84	011465	SAMUEL TURNER					11/20/84	CK	116	300.00	300.00	0.00
			100	072		77184	000072				170.00		PAID IN FULL
			67007			77184					130.00		

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32038

DATE 10/26 19 84

FROM ANDERSON/REASDALE ADDRESS 5050 FEDERAL BLVD (SD 92102

NINE HUNDRED THIRTY NINE DOLLARS & 70/100 DOLLARS ($ 939.70)

IN PART PAYMENT OF ETHEL MAE THURMAN SERVICES

LOT 4563 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. CHECK

W.O. E-4630

UNPAID BALANCE AFTER THIS PAYMENT $300.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE

CITY AUDITOR NOV 01 1984

8788

ISSUED BY

CREDIT 20% SALES CARE	67007 77184		
4% SALES OF LOTS	100 77184	350	00
OPENINGS	100 77181	245	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10-25 1984

CHARGE Mary Carter 235-8110

ADDRESS 132 - So Payne SD Ca 92113

NAME OF DECEASED Benny Lewis Carter

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 154 GR 5 ROW SEC 1 BLK/DIV 12	350	00
OPENING/CLOSING TIME 2:00 DAY/DATE TUES 10-30-84	295	00
VAULT/LINER Bell SIZE	17 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER		
BALANCE		

Will pay
all on 11-1-84
Misplaced check

PAID
MAY 15 1985
#32505
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 Mary J. Carter ORDER TAKEN BY Lang

W.O. NO. E 4631

INVOICE NO. 026585
011601

PY-393 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32505

DATE 5/15/85 19

FROM Mary Carter ADDRESS 132 La Payne SD 92113

Nine hundred Thirty nine and 70/100 DOLLARS ($ 939.70)

IN full PAYMENT OF Burial of Benny Lewis Carter - deceased

Paid-10-25-84

LOT 154 GRAVE 5 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO.

W.O. E4631

UNPAID BALANCE AFTER THIS PAYMENT 0

Cash

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

CITY AUDITOR
MAY 20 1985

ISSUED BY

CREDIT 30% SALES CARE	67007 77184	70	00
30% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

AC-211 (REV. 3-81)

MEMO

☑ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

TO: Alfia - TC
Accts Rec.

DATE: 5-21-85

SUBJECT: Inv. 026585
acct 011601
Mary Carter

FOLD

MESSAGE

Receipt # 32505 on DCR 009734
should have been against the above Inv.
please do a J.V. to reverse and
clear the
Invoice

67007 -	072 -	77184	$70.00	$939.70
100 -	072 -	77184	280.00	
100 -	072 -	77181	295.00	
100 -	072 -	77182	245.00	
100 -	072 -	77183	35.00	
~~100~~ 60101 -	9020		14.70	

Thanks
SIGNED Barbara Lang

REPLY

FOLD

SIGNED

DATE

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

ALOHA FORM 00-673-1

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32505

DATE 5/15/85 19

FROM Mary Carter ADDRESS 132 So Payne S.D. 92113

Nine hundred Thirty nine and 70/100 DOLLARS ($ 939 70/xx)

IN Cash PAYMENT OF Burial of Benny Lewis Carter - deceased
Dated - 10-25-84

LOT 154 GRAVE 5 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO.

W.O. E4631

UNPAID BALANCE AFTER THIS PAYMENT 0

- Cash -

AC-212 (REV. 9-81)

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

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		939 70

ACRG2U PSWD:

INVOICE DATA ENTRY PG 1

ACTION: A EX: ALL ACCOUNT: 011601 INVOICE: 026585 INV DATE: 11 16 84

NAME: MARY CARTER

1) 132 SO. PAYNE 2)

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92113 COUNTRY:

DEPT: 022 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-4631 DAYS DUE: 030 INV TYPE: CE TYPE CHG: NOTICES:

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: ACCRUAL CODE:

TIME PAYM CODE STD DESC CODE INVOICE TOTAL: 939.70

DESCRIPTION OF CHARGE	AMOUNT
BENNY LEWIS CARTER SERVICE	
LOT 154, GR 5, SEC 1, DIV 12	350.00
OPENING/CLOSING	295.00
CONCRETE BELL LINER	245.00
TAX ON LINER	14.70
RECORDING FEE	35.00

TOTAL DUE 939.70

LATE CHARGE $1 $2 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E-4631

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/29 1984

CHARGE Giichi Omori (Son-in-law)

ADDRESS 2628 Melrose (NC, CA 92050 267-9118

NAME OF DECEASED Louis K. Fujii

OWNER

ADDRESS

MORTUARY Lewis/Colonial (Don)

— Disentenment —

LOT 154 GR 3 ROW SEC 11 ~~BLK~~ DIV 7

OPENING/CLOSING TIME AM DAY DATE THURS 11/1/84

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION Disentenment	670	00
TOTAL	670	00
PAID RECEIPT NUMBER		
BALANCE		

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

AUTHORIZED
IN PERSON
PHONE BY Giichi Omori ORDER TAKEN BY Sutton

W.O. NO. E 4632 INVOICE NO. 026587 011602

PY-593 (4-82)

May Fujii
809 Sierra Vista Ave #3
Alhambra, CA 91801
1-818-289-2016

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

October (MONTH) 1984 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Louis K. Fujii

from Lot 154 Grave 3 Section 11 Row ____ Block ____ Div 7
and to remove the same to and reinter said remains in Lot ____ Grave ____
Section ____ Row ____ Block ____ Div ____.

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

⊗ Fujiko Omori		
Signature	Signature	Signature
⊗ Wife's sister		
Relation to deceased	Relation to deceased	Relation to deceased
⊗ 2628 Melrose ST		
Address	Address	Address
National City, CA. 92050		

I hereby authorized the above disinterment:

(Lot owner must sign if not legal custodian)

026587 11/16/84 011602 GIICHI OMURI
100 072

77183 000072 11/24/84 CK 2770 670.00 670.00 0.00
670.00 PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID E-46[illegible] 970.00

E-4632

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/31 1984

CHARGE Vi Montgomery - Sister

ADDRESS 4240 'F' ST. (SO 92102

NAME OF DECEASED Willa N. Bowman (R)

OWNER

ADDRESS

MORTUARY Ragsdale (Nomvella)

* LOT 57 GR 8 ROW SEC 2 DIV 12	190	00
OPENING/CLOSING TIME -chapel- 10Am DAY DATE THURS 11/1/84	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	320	00
PAID RECEIPT NUMBER 32040	320	00
BALANCE	∅	

* check map Before Digging Grave *

PAID
NOV 01 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 Sutton

W.O. NO. E 4633

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32040

DATE 11/1 1984

FROM Anderson/Ragsdale ADDRESS 5050 Federal Blvd. CSO 92102

Three Hundred Twenty Dollars and No/100 DOLLARS ($ 320.00)

IN Full PAYMENT OF Willa N Bowman Services

LOT 57 GRAVE 8 ROW SECTION 2 DIVISION ~~BLOCK~~ 12

INVOICE NO. check

3874

W.O. E-4633

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 05 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	38	00
80% SALES OF LOTS	100 77184	152	00
OPENINGS	100 77181	95	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020		
TOTAL PAID $		320	00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/31/84 19____

CHARGE Seaman/Poe Monument Company

ADDRESS 3893 Imperial Avenue
San Diego, CA 92113

NAME OF DECEASED _____

OWNER F-40258

ADDRESS _____

MORTUARY _____

LOT _____ GR _____ ROW _____ SEC _____ BLK DIV _____

OPENING/ CLOSING TIME _____ DAY DATE _____

VAULT/LINER _____ SIZE _____

REC. FEE/REMOVAL/FOUNDATION _____

Memorial installations, Oct. '84 TOTAL $920.00

PAID RECEIPT NUMBER _____

BALANCE

10/4	Thomas	$115
10/4	Hines	$115
10/18	Rosenberg	$115
10/25	Ramsey, R.	$115
10/25	Ramsey, C.	$115
10/25	Engel	$115
10/25	Taylor	$115
10/25	Jackson	$115

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 Sutton

W.O. NO. E 4634

INVOICE NO. 026042

Acct #000253

PY-593 (4-82)

025042 10/31/84 000253 SEAMAN/POE MONUMENT CO 12/06/84 CK 5923 920.00 920.00 0.00
E-4434 100 072 77183 000072 920.00 PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/31/84 19

CHARGE Conti & Son Memorial Company

ADDRESS P.O. Box 94
San Diego, CA 92112

NAME OF DECEASED

OWNER FH-25603192

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial installations, Oct. '84 TOTAL $230.00

PAID RECEIPT NUMBER

BALANCE

~~10/18 Cummins $115~~
10/26 Ritchey $115

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 Sutton

W.O. NO. E 4635

INVOICE NO. 026041

Acct #004821

PY-593 (4-82)

OFFICIAL RECEIPT E-4635

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32046

DATE 11-7 19 84

FROM Conti & Son ADDRESS 3971 Imperial Ave. SD Ca. 92113

Seven hundred twenty and 00/100 — DOLLARS ($ 720.00)

IN full PAYMENT OF Memorial installations

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. 026040
026041

W.O. _____

UNPAID BALANCE AFTER THIS PAYMENT _____

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

SAN DIEGO CITY TREAS NOV 09 '84 PAID #2

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	720.00
SALES TAX	60101 9020	
TOTAL PAID $		720.00

AC-212 (REV. 9-81)

026041 10/31/84 004821 CONTI AND SON MEMORIAL CO 11/07/84 CK 3820 230.00 230.00 0.00
100 072 77183 000072 230.00 PAID IN FULL

E 4635

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-5 1984

CHARGE BEVERLY THOMPSON - DAUG.

ADDRESS 12309 Saratoga Cr. Dr. Saratoga, Ca. 95070

NAME OF DECEASED VELVA DANNER

OWNER

ADDRESS

MORTUARY LIMA FAMILY - SUNNYVALE MORT (CARL)
(408) 736-3491

LOT 991 GR ROW SEC 1 BLK DIV 8		~	
OPENING/ CLOSING TIME 3:00 HERE DAY DATE WED 11-7-84		295	00
VAULT/LINER BELL SIZE		14	70
		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		589	70
PAID RECEIPT NUMBER	32048	589	70
BALANCE		0	

FAMILY WILL BE IN ON 11-7-84
(8:30 pm) to handle charges

PAID
NOV 7 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 Eggleston

W.O. NO. E 4636

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32048

DATE 11-7 19 84

FROM [illegible] ADDRESS [illegible]

[illegible] and [illegible] DOLLARS ($ [illegible])

4159

IN [illegible] PAYMENT OF [illegible]

LOT 991 GRAVE ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. F-4636

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
NOV 13 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 [illegible]
BOXES	100 77182	245 [illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	14 [illegible]
TOTAL PAID $		589 [illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-5 19 84

CHARGE ROBERT WEST - SON-IN-LAW 465-2139

ADDRESS 7930 CINNABAR DR. LM 92041

NAME OF DECEASED ALEXANDER SCHIRA

OWNER

ADDRESS

MORTUARY ERICKSON - ANDERSON (REGINALD)

FIRST BURIAL X-DEEP IN MT.

LOT 516 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME 10:00 DAY DATE THURS 11-8-84

VAULT/LINER BELL SIZE

REC. FEE/REMOVAL/FOUNDATION

	295 00
	14 70
	245 00
	35 00
TOTAL	589 70
PAID RECEIPT NUMBER	
BALANCE	

Invoice

WILL NEED PALLBEARERS

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 Robert West

IN PERSON

PHONE BY

ORDER TAKEN BY Jan

W.O. NO. E 4637

INVOICE NO. 026581

011599

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/15/84

DATE: 12/15/84
TIME: 112223
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026581	11/16/84	011599	ROBERT WEST					12/11/84	CK	9802	589.70	589.70	0.00
			100	072		77181	000072				295.00		PAID IN FULL
	E-4637		100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			60101			9020					14.70		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 589.70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-6 19 84

CHARGE JANE JACKSON - DAVG.

ADDRESS 1151-4th Ave. #704 CV Ca 92011

NAME OF DECEASED FERROLL T. MITCHELL (f)

OWNER

ADDRESS

MORTUARY FEATHERINGILL MORT.

LOT 2016 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME 11:00 DAY DATE THURS 11-8-84	295	00
VAULT/LINER BELL SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32050	589	70
BALANCE	0	

FAMILY WILL BRING IN MONEY DAY OF SERVICE

PAID
NOV 8 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 Eggleston

W.O. NO. E 4638

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32050

DATE 11-8 19 84

FROM Jane Jackson ADDRESS 1151-4th Ave #704, C.V. Cal 92[illegible]

Five hundred eighty nine and 74/100 — DOLLARS ($ 589.74)

IN full PAYMENT OF Gerald T. Mitchell service

LOT 2016 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. check

W.O. E-4638

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 13 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.[illegible]
TOTAL PAID $		589.74

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-7 19 84

CHARGE Rev James Pearson

ADDRESS 4365 Keeler Ave SD, Ca. 92113

NAME OF DECEASED Ernest M. Pearson

OWNER

ADDRESS

MORTUARY Anderson-Ragsdale

LOT 51 GR 5 ROW SEC 2 BLK/DIV 12	495	00
OPENING/CLOSING TIME 2:00 -CHURCH- DAY/DATE Thur 11-8-84	295	00
VAULT/LINER SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 32047	495	00
BALANCE	589	70

Daughter to sign 32049 589 70

30-Day note

prior to Service

PAID

NOV 8 1984

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Late Charge

Arrived at 4:00

$100.00

Ragsdale

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 B. Tang

W.O. NO. E 4639

INVOICE NO. 026580

Ragsdale 005665

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32047

DATE 11-7- 19 84

FROM Fred James Pearson ADDRESS 4365 Kedar Ave. S.D. Ca. 92113

Four hundred ninety five and no/100 DOLLARS ($ 495.00)

4155

IN Art PAYMENT OF Ernest M. Pearson Service

LOT 51 GRAVE 5 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E-4639

UNPAID BALANCE AFTER THIS PAYMENT $579.70

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

CITY AUDITOR
NOV 13 1984

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	99.00
80% SALES OF LOTS	100 77184	396.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		495.00

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32049

DATE 11-8 19 84

FROM Valeria Malain ADDRESS 861 Pitcairn St. Spokane, Ga 92177

Two hundred eighty nine and 79/100 DOLLARS ($ 589.79)

IN [illegible] PAYMENT OF Ernest M Pearson Service

LOT 51 GRAVE 6 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4639

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 13 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		589 70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-8-1984

CHARGE Cleophus Rushing

ADDRESS 2951 'L' St. SD Ca. 92102

NAME OF DECEASED Infant

OWNER

ADDRESS

MORTUARY

LOT 116 GR 9 ROW SEC 1 ~~BLK~~ DIV 12	350	—
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	350	00
PAID RECEIPT NUMBER 32051	350	00
BALANCE	~~0~~	

PAID
NOV 8 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 Lang

W.O. NO. E 4640

INVOICE NO.

PY-593 (4-82) #11065

OFFICIAL RECEIPT E-4640

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32051

DATE 11-8 19 84

FROM Cashier Bushing ADDRESS 2951 [illegible] S.D. Ca. 92102

Three hundred fifty and no/100 DOLLARS ($ 350.00)

IN Full PAYMENT OF Prepaid grave

LOT 116 GRAVE 9 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E-4640

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
NOV 13 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	70.00
80% SALES OF LOTS	100 77184	210.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		350.00

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-8 19 84

CHARGE Cephus Rushing

ADDRESS 2951 'L' St. SD, Ca. 92102

NAME OF DECEASED Preneed

OWNER

ADDRESS

MORTUARY

LOT 116 GR 10 ROW SEC BLK DIV 12	350	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	350	00
PAID RECEIPT NUMBER		
BALANCE		

Postcard 8-2

Cancel 8-26 not interested per phone call 8-5-85

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 Lang

W.O. NO. E 4641

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-8 19 84

CHARGE Self-Pre-need

ADDRESS

NAME OF DECEASED Eliza E Jeffreys

OWNER

ADDRESS

MORTUARY Pacific Beach

LOT 174 GR ROW SEC 4 BLK DIV 8			
OPENING/CLOSING TIME Upon Arrival	DAY DATE Fri 11-16-84	95	00
VAULT/LINER SIZE			
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	130	00
PAID RECEIPT NUMBER NOV 15 1984 32058		130	00
	BALANCE	0	

PAID
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring Urn

2nd set of Ashes - Right side

D-2885

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 Lang

W.O. NO. E 4642

INVOICE NO.

PY-593 (4-82)

E-4642

MOUNT HOPE CEMETERY

Nov. 8 1984

The undersigned hereby requests and authorizes the interment of the remains of Eliza Ellen Jeffrey in Lot 174 Gr _____ Row _____ Sec. 4 Block _____ Division 8 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.

X Elizabeth Shaw

X Executrix

Signature of relative or legal representative.

Address & relationship to deceased or authority to sign authorization.

6580 Croy Rd.
Morgan Hill - Ca 95037

Witness

Witness

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32058

DATE 11-15 1984

FROM The Chapel & [illegible] Mort ADDRESS 4710 Cass St S.D. Ca. 92109

One hundred thirty and no/100 DOLLARS ($ 130.00)

IN full PAYMENT OF Elgin & Jeffrey Service

LOT 174 GRAVE ROW SECTION 4 DIVISION BLOCK 1

INVOICE NO. Check

W.O. E-4642

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 19 1984

ISSUED BY [illegible]

CREDIT 80% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	
TOTAL PAID $		130.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-8 19 84

CHARGE Atty Christine Jennings

ADDRESS Robert A Ward assoc 233 'A' St Suite 1009 SD Ca 92101

NAME OF DECEASED Franchon Cameron

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 84 GR 4 ROW SEC 14 BLK DIV 7	495	00
OPENING/CLOSING TIME -CHAPEL- 11:00 DAY DATE TUE. 11-13-84	295	00
	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER		
BALANCE		

Send Creditors Claim + Invoice to Atty above - Sent 11-21-84

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 Lang

W.O. NO. E 4643

INVOICE NO. 026582

011600

PY-593 (4-82)

4, 5 + 6 -
will be taken
by this service

E-4643

NAME AND ADDRESS OF ATTORNEY: TELEPHONE NO.:	FOR COURT USE ONLY
Christine Jennings c/o Robert A. Ward Assoc. 233 "A" St., Suite 1009 San Diego, CA 92101 ATTORNEY FOR: Fanchon Cameron, Deceased	Filed for approval .... (Date) (Deputy) Duplicate mailed .... (Date) (Deputy) Presented to court for approval ..... (Date) (Deputy)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	
ESTATE OF: Fanchon Cameron, DECEDENT	
CREDITOR'S CLAIM*	CASE NUMBER

THIS CLAIM MUST BE PRESENTED TO THE PERSONAL REPRESENTATIVE OR FILED IN THE OFFICE OF THE CLERK OF THE COURT *IN DUPLICATE WITHIN FOUR MONTHS AFTER THE DAY NOTICE TO* CREDITORS WAS FIRST PUBLISHED.

DECLARATION OF CLAIMANT

1. Total amount of the claim is: $ 1084.70
2. Claimant (Name):
   a. ☒ An individual.
   b. ☐ An individual doing business under the fictitious name of:
   c. ☐ A partnership.
   d. ☐ A corporation.
3. The claimant's address is: 3751 Market St., San Diego, CA 92102
4. I am authorized to make the claim which is justly due or may become due. To my knowledge there are no offsets or payments which have not been credited. I certify (declare) under penalty of perjury that this creditor's claim, including any attachments, is true and correct and that this declaration is executed on (Date): 11/13/1984 at (Place): San Diego, , California.
5. Barbara Lang, Acting Cemetery Manager Barbara L. Lang
   (Type name and title) (Signature)

(Items 6–9 to be completed by the personal representative)

6. a. Date of first publication of notice to creditors: b. Date of death:
7. This claim was presented on (Date):
8. Claim ☐ is allowed for: $ ☐ Rejected for: $
9. Estimated value of estate:

..... _____
(Type or print name of personal representative) (Signature of personal representative)

10. ☐ Approved for: $ ☐ Rejected for: $

Dated: ..... _____
(Type or print name) (Signature of ☐ Judge ☐ Commissioner)

11. Total number of pages attached .....

(Continued on Reverse Side)

*See reverse side for instructions before completing. The declaration must be signed in California (CCP 2015.5); affidavit required when signed outside California. No attachment permitted less than on a full page (California Rule of Court 201 (b)).

Form Approved by the Judicial Council of California Effective January 1, 1976

CREDITOR'S CLAIM

Prob C 705–706, 710 712–714, 717

Form PR–17 CO.CIK. (1–77)

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered, or the debt incurred. The item or service should be described in detail, and the amount claimed for each item indicated. If any debt was incurred after the date of death, except funeral claims, it must not be included as an item on this claim form.

If the claim is based upon a note or other written instrument, a copy of such note or instrument must be attached. If secured by mortgage, deed of trust or other lien on property that is of record, it is sufficient to state the date, book and page and county where recorded.

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
	Fanchon Cameron Interment Service	
	Lot 84, Grave 4, Section 14, Divn. 7	$ 495.00
	Opening/Closing	295.00
	Concrete Bell Liner	245.00
	Tax on liner	14.70
	Recording Fee	35.00
	Total	$1084.70
	Interred - Mt. Hope Cemetery 11/13/1984	
	TOTAL	$ 1084.70

CREDITOR'S CLAIM

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32384

DATE 04-14 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 14 GRAVE 4 ROW [illegible] SECTION 14 DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4643

UNPAID BALANCE AFTER THIS PAYMENT

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

SAN DIEGO CITY TREAS. APR 10 '85 PAID #13

ISSUED BY [illegible]

CREDIT	67007	
35% SALES CARE	77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-312 (REV. 9-81)

E-4643

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

March 7, 1985

Robert A. Ward and Associates
Attorneys at Law
233 "A" St., Suite 1009
San Diego, CA 92101

Dear Ms. Dieli:

Attached is the form you sent. I trust this is satisfactory and we will receive payment soon.

Thank you.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

Cr. Claim Sent again 3-7-85

PAID
APR 4 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

E-4643

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 011600 INVOICE: 026582 INV DATE: 11 16 84
NAME: CITY CHRISTINE JENNINGS
1) C. ROBERT A WARD ASSOC 2) 233 A ST
3) SUITE 1009 4) _____
CITY: SAN DIEGO ST: CA ZIP: 92101 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-4643 DAYS DUE: 030 INV TYPE: GE TYPE CHG: _ NOTICES: Y
TREAS-REF: Y ENCLOSURES: Y PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _
TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 1,084.70

DESCRIPTION OF CHARGE	AMOUNT
FANCHON CAMERON SERVICES	
LOT 84, GR 4, SEC 14, DIV 7	495.00
OPENING/CLOSING	295.00
CONCRETE BELL LINER	245.00
TAX ON LINER	14.70
RECORDING FEE	35.00

TOTAL DUE 1,084.70

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
#2 __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-9 1984

CHARGE Arthur Bishop (Son)

ADDRESS 3144 Dove St. S.D. Ca

NAME OF DECEASED Annie Lloyd Bishop

OWNER

ADDRESS

MORTUARY Pacific Beach (Addie)

LOT 51 GR ROW 2 SEC 6 ~~BLK~~ DIV 7	—	—
OPENING/ CLOSING TIME -HERE- 9:30 DAY DATE TUES 11-13-84	295	00
	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 11-20-84 R 32073	589	70
BALANCE	0	

Mortuary to mail check 11-12-84

PAID
NOV 20 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 Lang

W.O. NO. E 4644

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32073

DATE 11-20 1984

FROM Mt Chapel + PB Mort ADDRESS 4710 Cass St. SD Ca. 92109

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Annie L. Bishop Services

LOT 51 GRAVE ROW 2 SECTION 6 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-4644

UNPAID BALANCE AFTER THIS PAYMENT 8

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

CITY AUDITOR
NOV 21 1984

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184		
30% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 8020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11/9/84 19

CHARGE Ms Dale Hutchins (415) 493-5584

ADDRESS 4127 Willmar Dr Palo Alto, Ca 94306

NAME OF DECEASED George A. Doyle (X)

OWNER Same

ADDRESS

MORTUARY Family Arranging Ashes

		Re-Need
LOT 86 GR 5 ROW SEC 2 BLK/DIV 1		
OPENING/CLOSING TIME 10 AM HERE DAY/DATE Mon 11-19-84	95	00
VAULT/LINER ASH SIZE	95	40
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 11-119-84 32068	225	40
BALANCE	-0-	

L.D. Phone Call did not give Quote—

Check to come in mail per Conv. 11-13-84

DATE of Passing 10/5/84

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 Mrs
IN PERSON
PHONE BY Dale Hutchins ORDER TAKEN BY

W.O. NO. E 4645 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32068

DATE 11-19 19 84

FROM Mr. Dale Hutakins ADDRESS 4137 Willmar Dr. Palo Alto, Ca 94306

Two hundred twenty five and 40/100 DOLLARS ($ 225.40)

IN full PAYMENT OF George A. Doyle Service

4413

LOT 86 GRAVE 5 ROW SECTION 2 DIVISION ~~BLOCK~~ 1

INVOICE NO. cash

W.O. E-4645

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 21 1984

ISSUED BY S. Lang

CREDIT 80% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95 00
BORES	100 77182	90 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	5 40
TOTAL PAID $		225 40

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-9 19 84

CHARGE Barbara Lundblade (415-

ADDRESS 917 Hamilton Dr. Pleasant Hill, Ca 94523 932-0297

NAME OF DECEASED Finn, Mystic Onida (Linda)

OWNER

ADDRESS

MORTUARY Hulls Walnut Creek

LOT 348 GR ROW SEC 4 BLK DIV 8	190	00
OPENING/CLOSING TIME 8:30 – HERE – DAY DATE Fri - 11-23-84	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	320	00
PAID RECEIPT NUMBER 11-16-84 - 32063	320	00
BALANCE	-0-	

Will send check + info.

(return receipt)

PAID

NOV 16 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 Lang

W.O. NO. E 4646

INVOICE NO.

PY-593 (4-82)

E-4646

Sunday
Nov. 11, 1984

Dear Barbara,

Enclosed find a check for $320. The ashes plat is for Myrtle Oneida Lane. The person purchasing the site is her daughter, Barbara Lundblade. I understand this fee includes the plat, opening and closing, and the recording fee. We would like to be at Mt. Hope at 8:30 A.M. the morning of November 23rd. Thank you for handling this for me.

Sincerely
Barbara Lundblade

(over please)

Myrtle Oneida Lowe's
legal name is
Myrtle Oneida Finn,
and that name is, of course,
on the death certificate.

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

11/16/84

Barbara Lundblade
917 Hamilton Dr.
Pleasant Hill, CA 94523

Dear Ms. Lundblade:

Upon receipt of your check and information Lot 348, Section 4, Division 8 was selected for Myrtle O. Finn's interment, 8:30 AM 11/23/1984.

Please be sure to bring the burial permit with you.

If I can be of any further assistance, please let me know.

Respectfully yours,

Barbara Lang

Barbara Lang

E-4646

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32063

DATE 11-16 19 84

FROM [illegible] ADDRESS 917 Hamilton Dr. Pleasant Hill, Ca 94523

Free hundred twenty and 00/100 DOLLARS ($ 320.00)

IN full PAYMENT OF Myrtle O Finn Services

4413

LOT 348 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4646

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 21 1984

ISSUED BY B. Lang

CREDIT 30% SALES CARE	67007 77184	38.00
30% SALES OF LOTS	100 77184	152.00
OPENINGS	100 77181	95.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	
TOTAL PAID $		320.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-13 19 84

CHARGE Roger L. Tuck

ADDRESS 1236 Pepper Dr El Cajon, Ca 92020

NAME OF DECEASED Daisy Marie Tuck

OWNER

ADDRESS

MORTUARY Featheringill

LOT 95 GR ROW SEC 100F BLK DIV 14

OPENING/ CLOSING TIME -HERE- 1:00 DAY DATE TUES 11-13-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

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

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Tang

W.O. NO. E 4647

INVOICE NO.

PY-393 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-13 19 84

CHARGE James Westman

ADDRESS 3319-54th St SD Ca. 92105

NAME OF DECEASED Mathilda Nuyfo

OWNER

ADDRESS

MORTUARY Lewis Colonial (Dan)

LOT 1938 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME 10:00 Chapel DAY DATE Wed 11-14-84	295	00
VAULT/LINER SIZE	259	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32054	589	70
BALANCE	0	

Need pallbearers

PAID

NOV 13 1984

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER AND ORDINANCES 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 Lang

W.O. NO. E 4648

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32054

4305 DATE 11/13 1984

FROM James Hesiman ADDRESS 3315-54th St. S.D.

Five Hundred Eighty Nine 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Services

Mthilda H. Nuzzo

LOT 1938 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. 4648

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
NOV 19 1984

ISSUED BY [signature]

CREDIT 25% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-13 19 84

CHARGE Edwin F. Cochrane Jr.

ADDRESS 10120 Maple Tree Rd Santee 92071 Ca

NAME OF DECEASED Margret R Cochrane

OWNER

ADDRESS

MORTUARY Merkley - Mitchell

LOT 3 GR 12 ROW SEC 17 BLK DIV 7		
OPENING/CLOSING TIME upon Receipt DAY DATE TUE 11-13-84	95	00
VAULT/LINER ASH SIZE	5 90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 32056	225	40
BALANCE	-0-	

PAID
NOV 13 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 Lang

W.O. NO. E 4649

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32056

DATE 11-13 19 84

FROM Edwin F. Cochrane ADDRESS 10120 Maple Creek Rd. Santee Calif 92

two hundred twenty five and 40/100 DOLLARS ($ 225.40)

IN full PAYMENT OF Margaret R. Cochrane Service

LOT 3 GRAVE 12 ROW SECTION 17 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4649

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 19 1984

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	91	00
REMOVALS FOUNDATIONS	100 77183	25	00
SALES TAX	60101 9020	5	40
TOTAL PAID $		225	40

AC-315 (REV. 8-81)

- ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-15 19 84

CHARGE Alvin Broyles

ADDRESS 1440 Lamanda Rd. El Cajon 9202[illegible]

NAME OF DECEASED Goldie May Gersthner

OWNER

ADDRESS

MORTUARY Rogers (Mr. Mayel)

✓ Dig Carefully —

LOT 598 GR ROW SEC 3 BLK DIV 8	495	00
OPENING/CLOSING TIME -CHAPEL- 11:00 DAY DATE Mon 11-19-84	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 12-3-84 32098	1084	70
BALANCE	-0-	

30 day note

PAID

DEC 3 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 Alvin W. Byh

ORDER TAKEN BY Lang

W.O. NO. E 4650

INVOICE NO.

PY-593 (4-82)

Number E-4650

Dated 11-15-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 1084.70.

Name Orvilla Broyles

Address 1427 Fern, San Diego Ca. 92102

234-5288

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

NAME	(PROPERTY OWNED BY YOU)	ADDRESS
Orvilla Broyles	Same as Above	

FORM PW-1573 (REV. 9-67)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32098

DATE 12-3 19 84

FROM Calif. First Bank ADDRESS 350 California St. San Fran. Ca 94104

One thousand eighty four and 79/100 DOLLARS ($ 1084.79)

IN full PAYMENT OF Goldie Mae Gasthner Service

LOT 598 GRAVE ROW SECTION 3 DIVISION BLOCK 1

INVOICE NO. Check

W.O. E-4650

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
DEC 07 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99	00
20% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1174	70

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-15 19 84

CHARGE Public Guardian (Pam Thompson)

ADDRESS 5201 'A' Ruffin Rd. SDCa. 92123

NAME OF DECEASED Louise Allen

OWNER

ADDRESS

MORTUARY Anderson Ragsdale

(DIP)

LOT 55 GR 4 ROW SEC 1 BLK DIV 11			
OPENING/CLOSING TIME 11:00 DAY DATE Wed 11-21-84	295	00	
VAULT/LINER Bell SIZE	245	00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	589	70	
PAID RECEIPT NUMBER			
BALANCE			

Bill Public Guardian

Lot burial 1973

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 Lang

W.O. NO. E 4651

INVOICE NO. 026851
000952

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/10/84

DATE: 12/10/84
TIME: 195339
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
026851	11/28/84	000952	COUNTY OF SAN DIEGO					12/05/84	CK	122049	589.70	589.70	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			60101			9020					14.70		

E-4651

E-4651

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-15 19 84

CHARGE Pre-Need

ADDRESS

NAME OF DECEASED Julius I. Kirchhoff

OWNER

ADDRESS

MORTUARY Pacific Beach

LOT 124 GR 7 ROW SEC 100F BLK ~~DIV~~ 14	—	—
OPENING/CLOSING TIME Upon Gathering DAY DATE Fri 11-16-84	95	00
VAULT/LINER SIZE	—	—
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	130	00
PAID RECEIPT NUMBER 32059	130	00
BALANCE	-0-	

PAID
NOV 15 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 Lang

W.O. NO. E 4652

INVOICE NO.

FY-593 (4-62)

OFFICIAL RECEIPT E-4652

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32059

DATE 11-15 19 84

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 124 GRAVE 7 ROW SECTION 100F DIVISION BLOCK 14

INVOICE NO. Check

W.O. E-4652

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
NOV 19 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-15 19 84

CHARGE Earl Rowe, Jr.

ADDRESS 2805 Copley Ave SD Ca. 92116

NAME OF DECEASED Eva Rowe

OWNER

ADDRESS

MORTUARY Lewis Colonial (Jerry)

LOT 291 GR ROW SEC 1 ~~BLK~~ DIV 8	~	~
OPENING/CLOSING TIME ~ CHURCH ~ 11:00 DAY DATE Mon 11-19-84	295	00
VAULT/LINER Bell SIZE	245	75 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 11-16-84 32065	589	70
BALANCE	0	

Need help graveside.

PAID
NOV 16 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 Lang

W.O. NO. E 4653

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT E-4653

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32065

DATE 11-16 19 84

FROM Carl Kane ADDRESS 2805 Copley St. Ca 92116

Five hundred eighty nine and 72/100 DOLLARS ($ 589.72)

IN full PAYMENT OF Eva Kane Service

4413

LOT 291 GRAVE ROW SECTION 1 DIVISION ~~BLOCK~~ 8

INVOICE NO. Check

W.O. E-4653

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 21 1984

ISSUED BY [illegible]

CREDIT 20% SALES CASE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	14 00
TOTAL PAID $		589 00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-19 19 84

CHARGE Pablo Rivera

ADDRESS 1828-29th St. SD Ca 92102

NAME OF DECEASED Mark Anthony Nava

OWNER

ADDRESS

MORTUARY Heath

LOT 763 GR ROW SEC 2 BLK DIV 9	75	00
OPENING/CLOSING TIME 11:00 (CHANGED) DAY DATE TUE 11-20-84	75	00
VAULT/LINER (IX Bull) SIZE	130	80
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	322	80
PAID RECEIPT NUMBER 11-19-84 32066	322	80
BALANCE	-0-	

46" Casket

(Baby)

PAID
NOV 19 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 Pablo Rivera ORDER TAKEN BY Lang

W.O. NO. E 4654 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT E-4654

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32066

DATE 11-19 1984

FROM Pablo M Rivera ADDRESS 1828 29th St. San Diego 92102

Three hundred twenty two and 80/100 DOLLARS ($ 322.80)

IN full PAYMENT OF Mark Anthony Nava

4413

LOT 763 GRAVE ROW SECTION 2 DIVISION ~~BLOCK~~ 7

INVOICE NO. Check

W.O. E-4654

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 21 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	15.00
80% SALES OF LOTS	100 77184	61.00
OPENINGS	100 77181	75.00
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 2-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-19 1984

CHARGE Russell Frazier

ADDRESS 4305 Blackfoot ave SD 92117

NAME OF DECEASED Pearl S. Frazier

OWNER

ADDRESS 276-3467

MORTUARY Claremont Mort.

LOT 4507 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10	—	
OPENING/ CLOSING TIME AM DAY DATE TUES 11-27-84	95	00
VAULT/LINER Ash SIZE	5 90	00
FC-	15	90
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	241	30
PAID RECEIPT NUMBER 11-19-84 32067	241	30
BALANCE	0	

Flower Can

Notify after interred

PAID
NOV 19 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 R E Frazier

ORDER TAKEN BY Lang

W.O. NO. E 4655

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32067

DATE 11-19 19 84

FROM Russell Frazier ADDRESS 4305 Blackfoot Ave SD Ca 92107

Two hundred forty-one and 30/100 — DOLLARS ($ 241.30)

IN full PAYMENT OF Pearl L Frazier service 4413

LOT 4507 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. check

W.O. E-4655

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 21 1984

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95.00
BOXES	100 77182	90.00
REMOVALS FOUNDATIONS	100 77183	50.00
SALES TAX	60101 9020	6.30
TOTAL PAID $		241.30

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-19 19 84

CHARGE Cecilia Cave

ADDRESS 9375 Manor Dr La Mesa Ca 92041

NAME OF DECEASED Transfer to Daughter

OWNER Cecilia D. Good

ADDRESS 6330 Fernwood Dr. La Mesa Ca. 92041

MORTUARY

LOT 48 GR 2 ROW SEC 4 BLK DIV 7

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

(Family transfer no fee required.)

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 Emily Cecilia CAVE ORDER TAKEN BY Lang

PHONE BY

W.O. NO. E 4656 INVOICE NO.

FY-593 (4-82) #11067

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-19 19 84

CHARGE John Harvey

ADDRESS 1479 Bathurst Pl. LMayon 92116

NAME OF DECEASED Elizabeth Harvey

OWNER

ADDRESS

MORTUARY Bagdale

LOT 1044 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME 2:00 CHURCH DAY DATE Wed. 11-21-84	295	00
VAULT/LINER Bell SIZE	245	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 11-19-84 32069	1084	70
BALANCE	-0-	

PAID
NOV 19 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

flower can R-32070 - 11-19-84

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 John Harvey

ORDER TAKEN BY Lang

W.O. NO E 4657

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32069

DATE 11-19 19 84

FROM John R. Harvey ADDRESS 1479 Lathrop St. SD Ca 92102

One Thousand eighty four and 72/100 — DOLLARS ($ 1084.72)

IN full PAYMENT OF Elizabeth Harvey Service

LOT 1644 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4657

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-213 (REV. 8-81)

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

CITY AUDITOR
NOV 21 1984

ISSUED BY L. Long

CREDIT 25% SALES CARE	67007 77184	271 00
25% SALES OF LOTS	100 77184	376 00
OPENINGS	100 77181	275 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 72
TOTAL PAID $		1084 72

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32070

DATE 11-19 19 84

FROM Jean Harvey ADDRESS 1479 Bathurst Pl El Cajon 92020

Fifteen and 90/100 DOLLARS ($ 15.90)

IN full PAYMENT OF Flower bars for Elizabeth Harvey

LOT 1044 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4657

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
NOV 21 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184		
35% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	15	00
SALES TAX	50101 9020		90
TOTAL PAID $		15	90

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-19 19 84

CHARGE John Harvey

ADDRESS 1479 Bathurst Pl Ellcajon 92020

NAME OF DECEASED Princed

OWNER

ADDRESS

MORTUARY

LOT 1045 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 8-6-85 ✓ 32709	200	00
BALANCE	295	00
7/14/86 - ✓ 33560	195.00	
	100.00	

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 John Harvey

ORDER TAKEN BY Lang

W.O. NO. E 4658

INVOICE NO.

PY-593 (4-82)

588-5703

NAME Harvey, John ACCT. NO. E-4658

ADDRESS 1479 Bathurst Place, El Cajon, Ca 92020 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
Nov 11 84	Lot 1045, Div 10	495 00		395 00	100 00
1-9 89	Receipt 38555			60 00	40 00
8-3-90	Receipt 39545			40 00	-0-

AIGNER FORM NO. 25-204 Harvey, John 1045 - 10 PRINTED IN USA

E-4658

from

MEMO

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

January 23, 1985

John Harvey
1479 Bathurst Place
El Cajon, CA 92020

Dear Mr. Harvey:

On November 19, 1984 you reserved Lot 1045 Division 10 for $495.00. We have not received any payment towards this lot.

This needs to be paid in full in 90 days. Please advise us if you wish to retain this reservation.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

E-4658

THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

February 22, 1989

John Harvey
1479 Bathurst Place
El Cajon, Ca 92020

Re: Credit Lot Purchase

It has been over a year since a payment was received at Mt. Hope towards the purchase of your grave plot (s). If a payment is not received at Mt. Hope by March 15, 1989 it will be assumed you are no longer interested in the plot. The grave will be put on the market for sale. All funds paid thus far will be forfeited.

If you have any questions please call 264-3151.

Sandra Ward

Sandra Ward
Administrative Aide II
Mt. Hope Cemetery

OFFICIAL RECEIPT E-4658

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32709

DATE 8-6 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 1645 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E 4658

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR

AUG 12 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33550

Date: 7/14/86, 19

From: John Harvey Address: 1479 Bathurst Escon 92020

One Hundred Ninety-five & no/100 Dollars ($ 195.00)

In Onace Payment of Credit Sale - Pre need

Lot 1045 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-4658

Unpaid Balance after this Payment $100.00

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

#612

AC-212 (Rev. 8-85)

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

CITY AUDITOR
JUL 17 1986
1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	195	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	195	00

E-4658

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO 38555

Date: Nov 9, 19 89

From: John Harvey Address: 479 Bathurst Place El Cajon, CA 92120

Sixty no 00/cents Dollars ($ 60.00)

In part Payment of credit lot

Lot 1045 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. ~~E-4658~~

W.O. E-4658

BALANCE DUE $40.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	59 00
80% Sales of Lots	100 77184	1 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	50101 78390	
TOTAL PAID	$	60 00

CITY AUDITOR
NOV 20 1989

AC-212 (Rev. 10-87)

E-4658

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 39545

Date: 5 3 , 19

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 1015 Grave [illegible] Row [illegible] Section [illegible] Division [illegible] Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-4658

BALANCE DUE [illegible]

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

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

ISSUED BY [illegible]

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	
Sales Tax	60101 78390	
TOTAL PAID	$	

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-19 19 84

CHARGE Wesley B. Edgerton

ADDRESS 620 W. 22nd St L.A. 90044

NAME OF DECEASED Bobbie Mundy

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 1A GR ROW 19 SEC 5 ~~BLK~~ DIV 7	495	00
OPENING/CLOSING TIME 2:00 DAY DATE FRI 11-23-84	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 11-19-84 R 32072	200	00
BALANCE	884	70
11-20-84 R 32074	884.70	0

PAID
NOV 20 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 W.B. Edgerton ORDER TAKEN BY Lang

W.O. NO. E 4659 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

4587 № 32074

DATE 11-20 1984

FROM Wesley B. Edgerton ADDRESS 620 W. 82nd St. L.A. Ca. 90044

Eight hundred eighty four and 70/100 — DOLLARS ($ 884.70)

IN full PAYMENT OF Bobbie Mundy Service

LOT 1A GRAVE ROW 19 SECTION 5 DIVISION BLOCK 7

INVOICE NO. Cash

W.O. E-4659

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
NOV 29 1984

ISSUED BY R. Lang

CREDIT 30% SALES CARE	67007 77184	99.00
60% SALES OF LOTS	100 77184	396.00
OPENINGS	100 77181	95.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		884.70

AC-215 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32072

DATE 11-19 19 84

FROM Wesley B. Edgerton ADDRESS 620 W. 82nd St. L.A. Ca. 90044

Two hundred and no/100 DOLLARS ($ 200.00)

IN Cart PAYMENT OF Bobbie Mundy service

LOT GRAVE 1 A ROW 19 SECTION 5 DIVISION BLOCK 7

INVOICE NO. Cash

W.O. E-4659

UNPAID BALANCE AFTER THIS PAYMENT $ 814.70

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

CITY AUDITOR
NOV 21 1984

ISSUED BY B. Tang

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	200.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		200.00

AC-212 (NOV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-20 1984

CHARGE K. E. Hallikainen (415) 457-3629

ADDRESS 4521 Barrett Ave. Richmond, Ca 94805

NAME OF DECEASED Anne Hallikainen Verano

OWNER

ADDRESS

MORTUARY Humphrey

(DIF)

LOT 11 GR 6 ROW SEC 3 ~~BER~~ DIV 12		
OPENING/ CLOSING TIME 3:00 DAY DATE FRI 11-23-84	295	00
VAULT/LINER Bell SIZE	245	14 70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32076	589	70
BALANCE	0	

Interment 1976

PAID
NOV 23 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 Tang

W.O. NO. E 4660

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

4580 № 32076

DATE 11-23 19 84

FROM F. E. Hallikainen ADDRESS 4521 Barrett Ave Richmond Ca 94805

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Aune Hallikainen Verona Service

LOT 11 GRAVE 6 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-4660

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
NOV 29 1984

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-21 1984

CHARGE Lorine Moore 239-6787

ADDRESS 3116 'K' St. S.D. Ca. 92102

NAME OF DECEASED Rufus Thrasher

OWNER

ADDRESS

MORTUARY Ragsdale (Narvella)

(DIP)

		(DIP)	
LOT 1446 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10		247	50
OPENING/ CLOSING TIME 11:00 -CHAPEL- DAY DATE Mon 11-26-84		295	00
		14	70
VAULT/LINER Bell SIZE		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	837	20
PAID RECEIPT NUMBER 11-27-84 32084		837	20
	BALANCE	0	

1st Interment

PAID
NOV 27 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

(Mortuary to bring 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

ORDER TAKEN BY Lang

W.O. NO. E 4661

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32084

DATE 11-27 19 84

FROM Anderson-Kagedale ADDRESS 5050 Federal Blvd Sec 7-102

Eight hundred thirty seven and 2/100 DOLLARS ($ 837.00)

IN full PAYMENT OF Rufus Z. Moore Thresher service

LOT 1446 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-46161

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
NOV 29 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	47	50
10% SALES OF LOTS	100 77184	191	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	25	00
SALES TAX	60101 9020	14	50
TOTAL PAID $		837	50

AC-215 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-23 1984

CHARGE Gladys Woods

ADDRESS 3729 Oak St. SD. Ca 92113

NAME OF DECEASED Annie Kendra

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 130 GR 7 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE TUES. 11-27-84	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 11-23-84 32078	200	00
BALANCE	739	70
11-26-84 32080	739.70	

PAID

NOV 26 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 Gladys L Woods ORDER TAKEN BY Lang

W.O. NO. E 4662 INVOICE NO.

PY-593 (4-82)

LOT OWNER

E-4662

WOODS, Gladys 3729 Teak St. SD, CA. 92113

NAME ADDRESS

LOT 130 GR. 7 ROW SEC 1 BLK DIV 12

PR-961 (REV. 1-83) TAYLOR SYSTEM OF CEMETERY RECORDING

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32080

DATE 11-26 19 84

FROM Gladys Woods ADDRESS 3729 Veal St. Sdn. 92113

Seven hundred thirty nine and 70/100 — DOLLARS ($ 739.70)

IN full PAYMENT OF Annie Lenora Services

LOT 130 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E-4662

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
NOV 29 1984

ISSUED BY E. Tang

CREDIT 30% SALES CARE	67007 77184	70 00
30% SALES OF LOTS	100 77184	280 00
OPENINGS	100 77181	95 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		739 70

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32078

DATE 11-23 1984

FROM Gladys Woods ADDRESS 3729 Oak St SD Ca. 92113

two hundred and no/100 DOLLARS ($ 200.00)

IN part PAYMENT OF Annie Lenora Service

LOT 130 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E-4662

UNPAID BALANCE AFTER THIS PAYMENT $739.70

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

CITY AUDITOR
NOV 29 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	200.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		200.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-23 19 84

CHARGE Myrtle Riggins

ADDRESS 5321 Encina Dr SD Ca.

NAME OF DECEASED Vera Mae Turner

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 12 GR 6 ROW SEC 2 BLK DIV 12	495	00
OPENING/CLOSING TIME 2:00 DAY DATE Tues 11-27-84	295	00
	19	80
VAULT/LINER SIZE	330	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1174	80
PAID RECEIPT NUMBER 11-27-84 32081	1174	80
BALANCE	-0-	

PAID
NOV 27 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 Myrtle Riggins ORDER TAKEN BY Lang

W.O. NO. E 4663 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32081

DATE 11-27 19 84

FROM Myrtle Riggins ADDRESS 5321 [illegible]

[illegible] DOLLARS ($ 1174.00)

IN full PAYMENT OF Vera Mae Turner Service

LOT 12 GRAVE 6 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4663

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
NOV 29 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99
40% SALES OF LOTS	100 77184	396
OPENINGS	100 77181	395
BOXES	100 77182	331
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60801 9020	19
TOTAL PAID $		1174

AC-313 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-26 1984

CHARGE Marion A. Huntington, Cons of Estate

ADDRESS 143 'I' St. Chula Vista, Ca. 92010

NAME OF DECEASED Dora B. Hawkins

OWNER

ADDRESS

MORTUARY Berge-Roberts (Lucy)

LOT 3821 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10	—	—
OPENING/ CLOSING TIME 1:00 DAY DATE Wed 11-28-84	295	00
VAULT/LINER Bell SIZE	14 / 245	70 / 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 11-28-84 32085	589	70
BALANCE	0	

Witnessed assistance

PAID
NOV 28 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring 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

ORDER TAKEN BY Lang

W.O. NO. E 4664

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32085

DATE 11-21 19 84

FROM Marion A. Huntington ADDRESS 143 I St. Chula Vista, Ca. 92010

Five hundred eighty nine and 72/100 — DOLLARS ($ 589.72)

IN full PAYMENT OF Burial Services

LOT 3821 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO. Check

W.O. E-4664

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-215 (REV. 9-81)

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

CITY AUDITOR
DEC 03 1984

ISSUED BY

CREDIT	67007	
35% SALES CARE	77184	
65% SALES OF LOTS	100 77184	
OPENINGS	100 77181	375 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 72
TOTAL PAID $		589 72

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-26 19 84

CHARGE Carol Miller (219) 299 2068

ADDRESS 6538 N Chance Fresno, Ca 93710

NAME OF DECEASED Edith Irmer Ruskey

OWNER

ADDRESS

MORTUARY Merkley-Mitchell

LOT 171 GR 7 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME 2:00 DAY DATE Wed 11-28-84	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 11-28-84 32087	939	70
BALANCE	-0-	

PAID
NOV 28 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 Carole Miller ORDER TAKEN BY Lang

W.O. NO. E 4665 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32087

DATE 11-26 1984

FROM Carol Miller ADDRESS 6538 N. Chance, Fresno, Ca. 93710

Nine hundred thirty nine and 70/100 DOLLARS ($ 939.70)

IN full PAYMENT OF Edith Inniss Rucker services

LOT 171 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E 46665

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
DEC 03 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	70	00
20% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	29	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-26 19 84

CHARGE James Palmer

ADDRESS 5465 Bonita Dr SD, Ca 92114

NAME OF DECEASED Albert Pool

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 104 GR 7 ROW SEC 2 BLK DIV 12	495	00
OPENING/CLOSING TIME 2:00 -CHAPEL- DAY DATE Wed 11-28-84	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 11-26-84 32079	589	70
BALANCE	495	00

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.

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 4666

INVOICE NO. 027070
011702

PY-593 (4-82)

396

100/77184 ✓

99

67007-

E-4666

Number E-4666

Dated 11-26-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 495.00.

Name James Palmer

Address 5465 Bonita Dr
San Diego, Ca. 92114

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

NAME	(PROPERTY OWNED BY YOU)	ADDRESS
Jan Palmer	same as above	

FORM PW-1573 (REV. 9-67)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32079

DATE 11-26 19 84

FROM James Palmer ADDRESS 5465 Benita Dr. S.D. Ca. 92114

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN Part PAYMENT OF Albert Pool Service

LOT 104 GRAVE 7 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E-4666

UNPAID BALANCE AFTER THIS PAYMENT $495.00

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

CITY AUDITOR
NOV 29 1984

ISSUED BY L. Fang

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-26 19 84

CHARGE Neptune of S.D. 561-6400

ADDRESS 14065 Old Hwy 80, El Cajon Ca 92021

NAME OF DECEASED Carl Hamilton

OWNER

ADDRESS

MORTUARY Neptune

LOT 36 GR 3 ROW SEC 3 BLK DIV 5	—	—
OPENING/ CLOSING TIME 1:30 — delivery only — DAY DATE TUES 11-27-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 11-27-84 32083	589	70
BALANCE	0	

Send new rates to Neptune

PAID
NOV 27 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 Rod [illegible]

ORDER TAKEN BY Lang

W.O. NO. E 4667

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32083

DATE 11-27 19 84

FROM Nestune of S.D. ADDRESS 14065 Old Hwy 80, El Cajon Ca 92021

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Carl Hamilton Service

LOT 36 GRAVE 3 ROW SECTION 3 DIVISION BLOCK 5

INVOICE NO. Check

W.O. E-4667

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
NOV 29 1984

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
90% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-313 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-26 19 84

CHARGE Madelyn B. Dibble

ADDRESS transfer to

NAME OF DECEASED (Madge Boyds) Daughter

OWNER Neptune

ADDRESS 14065 Old Hwy 80

MORTUARY El Cajon, Ca 92021

LOT 36 GR 3 ROW SEC 3 BLK/DIV 5	35	00
OPENING/CLOSING TIME DAY/DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	35	00
PAID RECEIPT NUMBER 11-27-84 32082	35	00
BALANCE	-0-	

PAID
NOV 27 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 Robert Dibble ORDER TAKEN BY Lang

W.O. NO. E 4668 INVOICE NO.

PY-593 (4-82)

8/5/1959

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-4668

264-3151

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Madge Boyd for the sum of $ 450.00- (DOLLARS)

LEGAL DESCRIPTION Lot 36 [redacted]-3) Sec 3 Div 5

AS DESCRIBED ON PURCHASE ORDER NUMBER D-4552

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker or Monument

Raymond W. Ashe
Cemetery Manager

Leo B. Calland
Park and Recreation Director

FORM 584

E-4668

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET ADDRESS
CITY, STATE ZIP

Title Order No._____ Escrow No._____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
DOCUMENTARY TRANSFER TAX is $_____
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

hereby remise, release and forever quitclaim to Carl Hamilton

the following described real property in the Mount Hope Cemetery City of San Diego
County of San Diego ,State of California:

Lot 36 Grave 3 Sec 3 Division 5

Dated November 26, 1984

Madelyn B. Dibble

4336 Delmonte Ave

San Diego, Ca 92107

STATE OF CALIFORNIA
COUNTY OF San Diego } SS.

On November 26, 1984 before me, the undersigned, a Notary Public in and for said State, personally appeared Madelyn B. Dibble

_____, known to me to be the person_____ whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Roxie Carpenter

OFFICIAL SEAL
ROXIE CARPENTER
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires APR 26, 1985

(This area for official notarial seal)

MAIL TAX STATEMENTS TO_____
NAME ADDRESS ZIP

DEED—QUITCLAIM—WOLCOTTS FORM 790
REV. 2-78

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32082

DATE 11-27 1984

FROM Western H S D ADDRESS 14065 Old Hwy 10 El Cajon 92021

Thirty-five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Transfer from Madelyn S. Dibble

Lot Maize Boyd

LOT 36 GRAVE 3 ROW SECTION 3 DIVISION BLOCK 5

INVOICE NO. check

W.O. E-4668

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
NOV 29 1984

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	
TOTAL PAID $		35.00

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-27 1984

CHARGE Rose Dear

ADDRESS 13031 Papago Dr, Poway, Ca. 92064

NAME OF DECEASED Cade B. Mayreis (D)

OWNER

ADDRESS

MORTUARY Poway (Bill)

LOT 65 GR 6 ROW SEC 2 BLK DIV 6		
OPENING/CLOSING TIME 1:00 DAY DATE FRI 11-30-84	95	00
VAULT/LINER Ash SIZE	98	48
REC. FEE/REMOVAL/FOUNDATION	35	50
TOTAL	225	40
PAID RECEIPT NUMBER 11-30-84 32092	225	40
BALANCE	-0-	

Family to sign
interment Order

PAID
NOV 30 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring 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

ORDER TAKEN BY Lang

W.O. NO. E 4669

INVOICE NO.

PY-593 (4-82)

E-4669

MOUNT HOPE CEMETERY

Nov. 30 19 84

The undersigned hereby requests and authorizes the interment of the remains of Cade B. Mayreis in Lot 65 Gr 6 Row _____ Sec. 2 ~~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.

Rose Marie Dear
Signature of relative or legal representative

13031 Papago Dr, Poway Ca. 92064
Address & relationship to deceased or authority to sign authorization
Daughter

_____
Witness

_____
Witness

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32092

DATE 11-30 1984

FROM Poway-Bernardo ADDRESS 13[illegible] Poway Rd. Poway CA 92[illegible]

Two hundred twenty five and 40/100 — DOLLARS ($ 225.40)

IN full PAYMENT OF Cade R. Mayers [illegible]

LOT 65 GRAVE 6 ROW SECTION 2 DIVISION BLOCK 6

INVOICE NO. check
(225.40 - .40 change)

W.O. E-4669

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
DEC 07 1984

4789

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95 00
BOXES	100 77182	90 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	5 40
TOTAL PAID $		225 40

AC-212 (REV. 9-81)

OFFICIAL RECEIPT E-4669

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32218

DATE 01-29 19 85

FROM [illegible] ADDRESS [illegible]

One hundred sixteen and [illegible] DOLLARS ($ 115)

IN [illegible] PAYMENT OF Marker installation for Charles and Cade Mayers

LOT 65 GRAVE 6 ROW SECTION 2 DIVISION BLOCK 6

INVOICE NO. Check

W.O. E-4669

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JAN 28 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	115
SALES TAX	60101 9020	
TOTAL PAID $		115

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-28 19 84

CHARGE Evelyn M Henderson

ADDRESS 554 Los Angeles Pl SD Ca 92114

NAME OF DECEASED Ray Henderson

OWNER

ADDRESS

MORTUARY Rapdale (Narvella)

(DIP)

LOT 237 GR 3 ROW SEC 14 BLK DIV 7	742	50
OPENING/CLOSING TIME 11:00 DAY DATE Fri 11-30-84	295	00
	19	80
VAULT/LINER SIZE	330	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1422	30
PAID RECEIPT NUMBER 11-29-84 32088	1272	30
BALANCE	150	00

Granite Marker ordered 12-4-84

VA Benefit

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 Lang

W.O. NO. E 4670

INVOICE NO. 027071
011703

PY-593 (4-82)

120

30.

100/77184

67007

E-4670

Form Approved
OMB No. 2900-0001

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Roy Hall Henderson

2A. SOCIAL SECURITY NO. OF VETERAN
117 01 9430

2B. VA FILE NO.
C- 117 019 430

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Cemetery and Creditor

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
March 26,1906	Buckhannon, West Virginia	Nov. 26, 1984	National City,CA	Nov. 30, 1984

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Evelyn M. Henderson
554 Los Angeles Place
San Diego, CA 92114

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Robert Miller Henderson

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Maria Henderson

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
10/7/43		879 39 47	11/24/45		U.S. Navy: Seaman 1st Class

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with Instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 1422.30	11/28/1984	11/29/84	☐ YES ☒ NO (If "No," complete Item 30B)	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	32B. AMOUNT OF REIMBURSEMENT $

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	33B. AMOUNT $	33C. SOURCE

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara L Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Evelyn M. Henderson	Evelyn M. Henderson

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)
554 Los Angeles Place
San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Nov. 27, 1984	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★ ☆. GOVERNMENT PRINTING OFFICE 1983 381-488/3013

OFFICIAL RECEIPT E-4670

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32088

DATE 11-29 19 84

FROM Lillian M. Henderson ADDRESS 554 Los Angeles St. S.D. Ca. 92114

Twelve hundred seventy two and 34/100 — DOLLARS ($ 1272.34)

IN Cart PAYMENT OF Roy Henderson Service

LOT 237 GRAVE 3 ROW SECTION 14 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4670

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

CITY AUDITOR
DEC 03 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	118	50
10% SALES OF LOTS	100 77184	474	[illegible]
OPENINGS	100 77181	295	[illegible]
BOXES	100 77182	33[illegible]	[illegible]
REMOVALS FOUNDATIONS	100 77183	35	[illegible]
SALES TAX	60101 9020	19	[illegible]
TOTAL PAID $		[illegible]	[illegible]

AC-212 (REV. 5-81)

ACR02U ESWD: INVOICE DATA ENTRY

ACTION: A BY: BLL ACCOUNT: 011703 INVOICE: 027071 INV DATE: 12 06 84

NAME: EVELYN M. HENDERSON

1) 554 LOS ANGELES PL 2)

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY:

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-4670 DAYS DUE: 029 INV TYPE: GE TYPE CHG: NOTICES: Y

TREAS REF: Y ENCLOSURES: N PD COVERED: _ EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: INVOICE TOTAL: 150.00

DESCRIPTION OF CHARGE	AMOUNT
ROY HENDERSON SERVICES	
LOT 237, GR 3, SEC 14, DIV 7	742.50
OPENING/CLOSING	295.00
CONCRETE VAULT	330.00
TAX ON VAULT	19.80
RECORDING FEE	35.00
LESS PAYMENT R-32088	1,272.30-
(APPLIED FOR VA BENEFIT)	
TOTAL DUE	150.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

VA Benefit

PAID
FEB 20 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

E-4670

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-28 19 84

CHARGE Bethel Memorial Afr. Met. Ep Church

ADDRESS 3085 'K' St. S.D. Ca. 92102

NAME OF DECEASED Robert Spencer

OWNER

ADDRESS

MORTUARY Rogsdale (Alameda)

LOT 123 GR 2 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME 11:00 – CHILD – DAY DATE Thurs. 11-29-84	295	00
VAULT/LINER SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 11-28-84 32086	939	70
BALANCE	-0-	

PAID
NOV 28 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 Lang

W.O. NO. E 4671

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32086

DATE 11-28 19 84

FROM Bethel Mem. AME Church ADDRESS 3195 K St S.D. Ca. 92102

Nine hundred thirty nine and 72/100 DOLLARS ($ 939.72)

IN full PAYMENT OF Robert Spencer Service

LOT 133 GRAVE 2 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. check & cash

W.O. E-4671

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
DEC 03 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	70	
80% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	50101 9020	14	72
TOTAL PAID $		939	72

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-29 19 84

CHARGE Ausrowe Florence

ADDRESS 506 Los Flores Terr. SDCa 92114

NAME OF DECEASED Sam Arthur Florence

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 122 GR 12 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME 10:00 -CHURCH- DAY DATE Fri 11-30-84	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	1084	70
PAID RECEIPT NUMBER 11-29-84 32090	934	70
BALANCE	150	00

(VA Benefits)

Bronze marker ordered 12-4-84

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 Ausrowe Florence

ORDER TAKEN BY Lang

W.O. NO. E 4672

INVOICE NO. 027072
011704

PY-593 (4-82)

100-77184 120

6.7007 — 30

E-4672

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
SAM ARTHUR FLORENCE

2A. SOCIAL SECURITY NO. OF VETERAN
466 24 9606

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Mortuary

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
Dec. 12, 1922	Washington, Arkansas	Nov. 27, 1984	National City, CA	Nov. 30, 1984

9. MARITAL STATUS
☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☒ DIVORCED

10. SURVIVING CHILD(REN)?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Charles Florence

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Sarah Florence

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
23FEb43	Tyler, Texas	38 473 992	17Nov45	Ft. Macarthur CA	Pvt. U.S. Army: 3078th Ord. Motor Veh. Dist. Co.

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT
$

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with Instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL Mt. Hope Cemetery 92102 3751 Market St., San Diego, CA

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☒ NO (If "No," complete Item 30B)	30B. AMOUNT UNPAID
$ 1084.70	11/29/1984		☐ YES ☒ NO	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	32B. AMOUNT OF REIMBURSEMENT $

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	33B. AMOUNT $	33C. SOURCE

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara L. Lang	Acting Cemetery Manager.

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Florence L. Flores	Ousrowe Florence

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

506 Las Flores Terr: San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Nov. 29, 1984	Brother

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★ U.S. GOVERNMENT PRINTING OFFICE 1983 381-408/3013

OFFICIAL RECEIPT E-4672

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32090

DATE 11-29 19 84

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION 1 DIVISION BLOCK 11

INVOICE NO. [illegible]

W.O. E-4672

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
DEC 03 1984

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	[illegible]
30% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

00 № 32698

DATE 8/2/85 19

FROM Ausrowe L. Florence ADDRESS 506 Los Flores Tr SD 92114
Fifteen 90/100 DOLLARS ($ 15.90)

IN full PAYMENT OF 1 gal. Vase for Sam a.

LOT 122 GRAVE 121 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Cash

W.O. E-4672

UNPAID BALANCE AFTER THIS PAYMENT 0

Cash

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

CITY AUDITOR
AUG 6 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	15 00
SALES TAX	60101 9020	90
TOTAL PAID $		15 90

AC-212 (REV. 9-81)

OFFICIAL RECEIPT E-4672

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32297

DATE 2-26 19 85

FROM Cuscome Florence ADDRESS 5[illegible] Las Flores Dr. [illegible]

[illegible] hundred thirty and [illegible] DOLLARS ($ 130.00)

IN full PAYMENT OF Markers installation for Sam A. Florence

LOT 12 GRAVE 12 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. Check

W.O. E-4672

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	130.00
SALES TAX	60101 9020	
TOTAL PAID $		130.00

AC-215 (REV. 8-81)

ACR03U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 011704 INVOICE: 027072 INV DATE: 12 06 84

NAME: AUSROWE FLORENCE

1) 508 LOS FLORES TERRACE 2)

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY:

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-4672 DAYS DUE: 029 INV TYPE: GE TYPE CHG: NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: EXCEPT CODE: ACCRUAL CODE:

TIME PAYM CODE: STD DESC CODE: INVOICE TOTAL: 150.00

DESCRIPTION OF CHARGE	AMOUNT
SAM ARTHUR FLORENCE SERVICES	
LOT 122, GR 12, SEC 1, DIV 11	495.00
OPENING/CLOSING	295.00
CONCRETE BELL LINER	245.00
TAX ON LINER	14.70
RECORDING FEE	35.00
LESS PAYMENT R-32090	934.70-
(APPLIED FOR VA BENEFIT)	
TOTAL DUE	150.00

PAID
FEB 6 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E-4672

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-29 19 84

CHARGE Jessie B. Green

ADDRESS 2621 Blackton Dr SDCA 92105

NAME OF DECEASED John Webster Green

OWNER

ADDRESS

MORTUARY Bagshaw

(DIP)

LOT 103 GR 2 ROW SEC 1 BLK DIV 7			
OPENING/CLOSING TIME 2:00 (CHURCH) DAY DATE Fri 11-30-84	295	00	
VAULT/LINER Bell SIZE	245	14	70
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	589	70	
PAID RECEIPT NUMBER 11-29-84 32089	350	00	
BALANCE	239	70	

VA Benefits

Interment 1957

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.

AUTHORIZED
IN PERSON
PHONE BY Jessie B. Green ORDER TAKEN BY Lane

W.O. NO. E 4673 INVOICE NO. 027073 011705

PY-593 (4-82)

100 - 77181 - 239.70

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 011705 INVOICE: 027073 INV DATE: 12 06 84

NAME: JESSIE B. GREEN

1) 2621 BLACKTON DRIVE 2) _____

3) _____ 4) _____

CITY: SAN DIEGO ST: CA ZIP: 92105 COUNTRY:

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-4673 DAYS DUE: 029 INV TYPE: GE TYPE CHG: NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: _ EXCEPT CODE: _ ACCRUAL CODE:

TIME PAYM CODE: _ STD DESC CODE: __ INVOICE TOTAL: 239.70

DESCRIPTION OF CHARGE	AMOUNT
JOHN WEBSTER GREEN SERVICES	
LOT 103, GR 2, SEC 1, DIV 7	
OPENING/CLOSING	295.00
CONCRETE BELL LINER	245.00
TAX ON LINER	14.70
RECORDING FEE	35.00
LESS PAYMENT R-32089	350.00-
(APPLIED FOR VA BENEFIT)	
TOTAL DUE	239.70

LATE CHARGE #1 #2 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __ __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

PAID
FEB 13 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

$239.70
R 32141 1-31-84 - 89.70
150.00

VA

E-4673

E-4673

Number E-4673

Dated 11-29-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 89.70 .

Name Jessie B. Green

Address 2621 Blackton Dr.
San Diego, Ca. 92105

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Jessie B. Green 2621 Blackton Dr. 92105

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E-4673

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
John Webster Green

2A. SOCIAL SECURITY NO. OF VETERAN
551 36 5034

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
. Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Cemetery and Creditor.

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
April 2,1917	Woodington, No. Carolina	Nov. 28,1984	San Diego, CA	Nov. 30, 1984

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Jessie B. Green
2621 Blackton Dr.
San Diego, CA 92105

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Adolphus Green

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Annie Green

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
1937		261 97 47	Retired: 1957	San Diego, CA	U. S. Navy CPO

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St.: San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT
$

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☐ NO (If "No," complete Item 30B)	30B. AMOUNT UNPAID
589.70	11/29/1984	11/29/1984		$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☐ NO (If "Yes," complete Items 32B and 32C)	32B. AMOUNT OF REIMBURSEMENT $

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	33B. AMOUNT $	33C. SOURCE

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara L. Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
X Jessie B. Green	Jessie B. Green

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)
2621 Blackton Drive
San Diego, CA 92105

38. DATE	39. RELATIONSHIP TO VETERAN

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★ U.S. GOVERNMENT PRINTING OFFICE 1983 381-488/3013

OFFICIAL RECEIPT E-4673

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32089

DATE 11-29 19 84

FROM Jessie B. Green ADDRESS 2621 Blackton Dr. Sd Ca 92105

Three hundred fifty and 00/100 — DOLLARS ($ 350.00)

IN Cert PAYMENT OF John Webster Green

LOT 103 GRAVE 2 ROW SECTION 1 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4673

UNPAID BALANCE AFTER THIS PAYMENT $239.00

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

CITY AUDITOR
DEC 03 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	55.00
BOXES	100 77182	245
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	14.00
TOTAL PAID $		350.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32141

DATE 12/31/ 19 24

FROM Mrs. [illegible] ADDRESS 2621 Blackton Dr. [illegible]

Eighty Nine dollars DOLLARS ($ 89.70)

IN full PAYMENT OF Services for John Green

LOT 103 GRAVE 2 ROW SECTION 1 DIVISION BLOCK 7

INVOICE NO. Invoice #027073

W.O. E-4673

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY [illegible]

CREDIT 35% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $	89.	70

AC-212 (REV. 9-21)

E-4673

Veterans Administration

2022 Camino Del Rio North
San Diego CA 92108

December 28, 1984

IN REPLY REFER TO: 21/24

MT HOPE CEMETERY
A/C J W GREEN
~~3751 MARKET STREET~~
SAN DIEGO CA 92102

FILE NUMBER:
16-203-909/00
J W GREEN

This is just to let you know that we have received your application for benefits. There is no need for you to take any additional action at this time. However, if you find it necessary to contact us, be sure to indicate THE VETERAN'S file number and name.

Veterans Administration

VA FORM
AUG 1979 21-8332-1

E-4673

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

PROPERTY
DEPARTMENT
264-3151

August 12, 1987

To Whom it may concern:

This is to verify the expenditure for the interment of John W. Green, U.S. Veteran, Deceased, in lot 103, Grave 2, Div. 7, was as follows:

Grave Space and Endowed care	$ 295.00
Concrete Liner	245.00
Recording fee	35.00
Sales Tax	14.70
	$ 589.70

The widow Jessie B. Green paid Mt Hope the sum of $439.70 and assigned the burial allowance from V.A. in the amount of $150.00.

Mt Hope is paid in full for the burial in amount of $589.70.

Most Sincerely,

George Stelter
Cemetery Manager

E-4673

CITY OF SAN DIEGO

02703

7158501/02/84 89.70 INVS
01/02/84 7158 5 89.70- CH
01/02/84 7158 5 .00 BA

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C05-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/03/85

DATE: 01/03/85
TIME: 21:36:54
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
		E-4673											
027073	12/06/84	011705	JESSIE B. GREEN					12/31/84	CK	E-4673	89.70	239.70	150.00
			100	072		77181	000072				89.70		PARTIAL PAYMENT

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-30- 1984

CHARGE Doreen M Ramsey

ADDRESS 4004 Vista Court, La Crescenta Ca 91214

NAME OF DECEASED Philip M Daniel

OWNER

ADDRESS

MORTUARY Anderson/Rapkale

LOT 10 GR 6 ROW SEC 2 ~~BLK~~ DIV 13

OPENING/CLOSING TIME 9:30 DAY DATE FRI 11-30-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Pre-Paid 0-7490

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 Phone

ORDER TAKEN BY Lang

W.O. NO. E 4674

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-30 19 84

CHARGE Anita Kelley

ADDRESS 4921 Mtn View Dr. SD Ca. 92116

NAME OF DECEASED Mabel E. Higgins

OWNER

ADDRESS

MORTUARY Rogers

LOT 8 GR 11 ROW SEC 7 BLK DIV 5		
OPENING/CLOSING TIME 11:00 — GRAVESIDE — DAY DATE Mon 12-3-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 12-3-84 32095	589	70
BALANCE	-0-	

PAID
DEC 3 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 phone

ORDER TAKEN BY Lang

W.O. NO. E 4675

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32095

DATE 12-3 1984

FROM Anita Kelley ADDRESS 4921 W. Mtn View Dr. [illegible]
Five hundred eighty nine and 77/100 DOLLARS ($ 589.77)

IN full PAYMENT OF Mabel E. Higgins Service

LOT 8 GRAVE 11 ROW SECTION 7 DIVISION BLOCK 5

INVOICE NO. Check

W.O. E-4675

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
DEC 07 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295
BOXES	100 77182	245
REMOVALS FOUNDATIONS	100 77183	25
SALES TAX	60101 9020	14
TOTAL PAID $		589

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-30 19 84

CHARGE Lupe McDonald - Niece

ADDRESS 373 Cambria Trl #50 Yucca Valley Ca 92284

NAME OF DECEASED Marie Ann Symonds

OWNER (916 - 364-3163)

ADDRESS

MORTUARY Lewis / Colonial (Don)

LOT 2001 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME 10:00 (CHURCH) DAY DATE WED. 12-5-84	295	00
VAULT/LINER Bell SIZE 14	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 12-4-84 32100	589	70
BALANCE	0	

PAID
DEC 4 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 phone

ORDER TAKEN BY Lang

W.O. NO. E 4676

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32100

DATE 12-4 1984

FROM Lupe McDonald ADDRESS 1373 Cambrian Rd 50 [illegible]

Five hundred eighty nine and 7 [illegible] DOLLARS ($ 589.[illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 2001 GRAVE [illegible] ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. [illegible]

W.O. E-4676

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
DEC 07 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-312 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-30 19 84

CHARGE Mary B. Gilbert

ADDRESS 2323 Harrison Ave SD, Ca 92113

NAME OF DECEASED Prence L

OWNER

ADDRESS

MORTUARY

LOT 28	GR 11	ROW	SEC 1	BLK DIV 11		495	00
OPENING/ CLOSING TIME		DAY DATE					
VAULT/LINER		SIZE					
REC. FEE/REMOVAL/FOUNDATION							
					TOTAL	495	00
PAID RECEIPT NUMBER 11-30-84			32093			495	00
					BALANCE	-0-	

PAID

NOV 30 1984

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED
IN PERSON
PHONE BY Mary B Gilbert ORDER TAKEN BY Tony

W.O. NO. E 4677

INVOICE NO.

PY-593 (4-82) #11069

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32093

DATE 11-30 19 84

FROM Marion L. Gilbert ADDRESS 2323 Harrison Ave SD Ca 92113

four hundred ninety five and no/100 DOLLARS ($ 495.00)

IN full PAYMENT OF Prepaid grave

LOT 28 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. check

W.O. E-4677

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
DEC 07 1984

ISSUED BY L. Lang

CREDIT 20% SALES CARE	67007 77184	99 00
80% SALES OF LOTS	100 77184	396 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		495 00

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-30 19 84

CHARGE Sherman Baker 264-0726

ADDRESS 4272 Market #A SD Ca 92102

NAME OF DECEASED Prenced

OWNER

ADDRESS

MORTUARY

LOT 127 GR 2 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	350	00
PAID RECEIPT NUMBER 11-30-84 32094	50	00
BALANCE	300	00

Refund requested
1-14-85
Refund of $50.00
Wt#1125260
DP 0828815
02-07-85

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 Sherman Baker ORDER TAKEN BY Lang

W.O. NO. E 4678 INVOICE NO.

PY-593 (4-82)

P.O. Box 8372
S.D. Ca. 92102

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32094

DATE 11-30 19 84

FROM Sherman Baker ADDRESS 4272 Market #A, Sd Ca 92102

Fifty and no/100 DOLLARS ($ 50.00)

IN Part PAYMENT OF Pruned grave

LOT 137 GRAVE 2 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E-4678

UNPAID BALANCE AFTER THIS PAYMENT $300.00

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

CITY AUDITOR
DEC 07 1984

ISSUED BY E. Tang

CREDIT 30% SALES CARE	67007 77184	10	00
80% SALES OF LOTS	100 77184	40	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		50	00

AC-212 (REV. 9-81)

Use of Auditor only
Approved by _____
Date _____
Charge:
Fund _____ Acct _____

THE CITY OF SAN DIEGO
APPLICATION FOR REFUND

Date of Application
01-14 1985

E-4678

To City Auditor and Comptroller: The undersigned hereby requests refund

of $ 50.00 paid 11-30 1984 on Receipt 32094 NO. _____
(NAME OF RECEIPT OR PERMIT)

for following reason(s): Preneed grave not needed

Signed: Sherman Baker Address: ~~4372 Market #A S.D.Ca.~~
CLAIMANT
Mail to: PO Box 8372, S.D.Ca 92102 ~~92102~~

Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment

USE OF CITY ONLY

I hereby certify that payment to the City of San Diego of the above stated amount was made under mistake of law or fact, that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, may properly be made under provisions of Ordinance 3911 (NS).

Signed: Barbara Lang Title Acting Cemetery Mgr Date 01-14 1985

FORM AC-1006

was lost with his wallet.

WØ E-4678
Refund $50.00
Wt# ~~#5~~ 1125260
DP0828815
02-07-85

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 11-30 19 84

CHARGE Judy G. Derringer - Daughter

ADDRESS 8116 Darryl St. Lem Gr. Ca 92045

NAME OF DECEASED Opal Carroll

OWNER Laura F. Derringer

ADDRESS 5054 Beech St. SD Ca. 92102

MORTUARY Conrad

LOT 576 GR ____ ROW ____ SEC ____ BLK DIV 10		
OPENING/CLOSING TIME 11:30 DAY DATE Mon. 12-3-84	295	00
VAULT/LINER Bell SIZE 14	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 12-3-84 32097	589	10
BALANCE	0	

Imperial St interment

PAID
DEC 3 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring 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 Phone

ORDER TAKEN BY Lang

W.O. NO. E 4679

INVOICE NO. ____

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32299

DATE 3-26- 19 85

FROM Carroll J. Knight ADDRESS 1551 Marsh Way Chula Vista Cal

Fifteen Ninety Six DOLLARS ($ 15.96)

IN Check PAYMENT OF Flower Vase

LOT 576 GRAVE ROW SECTION DIVISION BLOCK 11

INVOICE NO.

W.O. E-~~[illegible]~~ 4679

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
MAR 8 1985
007537

ISSUED BY J. Brange

CREDIT 25% SALES CARE	67007 77184	15	00
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	15	00
SALES TAX	60101 9020		90
TOTAL PAID $		15	90

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32097

DATE 12-3 19 84

FROM Laura F. Derbinger ADDRESS 5054 Beech St. SDCa 92102

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Opal Carroll services

LOT 576 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4679

UNPAID BALANCE AFTER THIS PAYMENT /

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

CITY AUDITOR
DEC 07 1984

ISSUED BY E. Lang

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		589 70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/3/ 19 84

CHARGE Clemens Granite Company

ADDRESS 10527 Prospect Avenue
~~Santee, CA 92071~~

NAME OF DECEASED

OWNER F-91479

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial Installations, Nov 84 TOTAL 690 00

PAID RECEIPT NUMBER

BALANCE

11/23/84	Howell	$115
11/29/84	Frater	$115
~~11/29/84~~	~~Iverson~~	~~$115~~
11/29/84	Peckenpaugh	$115
~~11/29/84~~	~~Higgins~~	~~$115~~
11/29/84	Mc Lewin	$115

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 Lang

W.O. NO. E 4680

INVOICE NO. 027074

PY-593 (4-82)

AccT #006490

E-4680

JOB ORDER DATA BASE
LISTING

DATE 06/06/84
TIME 0052
PAGE 817

T TRANS	CLO JO INDEX #	BC	REV	EST COST	COMPL DATE	CIP#	CIP YR	RPT % /BIL %
DO-SUB DIST /00/00	000000			.00	99/99/99		00	.0
DUNT /00/00	000000			.00	99/99/99		00	.0

ACR07I INVOICE INQUIRY PG 2
INVOICE: 027074 INV TOTAL: 690.00
ACCOUNT: 006490 NAME: CLEMENS GRANITE COMPANY
INVOICE STATUS

DISPOSITION	DATE	AMOUNT
PAID	02/07/85	690.00

COLLECTION ACTIONS

LATE NOTICE - 1ST: 01/11/85 REFERRED TO - TREAS COLLECTION: 01/30/85
- 2ND: 01/25/85 - CITY ATTORNEY
- 3RD: - COLLECTION AGENCY:

LATE CHGS BILLED

	DATE	INVOICE	AMOUNT
LATE CHG-1:			
-2:			

DEPRESS PA1 KEY FOR NEXT SCREEN

ACR07I INVOICE INQUIRY PG 3
INVOICE: 027074 INV TOTAL: 690.00
ACCOUNT: 006490 NAME: CLEMENS GRANITE COMPANY
PAYMENT DATA

APPLIED	RECEIVED	AMOUNT	METH	REF NO
02/13/85	02/07/85	690.00	CK	12887

DEPRESS PA1 KEY FOR NEXT SCREEN

ACR07I INVOICE INQUIRY PG 4
INVOICE: 027074 INV TOTAL: 690.00
ACCOUNT: 006490 NAME: CLEMENS GRANITE COMPANY
ACCOUNTING DATA

(A = DISTRIBUTION, B = APPLIED, C = CREDIT MEMO)

	FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT
(A)	100	072		77183	000072				690.00
(B)	100	072		77183	000072				690.00

REQUEST COMPLETED DEPRESS PA1 KEY TO CONTINUE

E-4680

RDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/3 , 19 84

CHARGE Conti & Son Memorial Co.

ADDRESS P.O. Box 94
San Diego, CA 92112

NAME OF DECEASED

OWNER FH-25603192

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial Installations Nov 84 TOTAL $460 00

PAID RECEIPT NUMBER

BALANCE

11/14/84	Romero	$115.
11/14/84	Wallace	115.
11/14/84	Wvertz	115.
11/14/84	Purdy	115.

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 Lang

W.O. NO. E 4681

INVOICE NO. 027075

Acct. #004821

FY-593 (4-82)

OFFICIAL RECEIPT E-4681

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32114

DATE 12-17 19 84

FROM Conti & Sons — ADDRESS 3871 Imperial Ave SD Ca. 92113

Four hundred sixty and no/100 — DOLLARS ($ 461.00)

IN full PAYMENT OF Marker installations for November

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. Inv. 027075

Acct 004821

W.O. E-4681

UNPAID BALANCE AFTER THIS PAYMENT X

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

SAN DIEGO CITY TREAS. DEC 19 '84 PAID #3

ISSUED BY B. Sang

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	461.00
SALES TAX	60101 9020	
TOTAL PAID $		461.00

AC-213 (REV. 8-81)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/20/84

DATE: 12/20/84
TIME: 212310
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PJ BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
027075	12/06/84	004821	CONTI AND SON MEMORIAL CO					12/19/84	CK	4140	460.00	460.00	0.00
			100	072		77183	000072				460.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 460.00

E-4681

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/3/ 19 84

CHARGE Seaman/Poe Monument Company

ADDRESS 3893 Imperial Avenue
San Diego, CA 92113

NAME OF DECEASED

OWNER F-40258

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial Installations Nov 84 TOTAL $1240 00

PAID RECEIPT NUMBER

BALANCE

11/2	Doyle	$115.
11/19	Nolan	145.
11/19	Lewis	145.
11/30	Mundy, Edgenton	145.
11/30	Floyd	Pd
11/30	VanNatta	115.
11/30	Folsom, Jr.	115.
11/30	Gerguson	115.
11/30	Rosette	115.
11/30	Schupner	115
11/30	Adams	115

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 Lang

W.O. NO. E 4682

INVOICE NO. 027076

FY-593 (4-82)

Acct. #000253

027076	12/06/84	000253	SEAMAN/POE MONUMENT CO			01/02/85	CK	5956	1,240.00	1,240.00	0.00
			100	072	77183	000072			1,240.00		PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,329.70

E4682

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/3 1984

CHARGE Cecil Dimry - Daughter

ADDRESS 214 Cedar Ridge Dr. SDCA 92114

NAME OF DECEASED TENNIE Ragsdale

OWNER

ADDRESS

MORTUARY Ragsdale

1st Burial 1946 X-Deep

LOT 105 GR 1 ROW SEC 1 BLK DIV 7			
OPENING/ CLOSING TIME Chapel 1PM DAY DATE Thurs 12-6-84		295	00
VAULT/LINER Bell SIZE		259	70
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		589	70
PAID RECEIPT NUMBER 12-5-84	32101	589	70
BALANCE		0	

PAID
DEC 5 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 Manvella

ORDER TAKEN BY [signature]

W.O. NO. E 4683

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32101

DATE 12-5 19 84

FROM Anderson-Ragsdale ADDRESS 5050 Federal Blvd SD Ca. 92102

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Jennie Ragsdale Service

LOT 115 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4613

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
DEC 07 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184		
20% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	25	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-3 19 84

CHARGE Eric D. Jarrett SD 92117

ADDRESS 5402 Balboa Arms Dr. apt 331

NAME OF DECEASED Walter Lee Jarrett

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 122 GR 7 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE TUES 12-4-84	295	00
VAULT/LINER Bell SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1024	70
PAID RECEIPT NUMBER 12-3-84 32096	934	70
BALANCE	150	00

Va Benefits

(E-4684)

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 Eric D. Jarrett ORDER TAKEN BY Lang

W.O. NO. E 4684 INVOICE NO. 037272 011776

PY-593 (4-82)

VA Benefit

INVOICE DATA ENTRY

ACR02U RSWD: BY: BLL ACCOUNT: 011776 INVOICE: 027272 INV DATE: 12 FEB 18 84

ACTION: A
NAME: ERIS D. JARRETT
1) 5402 BALBOA ARMS DR 2) APT 331
3) CITY: SAN DIEGO ST: CA ZIP: 92117 4) COUNTRY:
CONTACT: BARBARA LANG PHONE: 619 264 3151
DEPT: 962 DAYS DUE: 029 INV TYPE: GE TYPE CHG: NOTICES: Y
REFER NO: E-4684 ENCLOSURES: N FD COVERED: R EXCEPT CODE: - ACCRUAL CODE: -
TREAS-REF: Y STD DESC CODE: --- INVOICE TOTAL: 150.00
TIME PAYM CODE: -

DESCRIPTION OF CHARGE	AMOUNT
WALTER LEE JARRETT SERVICES	495.00
LOT 122, GR 7, SEC 1, DIV 11	295.00
OPENING/CLOSING	245.00
CONCRETE BELL LINER	14.70
TAX ON LINER	35.00
RECORDING FEE	934.70-
LESS PAYMENT R-32096	

PAID
FEB 6 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

TOTAL DUE AMOUNT: 150.00 AND/OR FCT CODE: -- --

LATE CHARGE #1 - DAYS DUE: ---
#2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E-706

OFFICIAL RECEIPT E-4684

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32096

DATE 12-3 19 84

FROM Reese A. Garrett ADDRESS Box 294 Mott City Ca 92050

Nine hundred thirty four and 70/100 DOLLARS ($ 934.70)

IN Cart PAYMENT OF Walter Lee Garrett Service

LOT 122 GRAVE 7 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. Check

W.O. E-4684

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

CITY AUDITOR
DEC 07 1984

ISSUED BY B. Lane

CREDIT 25% SALES CARE	67007 77184	69.00
95% SALES OF LOTS	100 77184	276.00
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		934.70

AC-212 (REV. 5-81)

E-4684

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Walter Lee Jarrett

2A. SOCIAL SECURITY NO. OF VETERAN
422 26 9075

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
18 Sept 1928	Montgomery, Alabama	30 Nov 1984	San Diego, CA	4 Dec 1984

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Eris D. Jarrett
5402 Balboa Arms Dr.Apt. 331
San Diego, CA 92117

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Samuel Jarrett

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Betty Croom Jarrett

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
7Sept1950		53010291	19July1956		U.S. Army Sgt.

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT
$

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with Instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL: Mt. Hope Cemetery, 3751 Market S San Diego, CA 92012

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 1084.70	12/3/84	12/3/84	☐ YES ☐ NO (If "No," complete Item 30B)	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
Eris Jarrett	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Lang	Cemetery Manager, Mt. Hope Cemetery

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Eris D. Jarrett	Eris D. Jarrett

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

5402 Balboa Arms Dr. Apt.331
San Diego, CA 92117

38. DATE	39. RELATIONSHIP TO VETERAN
Dec. 3,1984	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★" S. GOVERNMENT PRINTING OFFICE 1983 381-486/3013

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-3 19 84

CHARGE Carl Hamilton 92040

ADDRESS 9111 'D' Creekford Dr. Lakeside

NAME OF DECEASED Helen R. Hamilton

OWNER

ADDRESS

MORTUARY El Cajon Mortuary

LOT 69 GR 9 ROW SEC 2 BLK/DIV 6		
OPENING/CLOSING TIME 11:00 -CHURCH- DAY/DATE Wed. 12-5-84	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	589	70
PAID RECEIPT NUMBER 12-5-84 32103	589	70
BALANCE	0	

PAID
DEC 5 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 Carl R. Hamilton ORDER TAKEN BY Lang

W.O. NO. E 4685 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32103

DATE 12/5 19 84

FROM Frank Hamilton ADDRESS 9111 "D" Creek Road Lakeside

Five Hundred Eighty Nine — 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Services for Helen Hamilton

LOT 69 GRAVE 9 ROW SECTION 2 DIVISION 6 BLOCK

INVOICE NO. Check

W.O. E4685

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 7-81)

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

CITY AUDITOR
DEC 07 1984

ISSUED BY

CREDIT	67007	
25% SALES CARE	77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	695 00
BOXES	100 77182	345 00
REMOVALS FOUNDATIONS	100 77183	55 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		589 70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-4 1984

CHARGE Mrs. Vernon Fox

ADDRESS

NAME OF DECEASED Clara Anderson

OWNER

ADDRESS

MORTUARY Wisconsin + Greenwood

LOT 1196 GR ROW SEC 3 ~~BLK~~ DIV 8	—	—
OPENING/ CLOSING TIME -GRAVESIDE- DAY DATE	295	00
VAULT/LINER Bell SIZE	14 / 245	70 / 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER		
BALANCE		

Void

no further contact

no death

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 phone

ORDER TAKEN BY Lang

W.O. NO. E 4686

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-4 19 84

CHARGE Levi Jones 470-7351

ADDRESS 8110 Blackhawk St. SD 92114

NAME OF DECEASED Jimmie Lee Jones

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 110 GR 11 ROW SEC 1 BLK/DIV 12	350	00
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY/DATE Fri. 12-7-84	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 12-5-84 32102	939	70
BALANCE	~~0~~	

PAID
DEC 5 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 Phone

ORDER TAKEN BY Lang

W.O. NO. E 4687

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4687

№ 32102

DATE 12-5 19 84

FROM Anderson-Ragsdale ADDRESS 5050 Federal Blvd SD Ca 92102

Nine hundred thirty nine and 70/100 DOLLARS ($ 939.70)

IN full PAYMENT OF Jimmie Lee Jones Service

LOT 110 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4687

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
DEC 07 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	70	00
20% SALES OF LOTS	100 77184	210	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-4 19 84

CHARGE Richard L Skubski

ADDRESS 4125 Mango St S.D Ca 92154

NAME OF DECEASED Joan Skubski

OWNER

ADDRESS

MORTUARY Humphrey (Joe)

LOT 60 GR 5 ROW SEC 3 BLK/DIV 12	400	00
OPENING/CLOSING TIME 11:00 – CHULA – DAY/DATE Fri 12-7-84	295	00
VAULT/LINER Bell SIZE 14	245	75 00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	989	70
PAID RECEIPT NUMBER 12-5-84 32104	100	00
BALANCE	889	70

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.

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Tony

W.O. NO. E 4688

INVOICE NO. 027273
011777

PY-593 (4-82)

E-4688

Number E-4688

Dated 12-5-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 989.70.

Name Richard E. Skubski

Address 4125 Marzo St.
S.D. Ca. 92154

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Richard E Skubski Same above 4125 MARZO ST
NAME (PROPERTY OWNED BY YOU) ADDRESS
SAN DIEGO CA
92154

FORM PW-1573 (REV. 9-67)

OFFICIAL RECEIPT E-4688

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32104

DATE 12-5 1984

FROM Richard E. Skubski ADDRESS 4125 Marco St. Dia. 92154

One hundred and no/100 DOLLARS ($ 100.00)

IN part PAYMENT OF Jose Skubski Service

LOT 60 GRAVE 5 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. CASH

W.O. E-4688

UNPAID BALANCE AFTER THIS PAYMENT $ 8097

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

CITY AUDITOR
DEC 07 1984

ISSUED BY B. Lane

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	100.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 3-81)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/06/85

DATE: 02/06/85
TIME: 213405
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
027273	12/18/84	011777	RICHARD E. SKUBSKI					02/05/85	CA		639.70	889.70	0.00
			100	072		77181	000072				140.21		PAID IN FULL
			100	072		77182	000072				176.16		
			100	072		77183	000072				25.17		
			100	072		77184	000072				230.08		
			60101			9020					10.57		
			67007			77184					57.51		

E-4681

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 639.70

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/22/85

DATE: 01/22/85
TIME: 221046
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
027273	12/18/84	011777	RICHARD E. SKUBSKI					01/17/85	CK	1662	250.00	889.70	639.70
			100	072		77181	000072				54.79		PARTIAL PAYMENT
			100	072		77182	000072				68.84		
			100	072		77183	000072				9.83		
			100	072		77184	000072				89.92		
			60101			9020					4.13		
			67007			77184					22.49		

E-4688

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 250.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-5 19 84

CHARGE Public Administrator (Bittner)

ADDRESS 5201 Ruffner SD Ca.

NAME OF DECEASED Melody Severson

OWNER

ADDRESS

MORTUARY Lewis / Colonial

LOT 179 GR 9 ROW SEC 1 BLK DIV 12		90	00
OPENING/CLOSING TIME 2:00 – GRADESIDE DAY DATE Mon. 12-10-84		55	00
VAULT/LINER (1.30) SIZE			
REC. FEE/REMOVAL/FOUNDATION			
TOTAL		145	00
PAID RECEIPT NUMBER			
BALANCE			

Bill PA

Indigent – (Need pallbearers)

Social Services providing

Minister & Services free

of Charge per Frank Bittner

565-5856

(Marion McLee 560-2263 handling)

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 Bittner-PA

ORDER TAKEN BY Lang

W.O. NO. E 4689

INVOICE NO. 027271
000952

PY-593 (4-82)

027271	12/18/84	000952	COUNTY OF SAN DIEGO			01/17/85	CK E-4689	145.00	145.00	0.00
			100 072	77181	000072			55.00		PAID IN FULL
			100 072	77184	000072			72.00		
			67007	77184				18.00		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 734.70

E-4689

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-6 19 84

CHARGE Zepha D. Nelson

ADDRESS 3020 Felton St. SD Ca. 92104

NAME OF DECEASED Dora Grau

OWNER

ADDRESS

MORTUARY Rogers

LOT 32 GR ROW SEC 100F BLK DIV 30

OPENING/CLOSING TIME 10:00 —DELIVERY ONLY— DAY DATE Mon 12-10-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

	~
295	00
14 245	73 00
35	00
TOTAL 589	70
PAID RECEIPT NUMBER 12-6-84 32105 589	70
BALANCE	~~0~~

PAID
DEC 6 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 Zepha D. Nelson ORDER TAKEN BY Lang

W.O. NO. E 4690 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32105

DATE 12-6 19 84

FROM Yepha G. Nelson ADDRESS 3020 Felton St. SDCa. 92104

Five hundred eighty nine and 72/100 DOLLARS ($ 589.72)

IN full PAYMENT OF Dora Grave Service

LOT 32 GRAVE ROW SECTION 100F DIVISION BLOCK 30

INVOICE NO. Check

W.O. E-4690

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
DEC 07 1984

ISSUED BY B. Lane

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

Cruzada, DATE 12-6 19 84

CHARGE Catalino + Salustiana 477-8080

ADDRESS 36 'D' ave Natl City, Ca. 92050

NAME OF DECEASED Preneed

OWNER Deed Dist to - address on file

ADDRESS 407 - First St

MORTUARY National City, Ca. 92050

(DIP)

LOT 120 GR 7 ROW ____ SEC 1 BLK DIV 12 — 525 00

OPENING/CLOSING TIME ____ DAY DATE ____

VAULT/LINER ____ SIZE ____

REC. FEE/REMOVAL/FOUNDATION ____

TOTAL 525 00

PAID RECEIPT NUMBER 12-6-84 32106 — 25 00

BALANCE 500 00

1-8-85 32164 — 100.00

400.00

2-28-85 32253 — 100.00

300.00

3-12-85 32326 — 100.00

200.00

PAID
MAY 10 1985
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.

(over)

AUTHORIZED
IN PERSON
PHONE BY Catalino V. Cruzada ORDER TAKEN BY Mary

W.O. NO. E 4691 INVOICE NO. ____

PY-593 (4-82) # 11154

Bal. Fwd		$200.00
4-10-85	32406	100.00
		$100.00
5-8-85	32490	100.00
		-0-

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32490

DATE 5-8-85 19

FROM Catalina U. Cruz Jr. ADDRESS 407 First St. Nat'l City Ca
One Hundred 36 Dave - Nat. City - 92050 DOLLARS ($ 100.00)

IN full PAYMENT OF Re-need Purchase of Grave

LOT 120 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-4691

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
MAY 15 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184	100	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		100	00

ck # 0135

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 32406

DATE 4-10- 19 85

FROM Catalina Cruzada ADDRESS 4-07 1st St Nat'l City Ch. [illegible]

One hundred DOLLARS ($ 100.00)

IN Check PAYMENT OF Pre-need lot

LOT 120 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-4691

UNPAID BALANCE AFTER THIS PAYMENT $100.00

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

CITY AUDITOR
APR 17 1985

ISSUED BY J. Braggs

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	100.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32326

DATE 3-11- 19 85

FROM Catalina U. Cruzada ADDRESS 407 First St.

One Hundred Dollars DOLLARS ($ 100.00)

IN Check PAYMENT OF for a "Lot" Pruned

LOT 120 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4691

UNPAID BALANCE AFTER THIS PAYMENT $ 300.00

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

CITY AUDITOR
MAR 14 1985

ISSUED BY J. Braag

CREDIT 20% SALES CARE	67007 77184	65.00
65% SALES OF LOTS	100 77184	35.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT E-4691

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32253

DATE 02-[illegible] 19 [illegible]

FROM Catalina W. [illegible] ADDRESS 407 [illegible] N.C. Ca. 92050

One hundred and [illegible] DOLLARS ($ 100.00)

IN part PAYMENT OF Prepaid lot

LOT 130 GRAVE 7 ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. Check

W.O. E-4691

UNPAID BALANCE AFTER THIS PAYMENT $ 3000

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	60 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32164

DATE 01-08 1985

FROM Catalina W. Trujillo ADDRESS 1417 First St. N.C. Ca. 92050

One hundred and no/100 DOLLARS ($ 100.00)

IN part PAYMENT OF Prenced Lot (DIP)

LOT 120 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 120

INVOICE NO. Check

W.O. E-4691

UNPAID BALANCE AFTER THIS PAYMENT $400.00

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

CITY AUDITOR
JAN 9 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	20.00
80% SALES OF LOTS	100 77184	80.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-272 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32106

DATE 12-6 19 84

FROM Catalina W. Crespo ADDRESS 36 'D' Ave Natl City Ca 92050

Twenty five and no/100 DOLLARS ($ 25.00)

IN part PAYMENT OF Pre need grave (DIP)

LOT 120 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-4691

UNPAID BALANCE AFTER THIS PAYMENT $500.00

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

CITY AUDITOR
DEC 14 1984
5054

ISSUED BY B. Long

CREDIT 80% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	25.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		25.00

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-7 1984

CHARGE Theodore Maurice Fabian

ADDRESS 1786 Thelborn Way SD Ca 92154

NAME OF DECEASED Preneed graves

OWNER 424-8325

ADDRESS

MORTUARY

LOT 140 GR 10 & 11 ROW SEC 1 BLK DIV 11		990	00
OPENING/ CLOSING TIME DAY DATE			
VAULT/LINER SIZE			
REC. FEE/REMOVAL/FOUNDATION			
TOTAL		990	00
Lot 140/11 PAID RECEIPT NUMBER 12-7-84	32107	100	00
BALANCE		890	00

Paid 12-3-86

Lot 140/11 1-3-85 32149 100.00

790.00

Lot 140/11 1-9-85 32167 (on E-4761) 295.00

495.00

10-8-85 32830 100.00

395.00

7-7-86 33520 100.00

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

295.00

(over)

AUTHORIZED IN PERSON PHONE BY T. M. Fabian

ORDER TAKEN BY Lang

W.O. NO. E 4692

INVOICE NO.

PY-593 (4-82) #11365 198.00 Care

		$295.00
8-5-86	33608	100.00
		$195.00
9-3-86	33697	50.00
		145.00
10-1-86	33828	50.00
		95.00
11-13-86	33917	50.00
		45.00
12-3-86	33968	45.00
		-0-

OFFICIAL RECEIPT E-4692

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32107

DATE 12-7 19 84

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible] grave (2)

LOT 140 GRAVE 10 & 11 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. [illegible]

W.O. E-4692

UNPAID BALANCE AFTER THIS PAYMENT $ 890.00

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

CITY AUDITOR
DEC 14 1984

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	10 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100 00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT E-4692

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32149

DATE 01-03 19 85

FROM T. M. Fabian ADDRESS 1786 Thelborne Way SD Ca 92154

One hundred and no/100 DOLLARS ($ 100.00)

IN pvt PAYMENT OF Pinned graves (2)

LOT 140 GRAVE 10 & 11 ROW SECTION DIVISION BLOCK 10

INVOICE NO. Checks

W.O. E-4692

UNPAID BALANCE AFTER THIS PAYMENT $ 791.00

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

CITY AUDITOR
JAN 9 1985

ISSUED BY L. Lang

CREDIT 20% SALES CARE	67007 77184	20.00
25% SALES OF LOTS	100 77184	80.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT E-4692

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32830

DATE 10-[illegible] 19[illegible]

FROM T. M. Fabian ADDRESS [illegible]

One hundred and [illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 140 GRAVE 11 ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4692

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
OCT 10 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
90% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33520

Date: 7/7/86, 19

From: T. M. Fabian Address: 1786 Thelborne Way S.D. 92154

One Hundred and no/100 Dollars ($ 100.00)

In 1 Payment of On pre-need purchase 12-7-84

Lot 140 Grave 10 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-4692

Unpaid Balance after this Payment 295.00

Pre-Need ☐ At Need ☐ On Acct ☒
Ck ☒ Cash ☐

#2086

AC-212 (Rev. 8-85)

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

CITY AUDITOR
JUL 09 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	—
80% Sales of Lots	100 77184	100.00
Openings & Service Charges	100 77181	—
Burial Containers	100 77182	—
Recording fees or misc. service fees	100 77183	—
Sales Tax	60101 9020	—
TOTAL PAID	$	100.00

E-4692

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33608

Date: 08-15, 1986

From: T.M. Fabian Address: 1786 Thelberne Way SD 92154

One hundred and no/100 Dollars ($ 100.00)

In Part Payment of Proceed Lot

Lot 140 Grave 10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-4692

Unpaid Balance after this Payment $195.00

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

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

CITY AUDITOR
AUG 07 1986

ISSUED BY B. Fang

CREDIT 20% Sales Care	67007 77184	39.00
80% Sales of Lots	100 77184	61.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	100.00

AC-212 (Rev. 8-85)

E-4692

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33697

Date: 09-03, 1986

From: T.M. Fabian Address: 1786 [illegible] Dr. [illegible]

Fifty and no/00 Dollars ($ 50.00)

In Cash Payment of Preneed Lot

Lot 140 Grave 10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-4692

Unpaid Balance after this Payment $145.00

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

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

CITY AUDITOR
SEP 05 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	50	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	50	00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

№ 33968

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 12-3, 1986

From: T.M. Fabian Address: 1786 Thelborne Way [illegible]

Forty Six and no/100 Dollars ($ 45.00)

In full Payment of Preneed Lot

Lot 140 Grave 10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-4692

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

CITY AUDITOR
DEC 4 1986

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	45	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 11-86)

E-4692

№ 33917

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 11-13, 1986

From: T.M. Fabian Address: 1786 Thelborne Way, S 92154

fifty and no/100 Dollars ($ 50.00)

In part Payment of Preneed lot

Lot 140 Grave 10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-4692

BALANCE DUE $45.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

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

CITY AUDITOR
NOV 17 1986

ISSUED BY L. Lang

CREDIT 20% Sales Care	67007 77184	40	00
80% Sales of Lots	100 77184	10	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT E-4692

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33828

Date: 10-7, 19 86

From: T M Fabian Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 140 Grave 16 Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. ____

Unpaid Balance after this Payment [illegible]

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

AC-212 (Rev. 8-85)

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

CITY AUDITOR
OCT 16 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-10 19 84

CHARGE Tyrone Brown

ADDRESS 5488 Olivera L.D. Ca 92114

NAME OF DECEASED Transfer from

OWNER Octavia M. Todd

ADDRESS 1384 Wyonda Way S.D. Ca 92113

MORTUARY

LOT 2 GR 10 W 12 ROW SEC 3 BLK DIV 12		35	00
OPENING/CLOSING TIME	DAY DATE		
VAULT/LINER	SIZE		
REC. FEE/REMOVAL/FOUNDATION			
	TOTAL	35	00
PAID RECEIPT NUMBER 12-10-84 32108		35	00
	BALANCE	-0-	

PAID

DEC 10 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 Tyrone Brown

ORDER TAKEN BY Lang

W.O. NO. E 4693

INVOICE NO.

PY-593 (4-82) #11070

E-4693

QUIT-CLAIM AND RELEASE OF ALL INTEREST IN CEMENTARY PROPERTY AND MERCHANDISE

DATE 12/10/84

THAT I/WE, OCTAVIA M TODD

RESIDING AT 1384 WYCONDA WAY SAN DIEGO CA 92113
(street, city, state, zip)

COUNTY OF SAN DIEGO STATE OF CA

FOR $1.00 AND OTHER VALUABLE CONSIDERATION, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, DO HEREBY QUITCLAIM AND RELEASE ALL RIGHTS INTEREST, USE TRUST, CLAIM, AND DEMAND, WHATSOEVER, IN THE FOLLOWING DESCRIBED CEMETERY INTERMENT RIGHTS AND/OR MERCHANDISE:

LOT 2 GRAVES 10 & 12 SECTION 3 DIVISION 12

NAME OF CEMETERY MT HOPE

ADDRESS: STREET SAN DIEGO CITY CA. STATE 92113 ZIP

FURTHER I/WE DO HEREBY TRANSFER GIVE AND ASSIGN THE MONEY EQUITY OF ($ 35.00) TO

NAME Tyrone A BROWN

ADDRESS: 5488 STREET OLVERA CITY SAN DIEGO STATE CA. ZIP 92114

NAME

ADDRESS: STREET CITY STATE ZIP

AND BY THIS ACT, DO HEREBY RELEASE THE ABOVE NAMED CEMETERY FROM ANY AND ALL LIABILITY OF ANY NATURE WHATSOEVER IN CONNECTION WITH THIS TRANSACTION.

Date: 12/10/84

X Octavia Todd

Octavia Todd

State of California
County of San Diego } SS.

On this 10 day of December 19 84
before me a Notary Public personally appeared
Octavia Todd
known to me to be the person(s) whose name(s) is subscribed to the above instrument and acknowledged that they executed the same.
Witness my hand and official seal

Ned Lee

Notary Public

OFFICIAL SEAL
NED LEE
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires MAR 15, 1988

Notary Seal

E-4693

1/10/1978

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

9229

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Octavia M. Todd for the sum of $ 360.00 (DOLLARS)

LEGAL DESCRIPTION Lot 2 Grs 10 & 12 Sec 3 Div 12

AS DESCRIBED ON PURCHASE ORDER NUMBER D-8830

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flat Marker Only

R. W. Dehne/bb
Cemetery Manager

W. L. MacFarlane
Property Director

PY-644

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32108

DATE 12-10 19 84

FROM Octavia M. Todd ADDRESS 1314 Wyoming Way SDCA 92113

Thirty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Transfer of Deed

LOT 2 GRAVE 10 + 12 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-4693

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
DEC 14 1984

ISSUED BY B. Lane

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	60101 9020	
TOTAL PAID $		35.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-11 19 84

CHARGE Glen F. Nielsen (Brother) 92301

ADDRESS 5774 Willow View Dr Camarillo Ca

NAME OF DECEASED Richard Stapleford Nielsen

OWNER

ADDRESS

MORTUARY Merkley - Mitchell (Ld Leach)

LOT 2208 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME 10:00 DAY DATE THURS. 12-13-84	95	00
VAULT/LINER Asph SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 12-13-84 32110	225	40
BALANCE	0	

CENTER of GRAVE

PAID
DEC 13 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 phone

ORDER TAKEN BY Lang

W.O. NO. E 4694

INVOICE NO.

PY-593 (4-82)

E-4694

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RICHARD STAPLEFORD NEILSEN	MALE	AUG 10, 1921	NOV 21, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Miami Beach	Dade	GLEN F. NEILSEN, BROTHER 5774 WILLOW VIEW DRIVE CAMARILLO, CA 92301

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Merkley-Mitchell Mortuary	F-119

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XXX CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Van Orsdel Crematory, Miami, Florida	DATE CREMATED 12/6/84	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 11 1984
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 13 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32110

DATE 12-13 19 84

FROM Meeker, Metzger ADDRESS 3655 Fifth Ave. SD Ca. 92103

Two hundred twenty seven and 40/100 — DOLLARS ($ 2254 —)

IN Fee PAYMENT OF Richard Nielsen Service

LOT 2208 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4694

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
DEC 14 1984

ISSUED BY B. Tang

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95
BOXES	100 77182	90
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	5
TOTAL PAID $		2254

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-11 19 84

CHARGE Public Guardian (Mr. Womack)

ADDRESS 5201 A Ruffin Rd SD Ca 92123 565-5494

NAME OF DECEASED Rose Bostock

OWNER

ADDRESS (Mr. Mitchell) 295-2177

MORTUARY Merkley / Mitchell for Pinkston

LOT 118 GR 1 ROW SEC 1 BLK DIV 12

OPENING/CLOSING TIME 9:30 — DELIVERY ONLY — DAY DATE THUR. 12-13-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

	TOTAL	295 00
PAID RECEIPT NUMBER		
	BALANCE	

Need transfer from
P.A. - Dec WO E-4698
Split costs w/ mortuary
Bill Pub Guardian

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 Lang

W.O. NO. E 4695

INVOICE NO. 027270
000952

PY-593 (4-82)

E-4695

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 000952 INVOICE: 027270 INV DATE: 12 18 84

NAME: COUNTY OF SAN DIEGO

1) PUBLIC ADMINISTRATOR 2) 5201-A RUFFIN RD

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY:

DEPT: 070 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-4695 DAYS DUE: 029 INV TYPE: GE TYPE CHG: NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: -

TIME PAYM CODE STD DESC CODE: INVOICE TOTAL: 295.00

DESCRIPTION OF CHARGE AMOUNT

ROSE BOSTOCK SERVICES
LOT 118, GR 1, SEC 1, DIV 12
OPENING/CLOSING 295.00

PAID
FEB 15 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Send Receipt to Pertha... Mortuary Clerk / Invoice

TOTAL DUE 295.00

LATE CHARGE $1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
$2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E-4695

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROSE A. BOSTOCK	FEMALE	JAN 26, 1892	DEC 2, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SANTEE	SAN DIEGO	PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINKHAM-MITCHELL MORTUARY	F-1178

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 11 1984
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Burns, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 13 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4695

CITY TREASURER
SAN DIEGO, CALIFORNIA

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32268

DATE 2-15 19 85

FROM Pinkham & Mitchell ADDRESS 808 - 6th St. Imp. Beach Ca.

Two hundred ninety five and 00/100 - 1/2 - 295 DOLLARS ($ 295)

IN full PAYMENT OF Rose Castock services

LOT 118 GRAVE 1 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. [illegible]

Acct # 10095

W.O. E-4695

UNPAID BALANCE AFTER THIS PAYMENT

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

SAN DIEGO CITY TREAS.
FEB 20 '85
PAID

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-11 19 84

CHARGE Ahmad Rashda (Hattie Abram) (Daughter)

ADDRESS 940 - 20th St SD Ca 92102

NAME OF DECEASED Alice B. Abram

OWNER

ADDRESS

MORTUARY Bagsdale

LOT 130 GR 11 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME -CHAPEL- 2:00 DAY DATE Fri 12-14-84	295	00
VAULT/LINER Bell SIZE 14	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER		
BALANCE		

CANCELLED

WENT TO GREENWOOD VIA VISA OR MC

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 Hattie Abram (Daughter)
IN PERSON
PHONE BY Ahmad Rashada ORDER TAKEN BY Lang

W.O. NO. E 4696 INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-11 19 84

CHARGE Michael Williams

ADDRESS 4615 Delta apt #1 SD Ca 92113

NAME OF DECEASED Michael Williams Jr.

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 1836 GR ROW SEC 1 BLK DIV 9	90	00
OPENING/CLOSING TIME 1:00 -CHECK- DAY DATE Fri 12-14-84	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	220	00
PAID RECEIPT NUMBER 12-13-84 32111	35	00
BALANCE	185	00

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 Michael Williams ORDER TAKEN BY Lang

W.O. NO. E 4697

INVOICE NO. 037274 011778

PY-593 (4-82)

E-4697

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MICHAEL LYNN WILLIAMS, JR.	Male	Oct. 17, 1984	DOA Dec. 9, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Deborah Ann Deadwiler - Mother 2215 Crandall Dr. San Diego, CA 92111

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	*NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED* N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED DEC 12 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Romero M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 14 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32111

DATE 12-13- 1984

FROM Deborah Deadwiler ADDRESS 2215 Crandall Dr.

Thirty Five DOLLARS ($ 35.00)

IN PART PAYMENT OF MICHAEL Williamson, Jr.

LOT 1836 GRAVE ROW SECTION 1 DIVISION BLOCK 9

INVOICE NO. Cash

W.O. E-4697

Customer received yellow

UNPAID BALANCE AFTER THIS PAYMENT $ ~~220.00~~ $185.00

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

PAID
DEC 13 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY J. Braggs

CREDIT 20% SALES CARE	67007 77184		
20% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020		
TOTAL PAID $		35	00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32111

DATE 12-13- 19 84

FROM Deborah [illegible] ADDRESS 2215 Crandall Dr.

Thirty Five DOLLARS ($ 35.00)

IN PART PAYMENT OF MICHAEL Williamson, Jr.

LOT 1536 GRAVE ROW SECTION 1 DIVISION BLOCK 9

INVOICE NO. Cash

W.O. E-4697

UNPAID BALANCE AFTER THIS PAYMENT $220.00

$185.00

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

CITY AUDITOR
DEC 20 1984

ISSUED BY J. Broggy

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	
TOTAL PAID $		35 00

AC-213 (REV. 9-81)

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 011779 INVOICE: 027274 INV DATE: 12 18 84

NAME: MICHAEL WILLIAMS

1) 4615 DELTA 2) APT 1

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92113 COUNTRY:

DEPT: 07 CONTACT: BARBARA LANG PHONE: 619 284 3151

REFER NO: E-4697 DAYS DUE: 029 INV TYPE: GE TYPE CHG: NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PATH CODE: _ STD DESC CODE: INVOICE TOTAL: 185.00

DESCRIPTION OF CHARGE	AMOUNT
MICHAEL WILLIAMS JR	
LOT 1836 SEC 1 DIV 9	90.00
OPENING/CLOSING	95.00
RECORDING FEE	35.00
LESS PAYMENT R-32111	35.00-

TOTAL DUE 185.00

LATE CHARGE $1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
$2 __

THE INVOICE HAS BEEN ADDED. HIT PAI AND ADD THE ACCOUNTING DATA.

E-4697

Paid
4-1-85
Treas.
Call.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-12 19 84

CHARGE Public Guardian (Mr Womack)

ADDRESS 5201-A-Ruffin Rd SD Ca. 92123

NAME OF DECEASED Transfer property from

OWNER George Dzurnyo to Rose

ADDRESS Bostic - George

MORTUARY deceased.

LOT 118 GR 1 ROW SEC 1 BLK DIV 12	35	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	35	00
PAID RECEIPT NUMBER 1272-84 32109	35	00
BALANCE	-0-	

PAID

DEC 18 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 Robert Womack, Deputy Public Guardian

ORDER TAKEN BY Lang

W.O. NO. E 4698

INVOICE NO.

PY-593 (4-82)

E-4698

CITY OF SAN DIEGO, CALIFORNIA

INVOICE

TE - CUSTOMER
YELLOW - TREAS. - AUD.
PINK - AUD.-ORIG. DEPT.
BLUE - RETAIN

DATE: 11/26/1980 | PREPARED BY: rwd | No. 7950

DEPT.: Cemetery | DEPT. REF. NO. | YOUR ORDER NO.: E-1888

Public Guardian
5201-A Ruffin Road
San Diego, Calif. 92123

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
CITY OPERATIONS BUILDING, COMMUNITY CONCOURSE
SAN DIEGO, CALIFORNIA 92101
DETACH AND FORWARD WITH REMITTANCE

DATE 12/26/80

DESCRIPTION OF CHARGE	AMOUNT
Pre-Need for George Dzunyo: #3686	
Lot 118 Gr 1 Sec 1 Div 12	$ 255.00
~~XXXXXXXX~~ Cement burial liner	140.00
Sales tax	8.40
Pre-need Grave liner	$ 403.40

PAID DEC 12 1980

TF

FOR ACCOUNTING USE ONLY

FUND (15-21)	DEPARTMENT (22-27)	ORGANIZATION (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (88-99)
62007	072		77184			$ 51.00
100	072		77185			214.00
100	072		77182			148.40

CITY OF SAN DIEGO, CALIFORNIA No. 7950

AC-22 (REV. 7-79)

OFFICIAL RECEIPT E-4698

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32109

DATE 12-12 19 84

FROM Public Guardian ADDRESS 5201-A Ruffin Rd. Sdlg. 92123

Thirty five and No/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Transfer fee

LOT 118 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4698

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
DEC 14 1984

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	
TOTAL PAID $		35 00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-12 19 84

CHARGE Kay Howell 262-7324

ADDRESS 192 Willing Way SDCa. 92114

NAME OF DECEASED Thomas Lee Howell

OWNER

ADDRESS

MORTUARY Disinterment

LOT 2171 GR ROW SEC ~~BLK~~ DIV 10

OPENING/ CLOSING TIME 10:30 DAY DATE THURS 12-13-84

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Disinter and move to
Lot 2170- Divis 10-

Thomas Howell W. to be present
Mrs. Howell Notified of time + date.

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 Sang

W.O. NO. E 4699

INVOICE NO.

PY-593 (4-82)

E-4699

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

December 5, 1984
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

THOMAS LEE HOWELL

from Lot 2171 Grave ____ Section ____ Row ____ Block ____ Div 10
and to remove the same to and reinter said remains in Lot 2170 Grave ____
Section ____ Row ____ Block ____ Div 10 .

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

Kay F Howell	Thomas Howell Jr.	
Signature	Signature	Signature
Wife	Son	
Relation to deceased	Relation to deceased	Relation to deceased
192 Welling Way San Diego, CA 92114	1335 Angelus Ave San Diego Caly 92114	
Address	Address	Address

I hereby authorized the above disinterment:

Kay Howell
(Lot owner must sign if not legal custodian)

262-7324 - Kay Howell E-4699 12-5-84

449-0670 - Clemens Granite - Frankie / Ray

Thomas Howell / Kay Howell

Nov 23, 1984 the Howell marker was delivered to Mt Hope Cemetery (Lot 217, Division 10.) An order to set the marker was prepared 11-23-84, with instructions to set by 12-3-84. David Lowney, GMW II went out to set the marker on 11-26-84. He came to the office to report the names were reversed and it showed Kay Howell on the side that Thomas, the deceased was buried. I contacted Clemens Marker Co. informed them of the error. They asked that we set it anyway, because the Howell's were giving them a lot of flack that it wasn't done earlier, and it was a special occasion - they wanted to see the marker. Clemens Marker Co. (Frankie) stated they would re-do the marker at no cost to Mrs Howell. The marker was redone and replaced on 11-30-84 per Frankie Clemens. (Confirmed) 12-4-84 - Marty Breslauer called to say Mrs. Howell was upset - she wanted to be on the right side of her husband - however, Thomas Howell died 9-17-84.

(over)

was interred 9-20-84. Mrs. Howells
fenced lot was purchased 10-11-84.
The lot to the right of Mr. Howell #2172
was already sold 3/19/79 and was
not available. * see attached note

12-5-84- Estimated Cemetery Cost for
disinterment

Lt. Equip	@ 9.28 hr	- 3 hrs	$27.87
Equip Oper II	- $11.10 hr.	- 3 hrs =	$33.30
Backhoe Equip	- $12.13 hr	- 3 hrs =	36.39
liner	@ 59.00 ea	-	59.00
			156.56

12-5-84- Spoke with Mrs Howell -
She requested to have Thomas Howell disinterred.
The forms are being sent for her signature.
Clemens Granite Co notified to keep the original
marker to be returned to Mt. Hope after
completion of disinterring & re-interring.

E-4699 12-12-84

(note)

Lot bought for Thomas Lee Howell originally purchased in August 1984 and the lot next to him reserved for Mrs. Kay Howell. When the lot was needed in Sept. 1984 Howell could have been placed in Lot 2170 on the left at that time.

Therefore, The Cemetery will disinter at our own expense since this was something that could have been prevented

Disinterment scheduled for
12-13-84
10:30
to be witnessed
by Thomas Howell Jr.

E-4699

from

MEMO

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

12/5/84

Kay F. Howell
192 Welling Way
San Diego, CA 92114

Dear Mrs. Howell:

Attached is the Disinterment authorization form. Please sign and return. If you have any further questions please call me.

Please accept our appologies.

Respectfully yours,

Barbara Lang

Barbara Lang

E-4699

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER.

December 5, 1984
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

THOMAS LEE HOWELL

from Lot 2171 Grave ____ Section ____ Row ____ Block ____ Div 10
and to remove the same to and reinter said remains in Lot 2170 Grave ____
Section ____ Row ____ Block ____ Div 10 .

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

X ____ Signature	X ____ Signature	____ Signature
Wife Relation to deceased	Son Relation to deceased	____ Relation to deceased
192 Welling Way San Diego, CA 92114 Address	____ Address	____ Address

I hereby authorized the above disinterment:

X ____
(Lot owner must sign if not legal custodian)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-12 19 84

CHARGE Prenced - Self

ADDRESS

NAME OF DECEASED Olive B. Baker

OWNER

ADDRESS

MORTUARY Featheringill

LOT 386 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME 11:00 -GRAVESIDE- DAY DATE FRI 12-14-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Prenced D-5852

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 Lang

W.O. NO. E 4700

INVOICE NO.

PY-393 (4-62)

E-4700

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OLIVE BLUE BAKER	Female	Feb.9,1892	Fd.Dec.12,1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Pre-need funeral (self)

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: DEC 13 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: DEC 14 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-13 1984

CHARGE

ADDRESS

NAME OF DECEASED Lela Titus ⊗

OWNER

ADDRESS

MORTUARY Cypress View (Mike)

LOT 25 GR 14 ROW SEC MAS ~~BLK~~ DIV J

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER ASH SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Cancel

Preneed E-663

Second set of ashes

See E-4730

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 Lang

W.O. NO. E 4701

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-14 1984

CHARGE Robert E. Bliss, Son 98056

ADDRESS 3280 Anchor Circle, Oceanside, Ca

NAME OF DECEASED Olive A. Bliss

OWNER

ADDRESS

MORTUARY Cypress View (Jerry Turner)

LOT 1943 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME -DELIVERY ONLY- 3:00 DAY DATE Mon 12-17-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Preneed D-1743
(1972)

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 Lang

W.O. NO. E 4702

INVOICE NO.

PY-593 (4-82)

E-4702

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Olive Anna Bliss	Female	Nov. 26, 1882	Dec. 12, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Spokane	Washington	Robert E. Bliss-son 3280 Anchor Circle Oceanside, CA 92056

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED DEC 17 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 17 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-17 19 84

CHARGE Leonard H Ellis Ca 92705

ADDRESS 11051 Tilton Circle, Fountain Valley

NAME OF DECEASED Winifred Manuel

OWNER

ADDRESS

MORTUARY Cypress View (Mike)

LOT 14 GR 1 ROW SEC 4 DIV 7

OPENING/CLOSING TIME 11:30 DAY DATE Thurs 12-20-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

	295 00
	245 70 00
	35 00
TOTAL	579 70
PAID RECEIPT NUMBER	
BALANCE	

(Bill Cypress View)

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 Lane

W.O. NO. E 4703

INVOICE NO. 028308
000419

PY-593 (4-82)

E-4702

028308	01/23/85	000419	CYPRESS VIEW MORTUARY			02/11/85	CK 070612	589.70	589.70	0.00
			100 072	77181	000072			295.00		PAID IN FULL
			100 072	77182	000072			245.00		
			100 072	77183	000072			35.00		
			60101	9020				14.70		

E-4703

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Winifred Nora Manuel	Female	Sept. 7, 1903	Dec. 15, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Leonard H. Ellis - Conservator 11051 Tilton Circle Fountain Valley, CA 92708

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers Mortuary	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 18 1984
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 20 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-17 19 84

CHARGE Jessie Bragg

ADDRESS 717 N. 48th St. SD. CA. 92102

NAME OF DECEASED Idell Beatrice March

Ph. # 266-8510

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 130 GR 11 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME CHAPEL 2:00 DAY DATE MON 12-17-84	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 12-17-84 R-32113	939	70
BALANCE	-0-	

Ragsdale will bring Check with him

PAID
DEC 17 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 J. Bragg

W.O. NO. E 4704

INVOICE NO.

PY-593 (4-82)

E-4704

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
IDELL BEATRICE MARCH	Female	Oct. 10, 1915	Dec. 10, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Jessie Mae Bray - Daughter 717 No. 48th St. San Diego, CA 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED DEC 12 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 17 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32113

DATE 12-17 19 84

FROM Anderson-Ragsdale ADDRESS 5050 Federal Blvd S.D. Ca 92102

Nine hundred thirty nine and 70/100 DOLLARS ($ 939.70)

IN full PAYMENT OF Idell Beatrice March Service

LOT 130 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. check

W.O. E-4704

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
DEC 20 1984

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	70 00
25% SALES OF LOTS	100 77184	200 00
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		939 70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-17 19 84

CHARGE Daisy Erro

ADDRESS 3858 Delta Lo Ca 92113

NAME OF DECEASED Prneed for Frank Erro

OWNER

ADDRESS

MORTUARY

LOT 19 GR 11 ROW SEC MAS BLK DIV L	—	—
OPENING/CLOSING TIME DAY DATE	95	00
VAULT/LINER Ash SIZE	90 5	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 12-17-84 32112	225	40
BALANCE	-0-	

PAID
DEC 17 1984
MT. HOPE CEMETERY

~~The prices set forth for the above Pre-Need Services~~ (opening & closing of grave, liner or vault, and re-~~cording fee) are not guaranteed prices.~~ At the time of burial, when the above pre-need services are utilized, ~~an additional payment, if applicable,~~ will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 Daisy P. Erro ORDER TAKEN BY Lang

W.O. NO. E 4705 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32112

DATE 12-17 19 84

FROM Daisy Orro ADDRESS 3858 Delta, SD Ca. 92113

Two hundred twenty five and 40/100 — DOLLARS ($ 225.40)

IN full PAYMENT OF Prepaid for Frank Orro

LOT 19 GRAVE 11 ROW SECTION Mas DIVISION BLOCK L

INVOICE NO. Cash

W.O. E-4705

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
DEC 20 1984

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95 00
BOXES	100 77182	90 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	5 40
TOTAL PAID $		225 40

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-17 19 84

CHARGE Verna Iverson

ADDRESS 10707 Jamacha Blvd, Spring Va

NAME OF DECEASED Wilda Nichols Dale

OWNER

ADDRESS

MORTUARY Rogers (Travel)

LOT 50 GR 11 ROW SEC MAS BLK DIV S

OPENING/CLOSING TIME -CHAPEL- 1:00 DAY DATE Wed 12-19-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Prenced - D-8048

Install Flower Can

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 Lang

W.O. NO. E 4706

INVOICE NO.

PY-593 (4-82)

E-4706

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILDA NMN HALE	Female	Dec. 24, 1884	Dec. 15, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Verna Iverson - Daughter 10707 Jamacha Blvd. Spring Valley, CA

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary	69

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market St. - San Diego, CA 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $ 3.00	DATE PERMIT ISSUED: DEC 18 1984 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: DEC 19 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-17 19 84

CHARGE S.D. County Guardian

ADDRESS 5201-A Ruffin Rd SDCA 92123

NAME OF DECEASED Josephine Noonan

OWNER

ADDRESS (Elliott)

MORTUARY So. Calif. Cremation / Burial

LOT 29 GR 3 ROW SEC 17 BLK DIV 7

OPENING/CLOSING TIME 1:00 - DELIVERY ONLY - DAY DATE Thurs. 12-20-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Preneed - D-5871

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 Lang

W.O. NO. E 4707

INVOICE NO.

PY-593 (4-82)

E-4707

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Josephine Noonan	Female	Aug.8, 1918	Dec. 10, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	San Diego County Public Guardian 5201-A Ruffin Rd. San Diego, CA. 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Southern California Cremation & Burial Service	F 1357

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. SannDiego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED DEC 17 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramras M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 20 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-18 19 84

CHARGE Trudy Bruce 475-3396

ADDRESS 3000 E. 4th, National City, Ca 92050

NAME OF DECEASED Ada E. Estey

OWNER

ADDRESS

MORTUARY Berge-Roberts (Annie)

LOT 13 GR 2 ROW SEC MAS BLK DIV I			
OPENING/CLOSING TIME 1:00 -CHAPEL- DAY DATE Fri 12-21-84	295	00	
VAULT/LINER Bell SIZE	245	00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	589	70	
PAID RECEIPT NUMBER 12-19-84 32116	589	70	
BALANCE	-0-		

PAID
DEC 19 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 phone

ORDER TAKEN BY Lang

W.O. NO. E 4708

INVOICE NO.

PY-593 (4-82)

E-4708

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ADA E. ESTEY	Female	February 24, 1894	December 17, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Pre-Need Records 607 National City Blvd. National City, CA 92050

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY	F-284

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 — DATE PERMIT ISSUED DEC 19 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 21 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT E-4708

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32116

DATE 12-19 1984

FROM John L Bruce ADDRESS 3000 E. 4th St NC Ca 92150

Five hundred eighty-nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Adv. & Estey Service

LOT 13 GRAVE 2 ROW SECTION Mas DIVISION BLOCK T

INVOICE NO. check

W.O. E-4708

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
DEC 20 1984

ISSUED BY L. Yang

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-19 19 84

CHARGE Martha Walashek

ADDRESS PO Box 637, Hydesville, Ca 95547

NAME OF DECEASED Fenced graves (2) for

OWNER Daniel Tate and Joseph Tate

ADDRESS

MORTUARY

✓ LOT 19 GR 243 ROW SEC 4 ~~BLK~~ DIV 6	200	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	200	00
PAID RECEIPT NUMBER 12-19-84 32117	100	00
BALANCE	700	00
12-19-84 32118	200.00	
1-14-85 32183	500.00	
	500.00	
	0	

PAID
JAN 14 1985
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 Mail

ORDER TAKEN BY Lang

W.O. NO. E 4709

INVOICE NO.

PY-593 (4-82) #11079

Sept. 5, 1984

Martha M. Walashek
R.O. Box 637
Hydesville, California
95547
(Humboldt County)

E-4709

San Diego City
Mount Hope Cemetery
3751 Market St.,
San Diego, California
92102

Attention: Mr. Robert M. Sutton
Manager

Dear Mr. Sutton;

Here is the first $100.00 payment to get Two plots (side by side -- total being $800.00.)

From what you pointed out to us on the map; we (my sister & my) hope that they can still be in Division #12, Section #4.

Please try to get these for us (for our two brothers) - let us know other wise.

We understand that the $800 has to be paid within

(over) →

(6) Six months.

Please reply. And
Thank you so much for
being helpful.

Very ~~sist~~ Sincerely
Mrs. Iba V. Novelo
(Ms.) Iba V. Novelo
& Martha M. Walashek

P.S. My address can also be
put down: Ms. Iba V. Novelo
(Victoria Ranch #2)
48 Run Down Acres
Lane
Bridgeville, Calif.
95526
(Humboldt County)

E-4709

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO
9/21/1984

attention: Robert Sutton

Dear Ms. Walashek,

This letter is to advise you that I have received your Money Order in the amount of $100. Please excuse the delay in writing you. I remember when you and your sister came into the office to inquire about the availability of gravesites, however, I do not remember your brothers name. If you would be so kind to write and give me his name, so I can pick the (two) grave-sites that are the nearest to ~~him~~ mother.

Again I apologize for the delay and forgive me for not remembering your brother name.

Enclosed a check for $100.00 towards the balance. for members of the family.

Sincerely yours

Robert Sutton

Robert Sutton
Cemetery Manager

our Mother, Glorimel Ruth Burke, buried aug. 16, 1957 - Sec. 4 Div. 6
(also) relative Iba Boyett in same sec.

Brothers still living
Daniel Tate and Joseph Tate.

E-4709

Oct. 1984

Dear Ms. Sutton:

We want two grave sites for family members - namely David Arthur Tate and Joseph Ferdinand Tate, both still living. We are assuming the responsibility for payment within the length of time you specified, namely four to five months.

Signed Martha Wadsheet (Sister)

Correspondence to:

Iba V. Novelo (sister)
Iba V. Novelo
Pine Ridge Ranch #2
48 Run Down Acres Lane
Bridgeville, California
95526



Ha Novelo
(Victor Rip Ranch #2)
48 Run Down acres Lane
Bridgeville, Calif. 95526

EUREKA, CA 955
PM
5 OCT
198

ALWAYS
USE ZIP

USA 20¢

E-4709

Attention: Robert Sutton
Mount Hope Cemetery
3751 Market St.
San Diego, Calif.
92102

E-4709

P.O. Box 637
Hydesville, Cal.
Nov. 6, 1984

Robert Sutton
Dear Sir:

Enclosed find a money order for $100.00 towards the account for two burial plots.

I hope to have the full amount paid either in December or January.

Sincerely

Martha Walaches

acting also,
(for)
Iba Novelo
(Victoria Ranch #2)
48 Run Down acres Lane
Bridgeville, Calif.
95526

E-4709

Return To:
Martha Walashek
P.O. Box 637
Hydesville, Calif.
95547

EUREKA, CA 955
PM
6 NOV
1984

USA 20c

Attn: Robert Sutton
Mount Hope Cemetary
3751 Market St.
San Diego, Calif
92102

E-4709

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

11/14/84

Martha Walashek
P.O. Box 637
Hydesville, CA 95547

Dear Ms. Walashek:

Your money order for $100.00 for purchase two (2) burial plots has been received.

I find no information on the two(2) plots you wish to purchase. Would you please notify me as to the Lot numbers or area you are interested in purchasing.

I will hold your money order until I hear from you.

Thank you.

Respectfully yours,

Barbara Lang

rbara Lang

E-4709

P.O. Box 637
Hydesville, Calif
Nov. 16, 1984

Barbara Lang:

I believe that if you speak to Mr. Robert Sutton he will have the information on the two burial plots. My sister [Iba Pat Novels] had spoken to him both in person and over the telephone.

If possible, the two plots were to be in the vicinity of other relatives (Sec. 4. Div 6), 73-2
Otherwise, Mr. Sutton mentioned two plots (side by side) in Div. 12, Sec. 4.

The two plots were to be $800.00. Our balance, which I

E-4709

hope to pay either in Dec-
ember or January would be
$500.00

I hope this information clarifies the problem.
I am sure Mr. Sutton would know of the arrangements.
Please let us know.

Sincerely

Martha Walashek

P.S. (01)
Iba Pat Novels.

Return To:
Martha Walashek
P.O. Box 637
Hayfork, Calif

EUREKA, CA 955
PM
16 NOV
1984

ALWAYS
USE ZIP CODE



E-4709

Attn. Barbara Lang
Mt. Hope Cemetery
3751 Market St.
San Diego, Calif 92102

(or) Robert Sutton

E-4709

from

MEMO

MT. HOPE CEMETERY

3761 Market Street
San Diego, CA 92102
264-3151

December 6, 1984

Martha Walashek
P.O. Box 637
Hydesville, CA 95547

Dear Ms. Walashek:

Please excuse the delay of processing your money order.

Mr. Sutton is no longer with the Cemetery, I cannot find the information regarding the two (2) lots you are interested in buying.

If you would please have your sister contact me I would beable to re-construct the available area.

Also, the Lots (2) for $800.00 would be in Section 3, Division 12. You indicated after this $100.00 your balance would be $500.00. Have you already made other payments? If so, please let me know the receipt numbers - I would beable to get the information from that receipt.

Thank you again.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

E-4709

P.O. Box 637
Hydesville, Calif.
Dec. 13, 1984

Barbara Lang

Dear Ms. Lang:

I am sorry for the confusion concerning the grave sites. Enclosed is a copy of two money orders, also, the memo from Mr. Sutton. My sister is out of town until later this month. She should have her cancelled check for $100.00.

I intend to finish the transaction in early January. Could you, then, send me a map of the sections you mentioned? (Sec. 3, Div. 12).

Thank you for your patience

Martha Walachek

Return To:
Martha Walaitat
P.O. Box 637
Hydesville, Calif.
95547

E-4709

EUREKA, CA 955
PM 1
13 DEC
1984

ALWAYS
USE ZIP CODE
USA 20¢

Attn. Barbara Lang
Mt. Hope Cemetery
3751 - Market St.
San Diego, Calif. 92102

E-4709

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

9/21/1984

Dear Ms. Walashek,

This letter is to advise you that I have received your Money Order in the amount of $100. Please excuse the delay in writing you. I remember when you and your sister came into the office to inquire about the availability of gravesites, however, I do not remember your brothers name. If you would be so kind to write and give me his name, so I can pick the (two) grave-sites that are the nearest to ~~him~~ mother.

Again I apologize for the delay and forgive me for not remembering your brother name.

Personal Check
Ida V. Novelo

Enclosed a check for $100.00 towards the balance.

Sincerely yours

Robert Sutton

Robert Sutton
Cemetery Manager

for members of the family.

our Mother, Gloriuse Ruth Burke,
buried aug. 14, 1957 - Sec. 4 Div. 6
(also) relative Ida Boyett in same sec.

Brothers still living
Daniel Tate and Joseph Tate.

E-4709

CUSTOMER'S RECEIPT

DO NOT SEND THIS RECEIPT FOR PAYMENT
KEEP IT FOR YOUR RECORDS

32776696923 841106 955470 100*00

SERIAL NUMBER | YEAR MONTH DAY | POST OFFICE | DOLLARS AND CENTS

PAY TO: Mount Hope Cemetary
STREET: 3751 Market St.
CITY: San Diego STATE: Cal. ZIP: 92102

FROM: Martha Walashek
STREET: P.O. Box 637
CITY: Heydenville STATE: Calif. ZIP: 91547

UNITED STATES POSTAL SERVICE U.S. MAIL

COD NO. OR USED FOR

CUSTOMER RECEIPT

This receipt is your guarantee of 100% refund if your money order is lost or stolen, provided you fill in the *Pay To* and *From* information on the money order in the space provided. No claim for improper payment permitted 2 years after payment.

If your money order is lost or stolen, present this receipt and file a claim for a refund at your Post Office. Please allow 30 days for the issue of a replacement money order.

CUSTOMER'S RECEIPT

DO NOT SEND THIS RECEIPT FOR PAYMENT
KEEP IT FOR YOUR RECORDS

27759277 3 840904 955401 100*00

SERIAL NUMBER | YEAR MONTH DAY | POST OFFICE | DOLLARS AND CENTS

PAY TO: Mount Hope Cemetary
STREET: 3751 Market St
CITY: San Diego STATE: Calif. ZIP: 92102

FROM: MARTHA WALASHEK
STREET: PO-BOX 637
CITY: Heydenville STATE: Cal. ZIP: 91547

UNITED STATES POSTAL SERVICE U.S. MAIL

COD NO. OR USED FOR: Grave Sites

CUSTOMER RECEIPT

This receipt is your guarantee of 100% refund if your money order is lost or stolen, provided you fill in the *Pay To* and *From* information on the money order in the space provided. No claim for improper payment permitted 2 years after payment.

If your money order is lost or stolen, present this receipt and file a claim for a refund at your Post Office. Please allow 30 days for the issue of a replacement money order.

E-4709

from

MEMO

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

January 3, 1985

Martha Walashek
PO Box 637
Hydesville, CA 95547

Dear Ms. Walashek:

Attached are the receipt's for monies received towards the purchase of 2 graves.

The Lot 19, Graves 2 &3, Section 4, Division 6 are in the location of your mother, as requested.

Please excuse the delay in setting up these locations.

I sincerely hope this has not been an inconvenience to you and your sister.

If I can be of any further assistance, please let me know.

As you stated, your balance is now $500.00.

Thank you for your patience.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

Return To:
Martha Walashek
P.O. Box 637
Lucerne Valley, Calif.
92356



E-4709

(1)

RETURN RECEIPT REQUESTED

Attention: Barbara Lang
Mt. Hope Cemetery
3751 Market St
San Diego, Calif
92102

CERTIFIED
P 293 508 401
MAIL



ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-19 19 84

CHARGE Chester Wrenn 264-4881

ADDRESS 640 Pyramid St SD. Ca 92114

NAME OF DECEASED Harold Phillip Wrenn

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 7 GR ROW 44 SEC 5 BLK DIV 7	495	00
OPENING/CLOSING TIME -CHAPEL- 12:30 DAY DATE Fri 12-21-84	295	00
VAULT/LINER T.S. SIZE	19 330	80 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1174	80
PAID RECEIPT NUMBER 12-20-84 32119	500	00
BALANCE	674	80
VA 1-10-85 32176	524	80
	150	00

30 Day note

(Confusion between gravesites called and changed)

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 Chester Wrenn ORDER TAKEN BY Lang

W.O. NO. E 4710 INVOICE NO. 028312 012005

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/23/86

DATE: 04/23/86
TIME: 215323
PAGE: 7

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND / DEPT / ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028312	01/23/85	012005	CHESTER WRENN			04/13/86	CK	968	150.00	150.00	0.00
			100 072	77184	000072				120.00		PAID IN FULL
			67007	77184					30.00		

E-4710

E-4710

OFFICIAL RECEIPT E-4710

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32119

DATE 12-21 19 84

FROM Chester W 005485 ADDRESS 640 Pepamint Sh Ca. 92114

Five hundred and 00/100 DOLLARS ($ 500.00)

IN Part PAYMENT OF Arnold Phillips Wrean Trust

LOT 13 GRAVE ROW 45 SECTION 5 DIVISION BLOCK 7

INVOICE NO. Cash

W.O. E 4710

UNPAID BALANCE AFTER THIS PAYMENT $674.00

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

CITY AUDITOR
JAN 3 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	276.00
OPENINGS	100 77181	155.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 8020	
TOTAL PAID $		500.00

AC-313 (REV. 9-81)

OFFICIAL RECEIPT E-4710

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32176

DATE 01-10 19 85

FROM Chester Wrenn ADDRESS 640 Pyramid S.D. Ca. 92114

Five hundred twenty-four and 84/100 DOLLARS ($ 524)

IN Art PAYMENT OF Gerald P. Wrenn Grave

LOT 7 GRAVE 6 ROW 44 SECTION 5 DIVISION BLOCK 7

INVOICE NO. Cash

W.O. E-4710

VA allowance

UNPAID BALANCE AFTER THIS PAYMENT 2150

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

CITY AUDITOR
JAN 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	141
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 8-81)

OFFICIAL RECEIPT E-4710

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32611

DATE 6-24 19 85

FROM Chester Wrenn ADDRESS 640 Pyramid, SD Ca. 92114

One hundred thirty five and no/100 DOLLARS ($ 135.00)

IN full PAYMENT OF Marker installation for Harold Phillip Wrenn

LOT 7 GRAVE ROW 44 SECTION 5 DIVISION BLOCK 7

INVOICE NO. Cash

W.O. E-4710

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JUN 30 1985

ISSUED BY S. Lang

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	135 —
SALES TAX	60101 9020	
TOTAL PAID $		135 —

AC-272 (REV. 9-81)

E-4710

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HAROLD PHILLIP WRENN	Male	Nov. 24, 1937	Found Dec. 17, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Francine Wrenn - Wife 7501 Terry Drive Omaha, Nebraska 68128

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 20 1984
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 21 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4710

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
01/02/85	E-4710

TO:

Chester Wrenn
640 Pyramid St.
San Diego, CA 92114

DESCRIPTION OF CHARGE	AMOUNT
Harold Phillip Wrenn Services	
Lot 7, Row 44, Section 3, Divn 7	$ 495.00
Opening/Closing	295.00
Concrete Top Seal Vault	330.00
Tax on Vault	19.80
Recording Fee	35.00
Total Due	$1,174.80
Less Payment 12/20/84 R-32119	- 500.00
Balance Due	$ 674.80

FORM PR-955 (10/64)

E-4710

Number E-4710

Dated 12-20-84

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 674.80 .

Name Chester Wrenn

Address 640 Pyramid St. SD, Ca. 92114

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Chester Wrenn — Same as above

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E-4710

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Harold Phillip Wrenn

2A. SOCIAL SECURITY NO. OF VETERAN
569 44 7017

2B. VA-FILE NO.
XC- 569-44-7017

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
Nov. 24,1937	San Diego, CA	Dec.17, 1984	San Diego, CA	Dec. 21,1984

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Francine Wrenn
7501 Terry Dr.
Omaha, Nebraska 68128

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Chester Wrenn
640 Pyramid St.
San Diego, CA 92114

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Hazel M. Wrenn

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
		28239977	Retired Dec.10,1968		SSGT E-5 USAF

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery: San Diego, CA

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St.: San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT	22. AMOUNT PAID
$	$

23. WHOSE FUNDS WERE USED?	24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	24B. AMOUNT OF REIMBURSEMENT	24C. SOURCE OF REIMBURSEMENT
	☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)	$	

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?	25B. AMOUNT	25C. SOURCE	26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)	$		☐ YES ☒ NO (Before answering read and comply with Instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1962, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "Yes," complete items 27A and 27B ONLY, then complete Part IV)

27B. PLACE OF BURIAL
Mt. Hope Cemetery
3751 Market St., SD, CA 92102

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 1174.80	12/19/1984	12/10/1984	☐ YES ☒ NO (If "No," complete Item 30B)	$ $674.80

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)
Barbara L. Lang

34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT
City of San Diego, Mt. Hope Cemetery
3751 Market St., San Diego, CA 92102

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)
X Francine Wrenn

36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
FRANCINE WRENN

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)
7501 Terry Drive: Omaha, Nebraska 68128

38. DATE	39. RELATIONSHIP TO VETERAN
Dec. 20, 1984	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★ U. S. GOVERNMENT PRINTING OFFICE 1983 381-488/3013

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-20 19 84

CHARGE Daisy Erro

ADDRESS 3858 Delta Dr Ca. 92113

NAME OF DECEASED Preneed Services

OWNER Jar self

ADDRESS

MORTUARY Remain Period from Greenwood 5/2/85
Extend 5/9

LOT 19 GR 11 ROW SEC BLK DIV L		
OPENING/CLOSING TIME DAY DATE	95	00
VAULT/LINER Ash SIZE	90	50 40
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 12-20-84 32120	225	40
BALANCE	-0-	

PAID
DEC 20 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

rth for the above Pre-Need Services of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 Daisy P. Erro ORDER TAKEN BY Lang

W.O. NO. E 4711 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT E-4711

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32120

DATE 12-20 19 84

FROM [illegible] ADDRESS 3151 Delta, SD Ca. 92113

[illegible] hundred twenty five and 40/100 DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 19 GRAVE 11 ROW SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. Cash

W.O. E-4711

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JAN 3 1985

ISSUED BY B. [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95
BOXES	100 77182	90
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-20 19 84

CHARGE Ronda Celms - 235-0606

ADDRESS 2019-28th St. SD. Ca 92104

NAME OF DECEASED Vilhelms Celms

OWNER

ADDRESS

MORTUARY Greenwood

LOT 4562 GR ROW SEC BLK DIV 10	650	00
OPENING/CLOSING TIME 3:15 DELIVERY DAY DATE Fri 12-21-84	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1239	70
PAID RECEIPT NUMBER 12-20-84 32121	300	00
BALANCE	939	70
12-21-84 32123	939.70	
	~~0~~	

PAID

DEC 21 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 Ronalds Celms ORDER TAKEN BY Lang

W.O. NO. E 4712 INVOICE NO.

PY-593 (4-82)

E-4712

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Vilhelms Celms	Male	Sep. 4, 1890	Dec. 20, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Roalds Celms-Son 2019 28th Street SanDDiego, CA 92104

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, Califofnia		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.000 DATE PERMIT ISSUED DEC 21 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 21 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT E-4712

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32123

DATE 12-21- 19 84

FROM Mrs Celms ADDRESS 2019 25th St San Diego CA 92104

Nine Thirty Nine and 70/100 DOLLARS ($ 939.70)

IN ~~[illegible]~~ PAYMENT OF [illegible]

LOT 456 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4712

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JAN 3 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT E-4712

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32121

DATE 12-20 19 84

FROM Roald Colms ADDRESS 209-208 St. Ida. Bay
Three hundred and [illegible] DOLLARS ($ 300.00)

IN Cart PAYMENT OF Vilhelms Colms Service

LOT 4562 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Cash

W.O. E-4712

UNPAID BALANCE AFTER THIS PAYMENT $937.72

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

CITY AUDITOR
JAN 3 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	300.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		300.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

Donald

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/20 19 84

CHARGE ~~RAY~~ J. BOLLES

ADDRESS 2818 ECHO VALLEY Rd. JAMUL, CA.

NAME OF DECEASED RAY A. BOLLES

OWNER Same

ADDRESS

MORTUARY BERGE - ROBERTS

LOT 108 GR 3 ROW SEC 1 BLK 11 DIV	Pd	
OPENING/CLOSING TIME HERE 1pm DAY MONDAY DATE 12-24-84		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
marker install	115	00
TOTAL	150	00
PAID RECEIPT NUMBER 12-21-84 32122	150	00
BALANCE	-0-	

Work Order

D-2500 for Pre-Need -

PAID

DEC 21 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 Ernie

PHONE BY

ORDER TAKEN BY

W.O. NO. E 4713

INVOICE NO.

PY-593 (4-82)

E-4713

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ray Alvin Bolles	Male	Feb.13,1899	Dec.20,1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Jamul	San Diego	Donald Bolles-Son 2818 Echo Valley Road Jamul, Calif. 92035

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Berge-Roberts Mortuary	F-284

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt.Hope Cemetery, 3751 Market Street, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 21 1984 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rowe, M.D. C.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 24 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT E-4713

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32713

DATE 8-7 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4713

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR

AUG 12 1985

ISSUED BY [illegible]

CREDIT	67003	
20% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT E-4713

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32122

DATE 12-21 19 84

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 150)

IN [illegible] PAYMENT OF [illegible]

[illegible]

LOT 118 GRAVE 3 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Cash

W.O. E-4713

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
JAN 3 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	150 00
SALES TAX	60101 9020	
TOTAL PAID $		150 00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-21 19 84

CHARGE Annie J. Flanagan (wife)

ADDRESS 3942 Broadway St. SDCa. 92102

NAME OF DECEASED Pleo Flanagan

OWNER

ADDRESS

MORTUARY Ragsdale (Narvello)

(DIP)

LOT 68 GR 11 ROW SEC 16 ~~BLK~~ DIV 7

OPENING/CLOSING TIME 2:00 - CHAPEL - DAY DATE FRI 12-21-84

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER

BALANCE

Lot Burial

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 Phone

ORDER TAKEN BY Lang

W.O. NO. E 4714

INVOICE NO. 028313
012006

PY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/12/85

DATE: 03/12/85
TIME: 220951
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028313	01/23/85	012006	ANNIE Z. FLANAGAN					02/28/85	CK	JV27597	35.00	35.00	0.00
			100	072		77183	000072				35.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 35.00

E-4714

E-4714

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PLES FLANAGAN	Male	May 6, 1917	Dec. 14, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Annie Z. Flanagan - Wife 3942 Broadway Street San Diego, California 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	*NAME AND ADDRESS OF FACILITY RECEIVING REMAINS* N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED DEC 19 1984
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 21 1984 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT E-4714

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32302

DATE 02-28 19 85

FROM Anderson Rapsdale ADDRESS 5050 Federal Blvd Sd 92105

Forty Five Hand 00/100 DOLLARS ($ 25.00)

IN full PAYMENT OF Plus Flanagan Services

LOT 68 GRAVE 11 ROW SECTION 16 DIVISION BLOCK 7

INVOICE NO. 028315

Acct #012006

W.O. E-4714

UNPAID BALANCE AFTER THIS PAYMENT 0

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

SAN DIEGO CITY TREAS
MAR 07 '85
PAID #3

ISSUED BY B. Lane

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-21 19 84

CHARGE Wilbur Lee - 232-3908

ADDRESS 535 Dodson St. SD Ca. 92102

NAME OF DECEASED Lee, Toy

OWNER

ADDRESS

MORTUARY Lewis - Colonial (Jerry)

LOT	GR 12 ROW 9 SEC I BLK DIV Chinese		
OPENING/CLOSING TIME 2:00 DAY DATE Wed. 12-26-84		295	00
VAULT/LINER T.S SIZE		330	80 00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		689	80
PAID RECEIPT NUMBER 12-21-84 32124		689	80
BALANCE		-0-	

PAID
DEC 21 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 Phone

ORDER TAKEN BY Lang

W.O. NO. E 4715

INVOICE NO.

PY-593 (4-82)

E-4715

MOUNT HOPE CEMETERY

21 Dec 84

The undersigned hereby requests and authorizes the interment of the remains of Toy Lee Mr. Roy Lee in Lot ____ Gr #12 Row #9 Sec. Chinese Section Block ____ Division ____ 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.

[redacted] Albert WONG

c/o 5117 Hilda Road SD

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

H 276-6555

Witness

Witness

WEST
BEHIND LAWRENCE QUON

E-4715

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TOY R. DOO LEE	Male	7 Nov. 1907	19 Dec. 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Annie Lee - Wife 535 Dobson Street San Diego, CA 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY:
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: DEC 24 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: DEC 26 1984 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT E-4715

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32124

DATE 12-21 19 [illegible]

FROM Wilbur [illegible] ADDRESS 535 Lodson St [illegible] 92102

Six hundred eighty nine and 00/100 DOLLARS ($ 6[illegible])

IN full PAYMENT OF 7 Hy Lee Services

LOT _____ GRAVE 12 ROW 9 SECTION Chinese DIVISION BLOCK _____

INVOICE NO. Check

W.O. E-4715

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 3 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184	10	00
OPENINGS	100 77181	275	
BOXES	100 77182	33	
REMOVALS FOUNDATIONS	100 77183	35	
SALES TAX	60101 9020	19	[illegible]
TOTAL PAID $		6[illegible]	

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-24 19 84

CHARGE Mrs. Ackerman

ADDRESS 6583 Bantam Lake Circle SD 92119

NAME OF DECEASED Mat ACKerman

OWNER

ADDRESS

MORTUARY

LOT 1220 GR ROW SEC BLK 10 DIV	~~$45.~~	~~00~~
OPENING/ CLOSING TIME DAY THURS DATE 12-27-84	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	95	00
PAID RECEIPT NUMBER 32126	95	00
BALANCE	0	

MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.
DEC 27 1984
PAID

Mrs. Ackerman Paid $95.00, for a Diplomat being buried with husband

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 J. Braggs

W.O. NO. E 4716

INVOICE NO. 140

PY-593 (4-82)

OFFICIAL RECEIPT E-4716

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32126

DATE 12-24- 19 84

FROM Mrs J Herman ADDRESS 6583 Bantam Lake Circle So.

Nine Five DOLLARS ($ 95.00)

IN Full PAYMENT OF Burial & medical Diplomas

of Deceased (Dr. MAX ACKERMAN

LOT 1320 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. 140

W.O. 4896 4716

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
DEC 31 1984

ISSUED BY J. Briggs

CREDIT	57007		
20% SALES CARE	77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		95	00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-24 1984

CHARGE JOANNE HAKES, Wm. Hakes (son)

Tel # 222-9305 wk 438

ADDRESS 743 'B' Ave Coronado Ca 92118

NAME OF DECEASED ROSALIE HAKES

OWNER

ADDRESS

MORTUARY PINKHAM / Mitchell

LOT 4 GR 3 ROW SEC IOOF BLK DIV 5

OPENING/ CLOSING TIME HERE 1pm DAY DATE FRIDAY 12-28-84

VAULT/LINER Asot SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER 32731

BALANCE

— Pd	—
95	00
95	40
35	00
225	40
225	40

PAID
DEC 26 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mrs Hakes To make Arrangements by Plot

(Pre-Need 1944)

Jen for Po Wrt #1148

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 4717

INVOICE NO.

PY-593 (4-82)

E-4717

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Gladys Rosalie Hakes	Female	May13, 1897	Dec 20, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Coronado	San Diego	William C. Hakes (son) 743 B Ave. Coronado, Ca. 92118

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pinkham-Mitchell Mortuary	1178

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory, San Diego, Ca.	DATE CREMATED 12/24/84	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Charles A Merrick
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetary, 3751 Market, San Diego, Ca.		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 24 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 28 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

COPY 1 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32131

DATE 12/26 19 84

FROM JOANNE HAKES ADDRESS 743 "B" Av Coronado 92118

Two Hundred twenty five 40/100 DOLLARS ($ 225.40)

IN full PAYMENT OF Services ROSALIE HAKES

LOT 4 GRAVE 3 ROW SECTION 100F DIVISION BLOCK 5

INVOICE NO.

W.O. E4717

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 7-81)

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

CITY AUDITOR
DEC 31 1984

ISSUED BY

CREDIT	67007		
30% SALES CARE	77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	5	40
TOTAL PAID $		$225	40

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-24 1984

CHARGE J. Knox Woodruf (206)-525-3761

ADDRESS Seattle Washington 463-9541

NAME OF DECEASED Grace Chesnut

OWNER Po Box 95

ADDRESS Burton, Washington 98013

MORTUARY Pinkam Mitchell / Imperial Beach

(DW 4)

LOT 309 GR 1 ROW ____ SEC ____ BLK DIV 5

OPENING/ CLOSING TIME A.M. DAY DATE Tues 4-9-85

VAULT/LINER ash SIZE ____

REC. FEE/REMOVAL/FOUNDATION ____

	Paid	
	$95.	00
	5.	40
	$90.	00
	$35.	00
TOTAL	225.	40
PAID RECEIPT NUMBER 4-8-85 32401	225	40
BALANCE	0	

PAID
APR 8 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

[illegible] for Pre-need Purchase

Statement sent 4-1-85

we will hold ashes for Mr. Center Woodruf to come down ~~[illegible]~~ from Washington grave

(ashes arrived 1-8-85)

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 J. Bragg

W.O. NO. E 4718 INVOICE NO. ____

PY-593 (4-82)

E-4718

MEMORANDUM

FROM

J. KNOX WOODRUFF

P. O. Box 95
Burton, WA 98013
4 April, 1985

To: Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

Check in the amount of $225.40 is enclosed, in payment of your statement #E-4718, 4/1/85, account interment of ashes of Grace C. Chesnut, deceased December 24, 1984.

It is assumed that Lot 309, Blk 5, Divn 4 is the same lot which contains the remains of Dr. Martin F. Chesnut and his wife Margaret, the parents of Miss Grace C. Chesnut.

J. Knox Woodruff
Administrator CTA of the
Estate of Grace C. Chesnut

E-4718

MOUNT HOPE CEMETERY

X April 4, 1925

The undersigned hereby requests and authorizes the interment of the remains of

Grace Chesnut in Lot 309 Gr 1 Row _____ Sec. _____
Block 5
Division 4 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.

X J. Knox Woodruff
Signature of relative or legal representative

X Administrator, CTA of the Estate of Grace C. Chesnut
Address & relationship to deceased or authority to sign authorization

X Mabel C. Woodruff
Witness

_____
Witness

E-4718

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GRACE CLAIRENE CHESNUT	FEMALE	OCT 3, 1888	DEC 24, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
IMPERIAL BEACH	SAN DIEGO	Self Pre-Need Records @ Pinkham-Mitchell Mortuary 808 13th Street Imperial Beach, CA 92032

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINKHAM-MITCHELL MORTUARY	1178

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XXX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: GREENWOOD CREMATORY, SAN DIEGO, CA	DATE CREMATED: JAN 4 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ Charles A. Merrick
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: MOUNT HOPE CEMETERY, SAN DIEGO, CA		COUNTY: SAN DIEGO
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: JAN 3 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (INTERDATE): APR 9 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32401

DATE 04-18 19 15

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 309 GRAVE 1 ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4718

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95
BOXES	100 77182	90
REMOVALS FOUNDATIONS	100 77183	95
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-24 1984

CHARGE Andrews Ragsdale Mortuary

ADDRESS

NAME OF DECEASED Leonard THOMPSON

OWNER Betty Corinne HANSEN

ADDRESS

MORTUARY RAGSDALE

LOT 4 GR 7 ROW SEC IOOF BLK DIV 31	PQ	
OPENING/CLOSING TIME CHAPEL 2pm DAY DATE WED 12-26-84	295	00
VAULT/LINER Bell SIZE	259	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 12-28-84 R 32136	209	70
" R 32139	380	00
BALANCE	-0-	

Authority on file
for granting use of grave 12/24/84

PAID
DEC 28 1984
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

AUTHORIZED
IN PERSON
PHONE BY Mueller

ORDER TAKEN BY

W.O. NO. E 4719

INVOICE NO.

PY-593 (4-82)

E-4719

THE CITY OF SAN DIEGO

PARK DEPARTMENT—CEMETERY DIVISION

Quitclaim Deed

In consideration of ACKNOWLEDGEMENT OF GIFT

I/We BETTY CORINNE HANSEN

DO HEREBY REMISE, RELEASE AND QUITCLAIM to THE CITY OF SAN DIEGO, a Municipal Corporation, all that Cemetery property situated in MT. HOPE CEMETERY, in said City of San Diego, County of San Diego, State of California, described as follows:

LOT 4 GRAVES 4, 6, & 7, IOOF, BLOCK 31

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said THE CITY OF SAN DIEGO, its successors and assigns forever.

WITNESS my/our hand this 24th day of DECEMBER 1984

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Betty Corinne Hansen

[signature]

Jonell E. Braggs

Witnesses.

STATE OF CALIFORNIA, } SS.
COUNTY OF SAN DIEGO. }

On this _____ day of _____, 19____, before me _____, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared _____ known to be the person described in and whose name _____ subscribed to the above instrument and acknowledged to me that _____ executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal at my office in said county of San Diego, State of California, on the date first above written.

_____
Notary Public in and for said County and State

My Commission expires _____

E-4719

MOUNT HOPE CEMETERY

✓ _____ 19____

The undersigned hereby requests and authorizes the interment of the remains of CORINNE B. HANSEN in Lot 4 Gr 7 Row — Sec I00F Block 31 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.

✓ Douglas Fleming — ✓ Son

Muriel Fleming — Merritt 14300 Aztec daughter

Signature of relative or legal representative

Address & relationship to lot owner and/or authority to sign authorization

✓ _____

Witness

_____

Witness

E-4719

The Bank of San Diego
10th & G Street Office
P. O. Box 80637
San Diego, California 92138



ANDERSON-RAGSDALE MORTUARY
5050 FEDERAL BLVD. 619-263-3141
SAN DIEGO, CA 92102

4114

December 26, 19 84

PAY TO THE ORDER OF Mt. Hope Cemetery $ 209.70

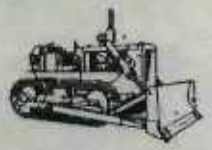
THE SUM 209 DOLS 70 CTS DOLLARS

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT(S)

Grave expenses for Leonard D. Thompson			

⑈004114⑈ ⑆122237463⑆ 172⑈503950⑈

E-4719



CLIFF SMITH EXCAVATING
6044 FULMAR STREET 264-4125
SAN DIEGO, CA 92114

4100

Dec 26 1984

90-52/1222

PAY TO THE ORDER OF Mt Hope $ 200.—

two hundred & no/100 DOLLARS

San Diego Trust & Savings Bank
LEMON GROVE OFFICE
7155 Broadway
Lemon Grove, CA 92045

FOR

Clifford Smith

⑈004100⑈ ⑆122200526⑆ 180109803⑈

WORLD FOR CHRIST EVANGELISTIC SERVICE, INC.
P. O. BOX 147 PH. 714-280-6025
SAN DIEGO, CA 92112

249

12/23 1984

90-2766
1222

PAY TO THE ORDER OF Mt. Hope Cemetary $ 25.00

Twenty-five and no/100 DOLLARS

JC JAPAN CALIFORNIA BANK
SAN DIEGO BRANCH
301 "A" STREET SAN DIEGO, CA 92101

Bishop John K. Graves

FOR Youth who was killed

Aristelle Amintano

⑈000249⑈ ⑆122227664⑆ 04⑉014⑉006⑈

E-4719

MARY L. THOMPSON
264-4895
382 SOUTH 45TH #4
SAN DIEGO, CA 92113

0516

Dec 25 19 84

16-4/1230

PAY TO THE ORDER OF Mount Hope Cemetary $ 10.00

Ten & no/100 DOLLARS

SECURITY PACIFIC NATIONAL BANK
College Grove Office #0432
3470 College Avenue, San Diego, CA 92115

FOR _____

Mary L. Thompson

⑆122000043⑆0516⑈432⑈057968⑈



JANICE E. GROVES
LIC. N6636747
3860 HELIX ST., APT. 36 PH. 465-3339
SPRING VALLEY, CA 92077

1743

Dec. 26th 19 84

90-49/1222

Pay to the order of Mount Hope Cemetery $ 20.00

TWENTY Dollars

CALIFORNIA 1ST FIRST BANK
COLLEGE CENTER OFFICE
6010 El Cajon Blvd.
San Diego, California 92115

Memo LEONARD THOMPSON

Janice E. Groves

⑆122200490⑆011161932 6⑈ 1743



FESTUS F. FOX
5670 KEARNY VILLA ROAD
SAN DIEGO, CALIFORNIA 92123

4893

12-24 87

90-49/1222

Pay to the order of MT. HOPE CEMETERY $ 50.00

FIFTY & no/100 DOLLARS

CALIFORNIA 1ST FIRST BANK
KEARNY MESA OFFICE
7770 Clairemont Mesa Blvd.
San Diego, California 92111

Memo CENTRIO.

Festus F. Fox

⑆122200490⑆026 033799⑈ 4893

E-4719

WELLS FARGO BANK
NATIONAL ASSOCIATION

SAN DIEGO MAIN OFFICE
101 WEST BROADWAY, SAN DIEGO, CA 92101

1687

12-24 19 84

PAY TO THE ORDER OF Mount Hope Cemetery $ 25.00

Twenty Five & 00/100 DOLLARS

JESSIE L. VICKS
455 O'MEARA STREET
SAN DIEGO, CA 92114

Jessie L. Vicks

⑈122000247⑈687 0650 251929⑈

UNICE SCARBROUGH
ANNIE SCARBROUGH
8136 FULMAR 263-4048
SAN DIEGO, CA 92114

452

12/24/ 19 84

PAY TO THE ORDER OF Mt Hope $ 25.00

Twenty Five Dollars and no/100 DOLLARS

CALIFORNIA FEDERAL
SAVINGS AND LOAN ASSOCIATION
5100 Federal Blvd.
San Diego, California 92105

MEMO Donation

Annie Scarbrough

⑈322070019⑈0452 024 5005532⑈

JAMES SMITH
BARBARA SMITH
351 LOS SONETO DR. 262-7781
SAN DIEGO, CA 92114

121

12-25 19 84

PAY TO THE ORDER OF Mount Hope Cemetery $ 25.00

Twenty-five NO/100 DOLLARS

San Diego Trust & Savings Bank
CHULA VISTA OFFICE
444 "H" Street
Chula Vista, CA 92010

MEMO Leonard Thompson

Barbara Smith

⑆122200526⑆0121⑈ 08024 1879⑈

E-4719

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LEONARD DWAYNE THOMPSON	Male	Jan. 30, 1970	Dec. 18, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mary R. Thompson - Mother 1651 Pentecost Way San Diego, California 92105

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 / DATE PERMIT ISSUED DEC 24 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 26 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Work S with 32136

№ 32139

DATE 12-28- 19 84

FROM Ragsdale Mort. ADDRESS 5050 Federal Blvd Sd. Ca. 92102

Three Hundred and Eighty dollars 00 DOLLARS ($ 380.00)

IN Full PAYMENT OF Services for Leonard Thompson

LOT 4 GRAVE 7 ROW SECTION IOOF DIVISION BLOCK 31

INVOICE NO. donated checks

W.O. E-4719

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR

JAN 3 1985

ISSUED BY J. Braggs

CREDIT 25% SALES CARE	67007 77184		
25% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	50	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020		
TOTAL PAID $		380	00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32136

DATE 12-28 19 84

FROM Larsdale ADDRESS 5050 Federal Blvd. S.D. 113

Two Hundred and nine dollars DOLLARS ($ 209.70)

IN Full PAYMENT OF Services for Leonard Thompson

LOT 4 GRAVE 7 ROW SECTION IVOF DIVISION BLOCK 31

INVOICE NO. Check

W.O. E-4719

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-212 (REV. 2-81)

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

CITY AUDITOR
JAN 3 1985

ISSUED BY J. Bragg

CREDIT	67007		
35% SALES CARE	77184		
65% SALES OF LOTS	100 77184	[redacted]	
OPENINGS	100 77181		
BOXES	100 77182	195	00
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020	14	70
TOTAL PAID $		[illegible]	

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-26 19 84

CHARGE Lakeside Mort. Marleen Hudson

ADDRESS 2762 Steele Canyon Rd El Cajon Ca. 9202

NAME OF DECEASED EDMON L. MUSE

OWNER

ADDRESS

MORTUARY LAKESIDE

LOT 93 GR ROW SEC 1 BLK DIV B	Pre Need	
OPENING/CLOSING TIME 10AM HERE DAY DATE 12-28-84		
VAULT/LINER Ball SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 12-28-84 32137	35	00
BALANCE	-0-	

LAKESIDE

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 DAN
PHONE BY

ORDER TAKEN BY

W.O. NO. E 4720

INVOICE NO.

PY-593 (4-82)

E-4720

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date December 2[illegible] 1984

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 Mount Hope Cemetery
in accordance with and subject to its rules and regulations to inter the remains of:

Name of Deceased Edmon Lee Muse Age 85 Sex Male
in the following described interment space.

Grave _____ Lot 93 Block _____ Lawn Division 8 Section 1

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased and direct and authorize the above named cemetery to inter the remains as indicated above.

Further, the undersigned assume all liability for mistaken identity, or incorrect identification and do hereby agree to hold said Cemetery, its officers, agents and employees harmless, and to indemnify them, including a reasonable attorney's fee, for the defense of all claims, suits or causes of action, arising out of our act of identification or the interment of the deceased.

INTERMENT RIGHT OWNER MUST SIGN IF NOT A RELATIVE:

I hereby certify that I am the owner of the interment to the above described interment space, and I authorize its use for the interment of the herein named deceased.

Signature Donald Lee Muse
Interment Right Owner

Signature Donald Muse Relationship Son
Person Signing Interment Order

Address _____ Tel. No. _____
Street City State Zip

OFFICE USE ONLY

Order Taken By _____

Location checked and verified _____ OK'd By _____ Date _____

Index Card _____ Plat Book _____ Plat Card _____ Recorded By _____

IFS New 9/78

E-4720

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Edmon Lee Muse	Male	2/7/99	12/24/84

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Marleen Hudson Daughter 2762 Steele Canyon Rd. El Cajon, CA 92020

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lakeside-Santee Funeral Chapel	F 997

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

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BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED 12-27-84	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 28 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32137

DATE 12-28- 19__

FROM Lakeside Sentinel Herald ADDRESS _____

Thirty Five DOLLARS ($ 35.00)

IN Full PAYMENT OF Edmon F. Muse Services

LOT 93 GRAVE _____ ROW _____ SECTION 1 DIVISION _____ BLOCK 8

INVOICE NO. Cash

W.O. E-4720

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 3-81)

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

CITY AUDITOR
JAN 3 1985

ISSUED BY J. Knapp

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 5020		
TOTAL PAID $		35.	00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-26- 19 84

CHARGE George T. Hasleriq

ADDRESS 3209 market, SD Ca 92102

NAME OF DECEASED Gladys I. Hasleriq

OWNER George T. Husband Ph.# 232-1511

ADDRESS 3209 market St. SD. Ca. 92102

MORTUARY Rogsdale

LOT 3236 3237 GR ROW SEC BLK CITY 10	990	00
OPENING/CLOSING TIME Chapel-Serv 2:00pm DAY Friday DATE 12-28-84	295	00
VAULT/LINER BELL SIZE TX INCL.	259	76
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1579	76
PAID RECEIPT NUMBER 32129	1579	76
BALANCE	0	

Flush Marker only

PAID
DEC 26 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

George T. Hasleriq

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 Rogsdale

ORDER TAKEN BY J.B.

W.O. NO. E 4721

INVOICE NO.

PY-593 (4-82)

E-4721

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GLADYS IDELL HASLERIG	Female	Jan. 31, 1911	Dec. 25, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	George T. Haslerig - Husband 3209 Market St. San Diego, CA 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

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BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED DEC 27 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 28 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

E-4721

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32718

DATE 8-9 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

[illegible]

LOT 3237 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4721

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

001226

CITY AUDITOR

AUG 13 1985

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

005391

No 32129

DATE 12-26 19 84

FROM GEORGE T. HASKERIG ADDRESS 3209 MARKET ST. SD. 92102

ONE THOUSAND FIVE HUNDRED SEVENTY NINE - 79/100 DOLLARS ($ 1579.79)

IN full PAYMENT OF Two Lots and Services for Gladys HASKERIG

LOT 3236/3237 GRAVE CITY AUDITOR ROW SECTION DIVISION 10 BLOCK

INVOICE NO.

W.D. E-4721

UNPAID BALANCE AFTER THIS PAYMENT 0

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

DEC 31 1984

005391

ISSUED BY

CREDIT	67007	198	00
20% SALES CARE	77184		
80% SALES OF LOTS	100 77184	792	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	79
TOTAL PAID $		1579	79

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/24 1984

CHARGE MELBA STACKHOUSE

ADDRESS 2885 55th ST. #6 S.D. 92105

NAME OF DECEASED ADA OAKES

OWNER SAME

ADDRESS

MORTUARY ROGERS

PAID
DEC 26 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

X-Deep Privilege

LOT 27 GR 11 ROW SEC 1 BLK DIV 11

OPENING/ CLOSING TIME	DAY DATE Pre Need	Pd	
VAULT LINER Bell	SIZE	295	00
REC. FEE/REMOVAL/FOUNDATION		259	70
		35	00
	TOTAL	589	70
PAID RECEIPT NUMBER 32128		589	70
	BALANCE	0	

Pre-Need (wo-D-5501 - 2-13-75)

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 Melba Stackhouse

ORDER TAKEN BY [signature]

W.O. NO. E 4722

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32128

DATE 12-26 19 84

FROM MELBA STACKHOUSE ADDRESS 2865 55TH ST. #6 S.D. 92105

FIVE HUNDRED EIGHT NINE — 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Pre-Need Arrange for Services

of ADA OAKES

LOT 27 GRAVE 11 ROW SECTION 1 DIVISION 11 BLOCK

INVOICE NO.

W.O. 4722

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-612 (REV. 9-81)

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

CITY AUDITOR
DEC 31 1984

ISSUED BY

CREDIT	67007	
35% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		589 70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/26 19 84

CHARGE EGISTO SALERNO

ADDRESS 5125 JUMILLA ST. S.D. 92124

NAME OF DECEASED MARGARITA SALERNO

OWNER

ADDRESS

MORTUARY Lewis / COLONIAL

LOT 4946 GR ROW SEC BLK DIV 10	650	00
OPENING/CLOSING TIME CHAPEL 11 AM DAY DATE Friday 12-28-84	295	00
VAULT/LINER Bell SIZE	259	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1239	70
PAID RECEIPT NUMBER 32130	1239	70
BALANCE	0	

Reserve 4945 for 6 mos.

PAID
DEC 26 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 DON WITZKE

PHONE BY

ORDER TAKEN BY

W.O. NO. E 4723

INVOICE NO.

PY-593 (4-82)

E-4723

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Margarita A. Salerno	female	Aug. 13, 1914	Dec. 25, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Egisto Salerno - son 5125 Jumilla St/ San Diego, CA 92124

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED DEC 27 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 28 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37559

Date: 3-28, 19 89

From: Claudio Salerno Address: 4074 1/2 30th Street SD

one hundred sixty no/100 Dollars ($ 160.00)

In _____ Payment of [illegible] Salerno Case

4946 and foundation for Monument

Lot _____ Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. C-4723

W.O. _____

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.

CITY AUDITOR
MAR 30 1989

ISSUED BY [illegible]

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	160.00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	160.00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32130

DATE 12/26 19 84

FROM EGISTO SALERNO ADDRESS 5125 JUANITA ST. S.D 92124

One Thousand Two Hundred Thirty nine — 70/100 DOLLARS ($ 1239.70)

IN full PAYMENT OF Services for MARGARITA SALERNO

LOT 4946 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO.

W.O. E-4723

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
DEC 31 1984

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	130 00
20% SALES OF LOTS	100 77184	520 00
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		1239 70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/24 19 84

CHARGE STELLA YOUNGBERG

ADDRESS 12506 CABE ZON R. S.D. 92129

NAME OF DECEASED EULOGIO S. GUEVARA

OWNER 156731

ADDRESS

MORTUARY BERGE/ROBERTS

D.I.P.

LOT 57	GR 1	ROW	SEC 3	BLK DIV 6		525	00
OPENING/CLOSING TIME 10-AM			DAY DATE FRI. 12-28-84			285	00
VAULT/LINER BELL			SIZE			259	70
REG FEE/REMOVAL/FOUNDATION						35	00
					TOTAL	1119	70
PAID RECEIPT NUMBER 32133						1119	70
					BALANCE	-0-	

D.I.P.

Up Right Monument OK

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

AUTHORIZED IN PERSON / PHONE BY X Stella Youngberg

ORDER TAKEN BY

W.O. NO. E 4724

INVOICE NO.

PY-593 (4-82)

E-4724

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EULOGIO SILVA GUEVARA	Male	March 11, 1909	December 25, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mrs. Lucy R. Guevara-Wife 616 So. 46th Street San Diego, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY	F-284

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 28 1984
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 28 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32133

DATE 12/26 19 84

FROM Stella Youngberg ADDRESS 12506 Caleon Pl. SD. 92129

One Thousand one hundred Fourteen 70/100 DOLLARS ($ 1114.70)

IN full PAYMENT OF Services For Eulogio S. Guevara

LOT 57 GRAVE 1 ROW SECTION 3 DIVISION 6 BLOCK

INVOICE NO.

W.O. E. 4724

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
DEC 31 1984

ISSUED BY

CREDIT 35% SALES CASH	67007 77184	105	00
30% SALES OF LOTS	100 77184	420	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1114	70

AC-918 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-27- 19 84

CHARGE Dawayne Fonville

ADDRESS 4376 Redwood St SD Ca 92105

NAME OF DECEASED Ina M. Fonville

OWNER

ADDRESS 3410 Chamoune Av. SD. CA.

MORTUARY Rogers Mortuary PH#282-8111

LOT 53 GR 14 ROW SEC MAS. BLK (DIV) O	-PD	—
OPENING/CLOSING TIME CHAPEL 1pm DAY MONDAY DATE 12/31/84	295	00
VAULT/LINER Bell SIZE	259	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER B-32142	589	70
BALANCE	-0-	

PAID

JAN 2 1985

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 4725

INVOICE NO.

FY-593 (4-62)

E-4725

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
INA MAUDE FONVILLE	Female	Sept. 9, 1912	Dec. 27, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dawayne Fonville - Son 4376 Redwood Street San Diego, CA 92105

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary	69

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market Street - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 31 1984 DEC 31 1984
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramras, M.D. mm SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32142

DATE 1-2 1985

FROM Sawayne Fonville ADDRESS 4376 Redwood St. S.D. Ca 92105

Five hundred eighty nine and 70/100 — DOLLARS ($ 589.70)

IN full PAYMENT OF Ina Maude Fonville Service

LOT 53 GRAVE 14 ROW SECTION MAS DIVISION BLOCK 0

INVOICE NO. Check/Cash

W.O. E-4725

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
JAN 3 1985

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/27 19 84

CHARGE Linda Aguirre (Daughter)

ADDRESS 1836 Wilson ave, Natl City, Ca 92050

NAME OF DECEASED MARTHA CODDING

OWNER

ADDRESS

MORTUARY HEATH

LOT 302 GR ROW SEC 3 BLK (DIV) 8

Pre Need

OPENING/ CLOSING TIME AM DAY DATE 12-31-84

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Work order E-509

Double ASH plot

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 4726

INVOICE NO.

PY-593 (4-82)

E-4726

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARTHA GERTRUDE CODDING	FEMALE	FEB. 5, 1914	DEC. 17, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Linda Aguirre - Daughter 1836 Wilson Avenue National City, CA 92050

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneta Crematory, El Cajon, CA	DATE CREMATED Dec. 21, 1984	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED DEC 20 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 31 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/24 19 84

CHARGE Jim Stalsonburg

ADDRESS 7657 Macaw Ln. S.D. 92123

NAME OF DECEASED Henry F. Warn

OWNER

ADDRESS

MORTUARY Telophase

LOT 271 GR 7 ROW SEC 2 BLK 12 DIV	190	00
OPENING/CLOSING TIME Here Am DAY DATE 12-31-84	95	00
VAULT/LINER Ash SIZE	20 1	00 80
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	341	80
PAID RECEIPT NUMBER 32134	341	80
BALANCE	-0-	

PAID
DEC 27 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 Jim Stalsonburg

ORDER TAKEN BY

W.O. NO. E 4727

INVOICE NO.

PY-593 (4-82)

E-4727

1984

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Harry Francis Warn	Male	7-31-1911	12-15-1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Eve Warn (Wife) 4602 Kansas Street #115 San Diego, CA 92116

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
THE TELOPHASE SOCIETY	1272 DDF

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☑ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY -------
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED CREMAR CREMATORY-ANAHEIM, CA	DATE CREMATED 12-18-84	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Henry A Reed
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY-SAN DIEGO, CALIFORNIA		COUNTY SAN DIEGO
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		------
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Eve Warn DATE SIGNED December 17, 1984
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 17 1984
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON DEC 31 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

COPY 1

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32134

DATE 12/27 19 84

FROM JIM STALSONBURG ADDRESS 7651 MACAW Ln. S.D. 92123

THREE HUNDRED FORTY ONE 80/100 DOLLARS ($ 341.80)

IN full PAYMENT OF interment H.F. KARN

LOT 271 GRAVE 7 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO.

W.O. E-4727

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
DEC 31 1984

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	38	00
80% SALES OF LOTS	100 77184	152	00
OPENINGS	100 77181	95	00
BOXES	100 77182	20	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	1	80
TOTAL PAID $		341	80

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/28 1984

CHARGE Andre Waters (Son)

ADDRESS 306 Radio Dr. 92114

NAME OF DECEASED Eugene Waters

OWNER

ADDRESS

MORTUARY Rasdale -

LOT 75 GR 6 ROW SEC 2 BLK/DIV 12		495	00
OPENING/CLOSING TIME Chapel 11 AM	DAY/DATE Thursday 1-3-85	295	00
VAULT/LINER Bell	SIZE 7x	245 10	00 70
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	1080	70
PAID RECEIPT NUMBER 32140		1080	70
	BALANCE	0	

Flush Marker only

PAID
DEC 31 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 Andre Waters

ORDER TAKEN BY

W.O. NO. E 4728

INVOICE NO.

FY-593 (4-82)

E-4728

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EUGENE WATERS	Male	July 17, 1931	Dec. 27, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Andre Marsell Waters - Son 306 Radio Drive San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery : 3751 Market Street; San Diego, Calif.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, *and I hereby acknowledge that trespass and nuisance laws apply and understand that* this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED DEC 31 1984
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 3 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. mm SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT E-4728

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32140

DATE 12-31 19 84

FROM Mae D. Peoples ADDRESS 835 So. 32nd St. So. N. 92113

one Thousand eighty dollars DOLLARS ($ 1080.70)

IN Full PAYMENT OF Services for Eugene Waters

LOT 75 GRAVE 6 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E-4728

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JAN 3 1985

ISSUED BY J. Braggs

CREDIT 30% SALES CARE	67007 77184	99	00
30% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	245	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	10	70
TOTAL PAID $		1080	70

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/28 19 84

CHARGE Pre Need

ADDRESS

NAME OF DECEASED FRANK A. FERO

OWNER

ADDRESS

MORTUARY Greenwood

LOT 19 GR 11 ROW SEC MAS BLK L DIV

OPENING/ CLOSING TIME AM DAY DATE 12-31-84

VAULT/LINER ASH SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER 32120

BALANCE

Pd

WK Ord # E-4711

Burial @ CTR/Left.

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 4729

INVOICE NO.

PY-593 (4-82)

E-4729

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Frank A. Erro	Male	Oct. 7, 1903	Dec. 21, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Daisy P. Erro-Wife 3858 Delta St. San Diego, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
CREMATION	~~NAME AND ADDRESS OF CREMATORY~~ WHERE REMAINS ARE TO BE CREMATED I-805 & Imperial Avenue, San Diego, CA	DATE CREMATED DEC 26 1984	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Charles A Merrick
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, California		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 26 1984
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Remas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-28 19 84

CHARGE Pre-Need

ADDRESS

NAME OF DECEASED Lela J Titus

OWNER

ADDRESS Pre-need

MORTUARY Cypress View

LOT 25 GR 14 ROW SEC MAS BLK DIV J - Pd -

OPENING/CLOSING TIME AM DAY DATE 12-31-84

VAULT/LINER Ash SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

WK Ord # E-663

Bury CTR of Grave Right Side

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

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY

W.O. NO. E 4730

INVOICE NO.

PY-593 (4-82)

E-4730

PERMIT FOR DISPOSITION OF HUMAN REMAINS #53110

Cypress View/Bonhams

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lela J. Titus	Female	March 9, 1889	Dec. 12, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Self- by pre-arrangement

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XXX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: 3955 Imperial Ave. Cypress View Crematory, San Diego, CA	DATE CREMATED: 12/24/84	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: W. McCabe
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY: San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: DEC 17 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald E. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: DEC 31 1984 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

ORDER

MT. HOPE CEME...

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-31 19 84

CHARGE Rev Raymond Lott

ADDRESS 7761 Brookhaven Rd. DDCa. 92114

NAME OF DECEASED MARY ANN LOTT

OWNER

ADDRESS

MORTUARY RAGSDALE

LOT 1955 GR ROW SEC BLK/DIV 10	495	00
OPENING/CLOSING TIME CHURCH 11 AM DAY/DATE WED 1/2/85	295	00
VAULT/LINER Bell SIZE	245 14	00 70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 1-2-85 R 32146	1084	70
BALANCE	-0-	

CK with Mort For Payment.

PAID
JAN 2 1985
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 4731

INVOICE NO.

PY-593 (4-82)

E-4731

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY ANN LOTT	Female	June 17, 1935	Dec. 26, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Raymond Lott - Husband 7761 Brookhaven Road San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED DEC 28 1984
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 2 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature] M.D. mm

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT E-4731

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32146

DATE 1-2 19 84

FROM Raymond Lott ADDRESS 7761 Brookhaven Rd SD Ca 92[illegible]

One thousand eighty four and 70/100 DOLLARS ($ 1084.70)

IN full PAYMENT OF Mary Ann Lott Trans

LOT 1955 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Cashier Check

W.O. E-4731

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JAN 3 1985

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77184	99 00
25% SALES OF LOTS	100 77184	396 00
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	25 00
SALES TAX	60101 9020	24 70
TOTAL PAID $		1084 70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/31 19 84

CHARGE Joanne Lewis (sister)

ADDRESS Margaret Morris (mother)

NAME OF DECEASED DAVID ROTH

OWNER

ADDRESS

MORTUARY Paris Mont

LOT 1748 GR ROW SEC 3 BLK 8 DIV

OPENING/CLOSING TIME AM DAY DATE Fri 1-11-85

VAULT/LINER ASH SIZE

REC. FEE/REMOVAL/FOUNDATION

	- 80 -
95	00
50	00
5	40
35	00
TOTAL 225	40
PAID RECEIPT NUMBER 1-10-85 32172 225	40
BALANCE	

D-873 for Pre-Need

CENTER OF GRAVE

Enter upon receipt of check

PAID
JAN 10 1985
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 Tom Peterson

ORDER TAKEN BY

W.O. NO. E 4732

INVOICE NO.

PY-593 (4-82)

E-4732

David N. Roth, 42; insurance agent

David N. Roth, 42, of El Cajon, who was self-employed in the insurance business for more than 18 years, died of cardiac arrest Saturday in Grossmont Hospital.

A native of Chicago, Mr. Roth came to San Diego with his family when he was 7. He was a 1960 graduate of Mount Miguel High School and was a former member of the Army National Guard.

Mr. Roth was named Man of the Year for 1968-1969 by the San Diego insurance industry.

He was a member of the Million-Dollar Round Table of Hancock Insurance. He was associate general agent of John Hancock Life Insurance from 1968 through 1970, later becoming a regional director of Franklin Life Insurance.

Mr. Roth also served as coordinator for several construction and development companies.

He is survived by his daughter, Christi Roth of Santee, and his mother, Margaret Morris of El Cajon, and a sister and a brother, Joann Lewis of Riverside and Noel Nordman of Covina.

Services will be 4 p.m. tomorrow at the Paris-Frederick Mortuary, with burial in Mount Hope Cemetery.

E-4732

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
David Nelson Roth	Male	July 15, 1942	Dec. 29, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Noel Nordman - Brother 970 W. Grove Center Covina, CA 91723

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary	795

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory, San Diego, CA	DATE CREMATED JAN 7 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Charles A. Merrick
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	***This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.***		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED 12-31-84	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 11 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

E-4732

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW. IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

PARIS-FREDERICK MORTUARY

DATE	DESCRIPTION	AMOUNT
12-31-84	DAC 7075 Roth 5000	225.40
	cb	

PARIS-FREDERICK MORTUARY

EMPLOYEE

PERIOD ENDING	EXPLANATION OF YOUR EARNINGS				TOTAL EARNINGS	WE PAID OUT THE ITEMS LISTED BELOW FOR YOU					NET AMOUNT OF CHECK
	HOURS	RATE	REGULAR EARNINGS	OVERTIME AND OTHER		F.I.C.A. TAX	FEDERAL W.H. TAX	STATE W.H. TAX	S.D.I.		

E-4932

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date 12-31-84

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 Mount Hope Cemetery
in accordance with and subject to its rules and regulations to inter the remains of:

Name of Deceased David Nelson Roth Age 42 Sex Male
in the following described interment space.

Grave 1748 Lot 1748 Block _____ Lawn Section 3 Division 8 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 and direct and authorize the above named cemetery to inter the remains as indicated above.

Further, the undersigned assume all liability for mistaken identity, or incorrect identification and do hereby agree to hold said Cemetery, its officers, agents and employees harmless, and to indemnify them, including a reasonable attorney's fee, for the defense of all claims, suits or causes of action, arising out of our act of identification or the interment of the deceased.

INTERMENT RIGHT OWNER MUST SIGN IF NOT A RELATIVE:

I hereby certify that I am the owner of the interment right to the above described interment space, and I authorize its use for the interment of the herein named deceased.

Signature X Margaret E Morris
Interment Right Owner

Signature X Margaret E Morris Relationship Mother
Person Signing Interment Order

Address 1343 Oakdale St #43 El Cajon, Ca 92021 Tel. No. 444-5708
Street City State Zip

OFFICE USE ONLY

Order Taken By _____

Location checked and verified _____ OK'd By _____ Date _____

Index Card _____ Plat Book _____ Plat Card _____ Recorded By _____

OFFICIAL RECEIPT E-4732

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32172

DATE 01-10 19 85

FROM Paris-Frederick Mort ADDRESS P. Box 397 El Cajon, Ca 92022

Two hundred twenty five and 40/100 — DOLLARS ($ 225.40)

IN full PAYMENT OF David N. Roth Service

LOT 1748 GRAVE ROW SECTION 3 DIVISION BLOCK 1

INVOICE NO. Check

W.O. E-4732

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 14 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95 00
BOXES	100 77182	90 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	5 40
TOTAL PAID $		225 40

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12/31 19 84

CHARGE Stephanie Kelly →

ADDRESS 1440 E. 75th St. L.A. Ca. 90001

NAME OF DECEASED TESSIE MASON

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 30 GR 6 ROW SEC 1 BLK/DIV 12	350	00
OPENING/CLOSING TIME Chapel 2pm DAY/DATE Friday 1-4-85	295	00
VAULT/LINER Bell SIZE TX	24 54	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 1-4-85 32153	939	70
BALANCE	0	

Tentatively
1-4-85

PAID
JAN 4 1985
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 4733

INVOICE NO.

PY-593 (4-82)

E-4733

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TESSIE MASON	Female	Sept. 15, 1906	Found Dec. 29, 1984

PLACE OF DEATH--CITY OR TOWN	PLACE OF DEATH--COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Stafford Kelly - Son 1440 E. 75th Street Los Angeles, CA 90001

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

XX 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 4. SCIENTIFIC USE

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 2 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 4 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT E-4733

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32153

DATE 1-4- 19 85

FROM Stafford Kelly ADDRESS 14 40 E 75th St. [illegible] N. 9[illegible]

[illegible] and 70/100 - DOLLARS ($ 739.70)

IN full PAYMENT OF [illegible]

LOT 30 GRAVE 6 ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4733

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JAN 9 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	70
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER.

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-31-84 19

CHARGE Clethia Holyfield - 424-7496

ADDRESS 932-16th St. SD. Ca. 92154

NAME OF DECEASED Lucious Long

OWNER Self.

ADDRESS

MORTUARY Rogsdale.

LOT 100 GR 10 ROW SEC 2 BLK/DIV 7		— Pd —	
OPENING/CLOSING TIME Graveside 10 Am	DAY/DATE Thurs 1-3-85	295	00
VAULT/LINER Ball	SIZE	245 1/4	00 70
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	589	70
PAID RECEIPT NUMBER 1-3-85 R-32148		589	70
	BALANCE	-0-	

X-Deep
1ST Burial 9/75
Look out for WATER Line
at foot of grave

PAID
JAN 3 1985
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 Norwella.

ORDER TAKEN BY

W.O. NO. E 4734

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT E-4734

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32148

DATE 01-03 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4734

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JAN 9 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 3-81)

E-47,34

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lucious Rudolph Long	Male	May 31, 1906	December 30, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Elethia Holifield - Sister 932 - 16th Street (Imperial Beach) San Diego, California 92154

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson ~ Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market Street San Diego, Calif.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: JAN 3 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Somers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (DATE): JAN 3 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-24 19 84

CHARGE Josephine E. Teham

ADDRESS Po Box 214, Meridian, Ca 95957

NAME OF DECEASED Transfer from

OWNER Ruth Mayfield

ADDRESS

MORTUARY

LOT 281 GR 2 ROW SEC 11 BLK DIV 7		
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 1-2-85 32125	35	00
BALANCE	0	

PAID
JAN 2 1985
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 Lang

W.O. NO. E 4735

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT E-4735

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32125

DATE 12-24 19 64

FROM Josephine E. Tehan ADDRESS P.O. Box. 214 Meridian, Ca.

Idaho Fire No/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Property Rights Transfer & Deed (Gift Claim)
From Ruth Mayfield

LOT 281 GRAVE 2 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4735

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 3-61)

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

CITY AUDITOR
JAN 3 1985

ISSUED BY

CREDIT	67007	
25% SALES CARE	77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	Perpetual Care 35.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	50101 9020	
TOTAL PAID $		#35.00

E-4735

THE CITY OF SAN DIEGO

PARK DEPARTMENT—CEMETERY DIVISION

Quitclaim Deed

In consideration of Josephine Feban

I/~~We~~ Ruth Mayfield

Do Hereby Remise, Release and Quitclaim to The City of San Diego, a Municipal Corporation, all that Cemetery property situated in Mt. Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows: Lot 281 - Section 1 and 2 Section 11 - Division 7

To Have and to Hold the above-described quitclaimed property unto the said The City of San Diego, its successors and assigns forever.

WITNESS my/our hand this 24 day of December 19 84

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Ruth Mayfield

Witnesses.

OFFICIAL SEAL
RUTHIE M. GAMLIN
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires July 8, 1986

STATE OF CALIFORNIA, } SS.
COUNTY OF SAN DIEGO. }

On this 24 day of DECEMBER, 19 84, before me RUTHIE M. GAMLIN, a Notary Public in and for said County and State, residing therein, duly commissioned and sworn, personally appeared Ruth Mayfield known to be the person described in and whose name is subscribed to the above instrument and acknowledged to me that she executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal at my office in said county of San Diego, State of California, on the date first above written.

Ruthie M. Gamlin
Notary Public in and for said County and State

My Commission expires July 8, 1986

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 1470 | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 8000

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
NORMAN	PRETT	MAYFIELD	AUGUST 11, 1984	2047

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES)
Male	White/American	NO X	January 9, 1898	86 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Oklahoma	William I. Mayfield, Mississippi	Rhoda E. Haze, Missouri

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	564-01-8445	Married	Ruth E. Rudolph

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Carpenter	50	M. H. Golden Company	Construction

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
1721 Prospect Street		National City

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	California	Ruth E. Mayfield - Wife 1721 Prospect Street National City, California 92050
21A. PLACE OF DEATH	21B. COUNTY	
Paradise Valley Hospital	San Diego	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN	
2400 East 4th Street	National City	

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cardio-pulmonary arrest	5 minutes
DUE TO, OR AS A CONSEQUENCE OF	(B) Anteriosclerotic Heart Disease	5years
DUE TO, OR AS A CONSEQUENCE OF	(C) MYOCARDIAL Infarction	1 month

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
no	no	no

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Stroke- pnuemona

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: no DATE:

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO, DA, YR)	I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR)	28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
5/3/84	8/11/84	Dr. Braverman MD	8/13/84	A37912

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Dr. Braverman 502 Euclid Avenue, National City, CA

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY (MONTH, DAY, YEAR)	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST, INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	August 15,1984	La Vista Memorial Park, National City, CA	2945 Howard Heath

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO	41. LOCAL REGISTRAR'S SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Heath Funeral Home	807	Donald L. Rudolph, M.D.	AUG 14 1984

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (6-82)

COUNTY OF SAN DIEGO - DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS, TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO
DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL
DOCUMENT FILED.
FEE PAID: $4.00
DATE ISSUED: Aug. 15, 1984
Donald L. Rudolph M.D.
REGISTRAR OF VITAL STATISTICS

E-4735

RECORDING REQUESTED BY
AND MAIL TO:

1471

84-346179

RECORDED IN
OFFICIAL RECORDS
OF SAN DIEGO COUNTY, CA.

1984 SEP 12 AM 10: 38

VERA L. LYLE
COUNTY RECORDER

E-4735

Ruth Mayfield
1721 Prospect St
National City, Calif.
92050

RF 3.00
MG 1.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-2 19 85

CHARGE William Russell (Son) 92802

ADDRESS 1651 Pampas Lane #15, Anaheim, Ca

NAME OF DECEASED Mary B. Ramsdell

OWNER

ADDRESS

MORTUARY Rogers

Prepaid

LOT 3958 GR ROW SEC BLK DIV 10

OPENING/ CLOSING TIME 2:00 – CHAPEL – DAY DATE THURS 1-3-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Prepaid - D-2190

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 Lang

W.O. NO. E 4736

INVOICE NO.

PY-593 (4-82)

E-4736

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY BANNEN RAMSDELL	Female	Aug. 17, 1900	Dec. 30, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Buless, Texas	Texas	William Russell son 1651 Pampas In. #15 Anaheim, California 92802

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary	69

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED JAN 3 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold A. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 3 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/2 19 85

CHARGE Bettye R. Hansett (wife)

ADDRESS 8585 Innsdale Ln. SD. 92119

NAME OF DECEASED Francis R. Hansett

OWNER

ADDRESS

MORTUARY Rogsdale

LOT 53 GR 8 ROW SEC 2 BLK DIV 11	495	00
OPENING/CLOSING TIME 11 Am (Chapel) DAY DATE 1-4-85 (Friday)	295	00
VAULT/LINER Bell SIZE TX	245 14	00 70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 32144	934	70
Vet. Allowance BALANCE	150	00

Reserve Gr. 9 for 6 mos.

Charges for Marker installation to be billed

Flush marker only.

PAID
JAN 2 1985
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Military
Detail

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 Bettye R. Hansett ORDER TAKEN BY

W.O. NO. E 4737 INVOICE NO. 028314 012007

FY-593 (4-82)

028314	01/23/85	012007	BETTYE R. HANSETT			02/07/85 CK	E-4737	150.00	150.00	0.00
			100	072	77184	000072		120.00		PAID IN FULL
			67007		77184			30.00		

E-4737

E-4737

E-4737

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
FRANCIS REXFORD HANSETT

2A. SOCIAL SECURITY NO. OF VETERAN
116 16 2256

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
Feb. 28, 1927	Binghamgton, New York	Déc. 29, 1984	San Diego, CA	Jan. 4, 1985

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☐ YES ☒ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)	12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)	13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Bettye R. Hansett 8585 Innsdale Lane San Diego, CA 92114	Frank S. Hansett	Mabel Hansett

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
June 23, 1944		501 87 99	Retired April 2, 1971		U.S. NAVY MUC (E-7)

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St.: San Diego, CA 922102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT	22. AMOUNT PAID
$	$

23. WHOSE FUNDS WERE USED?	24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	24B. AMOUNT OF REIMBURSEMENT	24C. SOURCE OF REIMBURSEMENT
	☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)	$	

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?	25B. AMOUNT	25C. SOURCE	26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)	$		☐ YES ☒ NO (Before answering read and comply with instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1962, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)

27B. PLACE OF BURIAL
Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 1084.70	1/2/85	1/2/85	☐ YES ☒ NO (If "No," complete Item 30B)	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$ 150.00

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
	Acting Cemetery Manarger

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT
Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Bettye R Hansett	Bettye R. Hansett

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)
8585 Innsdale Lane
San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Jan. 3, 1985	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	41B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★ ", GOVERNMENT PRINTING OFFICE 1983 381-488/3013

E-4737

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANCIS REXFORD HANSETT	Male	Feb. 28, 1927	Dec. 29, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Bettye R. Hansett - Wife 8585 Innsdale Lane San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 DATE PERMIT ISSUED: JAN 3 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 4 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4737

Veterans Administration

2022 Camino Del Rio North
San Diego CA 92108

January 14, 1985

IN REPLY REFER TO: 21/24

MT HOPE CEMETERY
A/C F R HANSETT
3751 MARKET ST
SAN DIEGO CA 92102

FILE NUMBER:
9-181-763/00
F R HANSE

This is just to let you know that we have received your application for benefits. There is no need for you to take any additional action at this time. However, if you find it necessary to contact us, be sure to indicate THE VETERAN'S file number and name.

Veterans Administration

VA FORM
AUG 1979 21-8332-1

OFFICIAL RECEIPT E-4737

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32144

DATE 1-2 19 85

FROM Bettye Hargett ADDRESS 8585 Imperial S.D. 92114

Nine Hundred Thirty four 70/100 DOLLARS ($ 934.70)

IN Full PAYMENT OF Francis R. Hargett Services

LOT 53 GRAVE 8 ROW SECTION 2 DIVISION 12 BLOCK

INVOICE NO. Check

W.O. E 4737

Govt Veterans Allowance

UNPAID BALANCE AFTER THIS PAYMENT $150.00

AC-212 (REV. 9-81)

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

CITY AUDITOR
JAN 3 1985

ISSUED BY

CREDIT 35% SALES CARE	67002 77184	99	00
35% SALES OF LOTS	100 77184	246	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		934	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-2 19 84

CHARGE Charles F. Wurr

ADDRESS 5700 Alta Vista

NAME OF DECEASED Caroline M. Dailey ⊗ Wurr

OWNER

ADDRESS

MORTUARY Greenwood

LOT 44 GR 2 ROW SEC MAS BLK DIV E		
OPENING/CLOSING TIME AM DAY DATE Wed 1-9-85	95	00
VAULT/LINER Ash SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 12-28-84 R-32138	225	40
BALANCE	0	

PAID
Dec 28 1984
JAN 2 1985
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 J. Braggs

W.O. NO. E 4738

INVOICE NO.

PY-593 (4-82)

E-4738

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Caroline Margaret Dailey	Female	Dec. 9, 1888	Dec. 26, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Charles F. Wurr-Son 5700 Alta Vista Avenue San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory, I-805 & Imperial Ave., San Diego, CA	DATE CREMATED JAN 2 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Charles A. Merrick
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, California		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED DEC 28 1984	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Camel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32138

DATE 12-26- 19 84

FROM Charles F. Weiss ADDRESS 5760 Alta Vista Ave.

Two Twenty Five DOLLARS ($ 225.40)

IN Full PAYMENT OF Services for Caroline Bailey

LOT 44 GRAVE 2 ROW SECTION MAS DIVISION BLOCK E

INVOICE NO. 917

Check

W.O. E-4738

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-312 (REV. 9-81)

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

CITY AUDITOR
JAN 3 1985

ISSUED BY L. Bragg

CREDIT 20% SALES CASH	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95	00
BOXES	100 77182	90	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	5	40
TOTAL PAID $		225	40

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-2 19 85

CHARGE James Noskey

ADDRESS 6245 Lake Albano Ave SD 92119

NAME OF DECEASED Georgena M. Noskey

OWNER

ADDRESS

MORTUARY Featherngill

LOT 27 GR 11 ROW SEC 2 BLK DIV 12	495	00
OPENING/CLOSING TIME afternoon DAY DATE Mon 1-7-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 1-7-85 32160	1084	70
BALANCE	-0-	

PAID
JAN 7 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 Geno Noskey ORDER TAKEN BY R. Lang

W.O. NO. E 4739 INVOICE NO.

PY-593 (4-82)

E-4739

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GEORGINA MARIE NOSKEY	Female	Mar. 5, 1905	Fd.Dec.31,1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	James Noskey, son 6245 Lake Albano Avenue San Diego, Califonria 92119

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 4 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 7 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Powers, M.D. mm SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT E-4739

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32160

DATE 01-07 19 85

FROM Leatherinquil ADDRESS 6322 El Cajon Blvd. S.D. Ca. 92115

One thousand eighty four and 70/100 DOLLARS ($ 1084.70)

IN full PAYMENT OF Eugene M. Noskey [illegible]

LOT 27 GRAVE 11 ROW SECTION 2 DIVISION BLOCK 15

INVOICE NO. Check

W.O. E-4739

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 9 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99	[illegible]
20% SALES OF LOTS	100 77184	296	[illegible]
OPENINGS	100 77181	295	[illegible]
BOXES	100 77182	[illegible]	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]	[illegible]
SALES TAX	60101 9020	14	[illegible]
TOTAL PAID $		1084	[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-2 19 85

CHARGE Sylvia Caesar

ADDRESS 441 So. Detroit Pl SD. Ca 92114

NAME OF DECEASED Shepherd G. Caesar

OWNER

ADDRESS

MORTUARY Rogdale

LOT 142 GR 12 ROW SEC 1 BLK DIV 11	425	00
OPENING/CLOSING TIME 11:00 -CHURCH- DAY DATE Mon 1-7-85	295	00
VAULT/LINER Bell SIZE 14	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER		
BALANCE		

Va Benefits

30 Day note

(Bronze marker)

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

AUTHORIZED IN PERSON / PHONE BY Sylvia Caesar

ORDER TAKEN BY Lang

W.O. NO. E 4740

INVOICE NO. 028315 012008

PY-593 (4-82)

E-4740

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/28/85

DATE: 01/26/85
TIME: 214525
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028315	01/23/85	012008	SYLVIA CAESAR					01/25/85	CK	E-4740	500.00	1,084.70	584.70
			100	072		77161	000072				135.98		PARTIAL PAYMENT
			100	072		77182	000072				112.93		
			100	072		77183	000072				16.13		
			100	072		77184	000072				182.54		
			60101			9020					6.78		
			67007			77184					45.64		

E-4740

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 500.00

E-4740

3/21/85 { 00323290 00323291

#130 - Mailed extra

20 - Numbers

028315	01/23/85	012008	SYLVIA CAESAR	100	072	77181	000072	02/12/85	CK	2134	584.70	1,084.70	150.00-
				100	072	77182	000072				118.22		OVERPAYMENT
				100	072	77183	000072				14.03		
				100	072	77184	000072				156.70		
				9020							5.89		
				60101							39.67		
				67007							150.00		
028315	01/23/85	012008	SYLVIA CAESAR	100	072	77181	000072	02/07/85	CK	E-4740	150.00	1,084.70	434.70
				100	072	77182	000072				33.88		PARTIAL PAYMENT
				100	072	77183	000072				4.84		
				100	072	77184	000072				54.76		
				9020							2.03		
				60101							13.70		
				67007							40.79		

Number E-4740

Dated 1-2-85

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 1084.70 .

Name Sylvia Caesar

Address 441 So. Detroit Pl.
San Diego, Ca. 92114

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Sylvia Caesar Same as Above
NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E-4740

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Shepherd Gable Caesar

2A. SOCIAL SECURITY NO. OF VETERAN
435 12 0174

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
Dec. 3, 1918	Jonesboro, Louisiana	Dec. 31, 1984	San Diego, CA	Jan.7, 1985

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☐ YES ☒ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Sylvia L. Caesar
441 Detroit Pl.
San Diego, CA 92114

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Lawrence R. Caesar

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Kathleen Hollenwirth Caesar

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
4/15/41		34 072 840	7/6/45		PFC U. S.Army 91st Engineer Depot.

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St. San Diego, CA

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT
$

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1962, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)

27B. PLACE OF BURIAL
Mt. Hope Cemetery
3751 Market, San Diego, CA 92102

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 1084.70	1/2/1985		☐ YES ☒ NO (If "No," complete Item 30B)	$ 1084.70

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)
Barbara L. Lang

34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT
Mt. Hope Cemetery, 3751 Market St., San Diego, CA92102

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)
Sylvia Caesar

36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Sylvia Caesar

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)
441 Detroit Place
San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Jan. 3, 1985	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	41B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

*U.S. GOVERNMENT PRINTING OFFICE 1983 381-486/3043

E-4740

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SHEPHERD GABLE CAESAR	Male	Dec. 3, 1918	Found Dec. 31, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Sylvia L. Caesar - Wife 441 Detroit Place San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 DATE PERMIT ISSUED JAN 3 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) JAN 7 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT E-4740

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32219

DATE 01-25 19 15

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 500.00)

IN [illegible] PAYMENT OF [illegible]

LOT 142 GRAVE 12 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. [illegible]

[illegible]

W.O. E-4740

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

SAN DIEGO CITY TREAS.
JAN 25 '85
PAID #1

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

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		500.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/2 1985

CHARGE COWANS, Lawrence (father)

ADDRESS 1006 N. 33rd St. S.D. 92102

NAME OF DECEASED Porche LAPRE MILLER

OWNER

ADDRESS

MORTUARY Ragsdale.

LOT 34 GR 1 ROW SEC MAS BLK DIV Q	50	00
OPENING/ CLOSING TIME 2pm Here DAY DATE Monday 1-7-85	95	00
VAULT/LINER SIZE	—	
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	180	00
PAID RECEIPT NUMBER 32147	100	00
BALANCE	80	00

Flush marker
- Retired Navy -

PAID
JAN 2 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Final Payment Two weeks -

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 Lawrence Cowans ORDER TAKEN BY [signature]

W.O. NO. E 4741 INVOICE NO. 028316 012009

PY-593 (4-82)

028316 01/23/85 012009 LAWRENCE COWANS

E-14741 100 072 77181 000072 11/09/85 CK 760

100 072 77183 000072

80.00

45.00

35.00

80.00

PAID IN FULL 0.00

E-4741

E-4741

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Porchē La'pre Miller	Male	Sept. 25, 1984	Dec. 31, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Belenda Miller - Mother 3045 "L" Street San Diego, CA 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
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- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
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- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

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BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY:
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: JAN 4 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 7 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32147

DATE 1-2 1985

FROM Lawrence Cowans ADDRESS 1006 N. 33rd St. 92102

One hundred No/100 DOLLARS ($ 100.00)

IN Part PAYMENT OF Service for Porcile L. Miller

LOT 34 GRAVE 1 ROW SECTION MAS DIVISION BLOCK Q

INVOICE NO. CASH

W.O. E-4741

UNPAID BALANCE AFTER THIS PAYMENT $80

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

CITY AUDITOR
JAN 9 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	10	00
20% SALES OF LOTS	100 77184	40	00
OPENINGS	100 77181	50	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		100	00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-2 1985

CHARGE MARY PYATT (DAU.)

ADDRESS 2447 CAMINITO PRADO LJ 92037

NAME OF DECEASED MARY MACKENZIE

OWNER

ADDRESS

MORTUARY PACIFIC BEACH

X-DEEP

LOT 76 GR 1 ROW SEC 1 BLK DIV 11	-Pd-	
OPENING/ CLOSING TIME GRAVESIDE 2 pm DAY DATE FRIDAY 1-4-85	295	00
VAULT/LINER Bell SIZE TX	245 14	00 70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-4-85 - 32157	589	70
BALANCE	0	

1st Burial 4/73

W.O. 3009 & 6710

Flush marker only -

family To Bring ok w/service

PAID

JAN 4 1985

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 4742

INVOICE NO.

PY-593 (4-82)

E-4742

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Mary B. Mac Kenzie Mary MacKenzie	Female	June 14, 1892	Jan. 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mary Pyatt -daughter 2747 Caminito Prado La Jol a, Ca.

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery-3751 Market St., San Diego, Ca		COUNTY San Diego,
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN - 4 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 4 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D., Jr. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32157

DATE 1-4- 1985

FROM Kedar D. Pyatt Jr. ADDRESS 3747 Caminito Prado (La Jolla)

Five Eighty Nine DOLLARS ($ 59.70)

IN Full PAYMENT OF Services for Mary MacKenzie

LOT 76 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4742

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JAN 9 1985

ISSUED BY J. Braggs

CREDIT 25% SALES CARE	67007 77184		
25% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295.	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	25	
SALES TAX	60101 9020	14.	70
TOTAL PAID $		5[illegible]	

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-3 19 85

CHARGE Millie Lee Pitts - Wife

ADDRESS 2187 Everett St. SD Ca. 92113

NAME OF DECEASED Napoleon L. Pitts

OWNER

ADDRESS

MORTUARY Ragsdale

(DIF)

LOT 19 GR 7 ROW SEC 3 ~~BLK~~ DIV 12		~	
OPENING/ CLOSING TIME 1:00 -CHURCH- DAY DATE Mon 1-7-85		295	00
VAULT/LINER Bell SIZE		14 245	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		589	70
PAID RECEIPT NUMBER 1-7-85	32161	589	70
BALANCE		0	

1st burial

PAID
JAN 7 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 Lang

W.O. NO. E 4743

INVOICE NO.

PY-593 (4-82)

E-4743

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NAPOLEON LEE PITTS	Male	June 18,1900	Jan. 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Millie Lee Pitts - Wife 2187 Everett Street San Diego, California 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 DATE PERMIT ISSUED JAN 3 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D., MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 7 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT E-4743

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32161

DATE 01-07 19 85

FROM Anderson Ragsdale ADDRESS 3050 Federal Blvd. Sta. 92102

Nine hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Napoleon Lee Pitts Service

LOT 19 GRAVE 7 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4743

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JAN 9 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	595
BOXES	100 77182	45
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-3 19 85

CHARGE Andrew L. Henderson

ADDRESS 4901 Deaton Dr. SD Ca. 92102

NAME OF DECEASED Transfer of pruned

OWNER grave to step-sister

ADDRESS Evelyn Mills, Go

MORTUARY Same address

LOT 206 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10

OPENING/ CLOSING TIME ____ DAY DATE ____

VAULT/LINER ____ SIZE ____

REC. FEE/REMOVAL/FOUNDATION ____

TOTAL ____

PAID RECEIPT NUMBER ____

BALANCE ____

#11076 - #806 - 10

#11077 - #804 - 10

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

AUTHORIZED IN PERSON / PHONE BY G.L. Henderson ORDER TAKEN BY Lang

W.O. NO. E 4744 INVOICE NO. ____

PY-593 (4-82) #11076

E-4744

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

7/7/1983

DEED

Nº 10947

OWNERSHIP AND INTERMENT PRIVILEGES

TO Andrew L. Henderson for the sum of $ 940.00 (DOLLARS)

LEGAL DESCRIPTION *Lots 804 & 806 Division 10*

AS DESCRIBED ON PURCHASE ORDER NUMBER E-3758

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

Robert M. Sutton
Cemetery Manager

Martin Buelan
Property Director

PY-584

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-3 19 85

CHARGE Public Admin. Pat Williams

ADDRESS 5201-A Ruffin Rd. SDCa. 92123

NAME OF DECEASED Massey,

OWNER

ADDRESS

MORTUARY Humphrey - (Nat City)

LOT 29 GR ROW P SEC MAS ~~BLK~~ DIV P	28	00
OPENING/CLOSING TIME DAY DATE	45	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	73	00
PAID RECEIPT NUMBER		
BALANCE		

Cancel E. See #4756

We select - Stillborn infant

Bill PA

Case #

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 Lang

W.O. NO. E 4745

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-4 19 85

CHARGE William Menze

ADDRESS 1271 Bangor, SD. Ca. 92116

NAME OF DECEASED ROBERT B. MENZE

OWNER

ADDRESS

MORTUARY EL CAMINO

LOT 792 GR ROW SEC BLK 10 DIV

OPENING/ CLOSING TIME READY BY 10 AM DAY TUESDAY DATE 1-8-85 — 670 00

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

DISINTERMENT TOTAL 670 00

PAID RECEIPT NUMBER 01-04-85 - 32154 — 670 00

BALANCE —0—

EL CAMINO TO PROVIDE PERMIT, TRANSPORT POUCH AND PERSONAL TO REMOVE REMAINS FROM MT. HOPE

Along w/ MARKER & FLOWER VASE

(over)

PAID

JAN 4 1985

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED EL CAMINO
IN PERSON
PHONE BY YACOVICH

ORDER TAKEN BY

W.O. NO. E 4746

INVOICE NO.

PY-593 (4-82)

Check returned
1-7-15

Family changed mind

Receipt #32154
being voided

William Menze

E-4746

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

January (MONTH) 1965 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Robert Bruce Menze

from Lot 792 Grave _____ Section _____ Row _____ Block _____ Div 10
and to remove the same to and reinter said remains in Lot _____ Grave _____
Section _____ Row _____ Block _____ Div _____. To El Camino Mem. Park.

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal and reinterment.

William Menze	Sue K Menze	
Signature	Signature	Signature
father	mother	
Relation to deceased	Relation to deceased	Relation to deceased
Address	Address	Address

I hereby authorized the above disinterment:

William Menze
(Lot owner must sign if not legal custodian)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-4 1985

CHARGE Joe Hartigan (Father)

ADDRESS 588 No. Island Golden Beach Fla

NAME OF DECEASED Brian John Hartigan 33160

OWNER

ADDRESS Same -

MORTUARY Lewis / Colonial

LOT 22 GR 9 ROW SEC 1 BLK DIV 12	350	00
OPENING/ CLOSING TIME Graveside 10 AM - DAY DATE Monday 1-7-85	295	00
VAULT/LINER Bell SIZE	245	00
	14	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 32155	939	70
BALANCE	—	0

Flush Marker only -

PAID
JAN 4 1985
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 Carol Hayden - Joe Hartigan

ORDER TAKEN BY [signature]

W.O. NO. E 4747

INVOICE NO.

PY-593 (4-82)

E-4747

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Brian John Hartigan	Male	Dec. 31, 1954	Jan. 3, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Joe Hartigan - Father 588 No. Island Golden Beach, FL 33160

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/BENBOUGH MORTUARY	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	*NAME AND ADDRESS OF FACILITY RECEIVING REMAINS* N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00 DATE PERMIT ISSUED JAN 7 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 7 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-4- 19 85

CHARGE Harry Bouchard (Nephew)

ADDRESS 1012 Concord St. SD. CA 92106 224-2570

NAME OF DECEASED Raymond Maiser

OWNER

ADDRESS

MORTUARY Greenwood Mort.

LOT 160 GR ROW SEC 100F BLK 18 DIV IRON	—	—
OPENING/CLOSING TIME Graveside 11:30 DAY DATE 1-7-85	295	00
VAULT/LINER Ball SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-7-85 32158	439	70
BALANCE	150	00

Va Benefit

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 Harry Bouchard

ORDER TAKEN BY Lang

W.O. NO. E 4748

INVOICE NO. 028317 012010

FY-593 (4-82)

File E-4748 VA Benefit

ACR02U PSWD. INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 012010 INVOICE: 028317 INV DATE: 01 23 85
NAME: HARRY BOUCHARD
1) 1012 CONCORD ST 2)
3) 4)
CITY: SAN DIEGO ST: CA ZIP: 92106 COUNTRY:
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-4748 DAYS DUE: 030 INV TYPE: GE TYPE CHG: NOTICES: Y
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: ACCRUAL CODE:
TIME PAYM CODE: STD DESC CODE: INVOICE TOTAL: 150.00

DESCRIPTION OF CHARGE	AMOUNT
RAYMOND MAISER SERVICE	
LOT 160, SEC 100F BLK 18	
OPENING/CLOSING	295.00
LINER	245.00
TAX ON LINER	14.70
RECORDING FEE	35.00
LESS PAYMENT R-32158	439.70-
VA BENEFIT	
TOTAL DUE	150.00

LATE CHARGE #1 - DAYS DUE: AMOUNT AND/OR PCT CODE
#2
THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

PAID
APR 26 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

E-4748

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32453

DATE 4-26 1985

FROM Vet. Admin ADDRESS
One hundred fifty and no/100 — DOLLARS ($ 150.00)
IN full PAYMENT OF R. L. Maiser Service

LOT 160 GRAVE ROW SECTION 100F ~~DIVISION~~ BLOCK 18

INVOICE NO. Check
Inv. 028317
W.O. E-4748

UNPAID BALANCE AFTER THIS PAYMENT 0

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

PAID
APR 26 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
		150.00

E-4748

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Raymond Louis Maiser	Male	April 10, 1895	Jan. 3, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Harry Bouchard-Nephew 1012 Concord Street San Diego, CA 92106

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

A FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: JAN 07 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Romal, M.D. BD
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 7 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4748

Form Approved
OMB No. 76-R0009

VETERANS ADMINISTRATION
APPLICATION FOR BURIAL BENEFITS
(Under 38 U.S.C., Chapter 23)

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
RAYMOND LOUIS MAISER

2A. SOCIAL SECURITY NO. OF VETERAN
572-03-6126

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8. PLACE OF DEATH
4-10-1895	Silver City, NM	01/03/1985	San Diego, CA

9. MARITAL STATUS: ☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)? ☐ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)	12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)	13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Mernie Mabel Maiser	August Henry Maiser	Mary Ellen Maiser

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
9-18-17	San Diego,CA	2266481	4-29-19	Camp Kearney San Diego, CA	CPL.,CO C 364th Infantry U.S. ARMY

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

PART II - INFORMATION RELATING TO CLAIM FOR BURIAL BENEFITS (AND PLOT/INTERMENT IF PAID BY CLAIMANT FOR BURIAL BENEFITS)

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. DATE OF BURIAL
1-7-85

17. PLACE OF BURIAL
Mt. Hope Cemetery

18A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "No," complete Items 19 and 20)

18B. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT? ☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT	22. AMOUNT PAID
$	$

23. WHOSE FUNDS WERE USED?	24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	24B. AMOUNT OF REIMBURSEMENT	24C. SOURCE OF REIMBURSEMENT
	☐ YES ☒ NO (If "Yes," complete Items 24B and 24C)	$	

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?	25B. AMOUNT	25C. SOURCE	26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)			☐ YES ☒ NO (Before answering read and comply with Instruction 10)

VA FORM MAR 1979 **21-530**

SUPERSEDES VA FORM 21-530, OCT 1977, WHICH WILL NOT BE USED.

PART III - CLAIM FOR PLOT/INTERMENT ALLOWANCE ONLY

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLEY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part V)	27B. PLACE OF BURIAL: Mt. Hope Cemetery

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☒ NO (If "No," complete Item 30B)	30B. AMOUNT UNPAID
$ $589.70	1/4/1985	1/7/85		$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	32B. AMOUNT OF REIMBURSEMENT
N/A		$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	33B. AMOUNT	33C. SOURCE
		$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Harry Bouchard	Harry Bouchard

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

1012 Concored St., San Diego, CA 92106

38. DATE	39. RELATIONSHIP TO VETERAN
2-1-85	Nephew

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: *Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.*

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	41B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

S. Government Printing Office: 1979—281-629/1230

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32158

DATE 01-07 19 85

FROM Larry Bouchard ADDRESS 1012 Concord St. Sh. 9. 92106

four hundred thirty nine and 70/100 DOLLARS ($ 439.70)

IN part PAYMENT OF Raymond Mason service

LOT 160 GRAVE ROW SECTION 100F DIVISION BLOCK 18

INVOICE NO. Cash

W.O. E-4748

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

CITY AUDITOR
JAN 9 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	145.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		439.70

AC-212 (REV. 5-81)

OFFICIAL RECEIPT E-4748

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32453

DATE 4-26 19 [illegible]

FROM Vit. Admin ADDRESS

One hundred fifty and no/100 — DOLLARS ($ 100.00)

IN full PAYMENT OF R. L. Maier service

LOT 160 GRAVE ROW SECTION 100F DIVISION BLOCK

INVOICE NO. Check

Inv. 038317

W.O. E-4748

UNPAID BALANCE AFTER THIS PAYMENT —

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

SAN DIEGO CITY TREAS.
APR 29 '85
PAID

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9520	
TOTAL PAID $		[illegible]



CITY OF SAN DIEGO

696	504/29/85		150.00	INV
04/29/85	696	5	150.00-	CH
04/29/85	696	5	.00	BA

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32155

DATE 1-4 19 85

FROM Joe Harrison ADDRESS 588 No. Island Coronado Ca.

Nine Hundred Thirty nine 70/100 DOLLARS ($ 939.70)

IN Full PAYMENT OF Services for Brian Harrison

LOT 22 GRAVE 9 ROW SECTION 1 DIVISION 12 BLOCK

INVOICE NO. Check

W.O. E-4747

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-313 (REV. 2-81)

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

CITY AUDITOR
JAN 9 1985

ISSUED BY

CREDIT 10% SALES CARE	57007 77184	70	00
10% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-4 19 85

CHARGE Queen Esther Lyons 714-627-5118

ADDRESS 563 Ralph Ct. Pomona, Ca 91766

NAME OF DECEASED A.C. Bruce

OWNER

ADDRESS

MORTUARY Bagdale

LOT 131 GR 2 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME 2:00 CHAPEL DAY DATE Thur. 1-10-85	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	939	70
PAID RECEIPT NUMBER 1-11-85 32177	939	70
BALANCE	0	

Mortuary to bring check

PAID
JAN 11 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 Queen Esther Lyons ORDER TAKEN BY Lang

W.O. NO. E 4749 INVOICE NO.

PY-593 (4-82)

E-4749

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
"A" "C" BRICE	Male	2/28/40	1/1/85 FOUND

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Queen Ester-Sister 563 Ralph Court Pomona, California 91766

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

XX 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 4. SCIENTIFIC USE

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St.: San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 8 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 10 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald A. Ramos, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32177

DATE 01-11 19 85

FROM Anderson-Ragsdale ADDRESS 5050 Federal Blvd. S.D. Ca

Nine hundred thirty nine and 70/100 DOLLARS ($ 939.70)

IN full PAYMENT OF H.C. Brice Service

LOT 131 GRAVE 2 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4747

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 14 1985

ISSUED BY B. Tang

CREDIT 30% SALES CARE	67007 77184	70 00
30% SALES OF LOTS	100 77184	210 00
OPENINGS	100 77181	275 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	14 00
TOTAL PAID $		939 70

AC-213 (REV. 9-81)

OFFICIAL RECEIPT E-4749

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 32515

DATE 5-20 19 85

FROM Anderson Cap Lab ADDRESS 5050 Federal Blvd. [illegible]

Two hundred sixty and [illegible] DOLLARS ($ 250.00)

IN full PAYMENT OF marker installation [illegible]

[illegible] Bell Jr + A.C. (Pkg) Brick

LOT GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4749 + E-4777

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
MAY 24 1985

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	250
SALES TAX	60101 9020	
TOTAL PAID $		250

AC-312 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-4 19 85

CHARGE Barbara Hammons

ADDRESS 3132 - 3rd ave SDCa. 92103

NAME OF DECEASED Margaret A. Payne

OWNER

ADDRESS

MORTUARY Lewis / Colonial

LOT 73 GR 6 ROW SEC 1 BLK DIV 11		495	00
OPENING/CLOSING TIME -GRAVESIDE- 1:30 DAY DATE Tues. 1-8-85		295	00
VAULT/LINER Bell SIZE		14 245	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	1084	70
PAID RECEIPT NUMBER 1-7-85 #32159		1084	70
	BALANCE	~~0~~	

Will bring check.

PAID
JAN 7 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 Barbara P. Hammons ORDER TAKEN BY Lang

295-2448

W.O. NO. E 4750 INVOICE NO.

PY-593 (4-82)

E-4750

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Margaret Hayward Payne	female	May 14, 1889	Jan 3, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Barbara P. Haumons - daughter 3132 - 3rd Ave. San Diego,CA 92103

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego,CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 7 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramons, M.D. mtn
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 8 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32159

DATE 1-7- 19 85

FROM Barbara P. Hammons ADDRESS 3132 3rd Ave. San Diego N. 92103

One thousand and eighty-four DOLLARS ($ 1084.00)

IN full PAYMENT OF Services for Margaret H. Payne

LOT 73 GRAVE 6 ROW SECTION 11 DIVISION BLOCK 11

INVOICE NO. [illegible]

W.O. E-4750

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JAN 9 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99 00
80% SALES OF LOTS	100 77184	396 00
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	14 70
TOTAL PAID $		1084.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-7 19 85

CHARGE Akira Takeshita

ADDRESS 3104 Cabrillo Mesa Dr. SD. Ca. 92123

NAME OF DECEASED Okuyo Takeshita

OWNER

ADDRESS

MORTUARY Benbough / Lewis Colonial

LOT 511 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME 10:00 - GRAVESIDE - DAY DATE FRI 1-11-85

VAULT/LINER T.S. SIZE

REC. FEE/REMOVAL/FOUNDATION

	295	00
	330	19 80 00
	35	00
TOTAL	679	80
BALANCE	679	80

PAID RECEIPT NUMBER 1-8-85 32163

PAID
JAN 8 1985
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 Akira Takeshita ORDER TAKEN BY Lang

W.O. NO. E 4751 INVOICE NO.

PY-593 (4-82)

E-4761

LEWIS COLONIAL/BENBOUGH MORTUARY
SERVICE SCHEDULE
283-7211

DAY: (Circle One) MON TUES WED THURS (FRI) SAT SUN

DATE OF SERVICE: JAN. / 11 / 1985

HOUR OF SERVICE 10:00 (A.M.) P.M.

NAME OF DECEASED: IKUYO TAKESHITA

PLACE OF SERVICE: GRAVESide Service

ESCORT YES (NO)

DESTINATION: MT. Hope CEMETERY

LIMO'S & DESCRIPTION: #1 NONE #2 " #3 "

DRIVERS: #1 " #2 " #3 "

CALL TIME: " A.M. " P.M.

ADDRESS: " " "

CITY: " " "

WHOM: " RELATION " TELE: "

RELATIVE RESPONSIBLE FOR SERVICE AKIRA TAKESHITA RELATION Son

NEED
COACH: LCB-80 DRIVER: D.C. Witzke

DIRECTOR: Witzke USHER: NONE

NEED
FLOWER CAR: LCB-Van DRIVER: DAN

OFFICIANT: Rev. KAKUYEI TADA BEARERS: WE (FAMILY) MILITARY NONE (Circle One)

SOLOIST: NONE

SELECTION: #1 NONE #2 " #3 "

ORGANIST: NONE SELECTION: "

JEWELRY: Remove ☐ Leave ☐ DESCRIPTION: Remove NECK Piece
GIVE TO Son

CASKET: Open ☐ Closed ☒ When/Where AT GRAVESide

SPECIAL INSTRUCTION:

ARRANGER: WITZKE

E-4751

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
IKUYO NMN TAKESHITA	male	Feb 2, 1883	Jan 5, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Mine Takeshita - wife 3355 Ruffin Rd. F-1 San Diego, CA 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: JAN 8 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Cairns, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 11 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32163

DATE 01-02 19 [illegible]

FROM Akira Takeshita ADDRESS [illegible]

[illegible] hundred seventy nine and 84/100 DOLLARS ($ 679.[illegible])

IN full PAYMENT OF Okuyo Takeshita Service

LOT 5111 GRAVE [illegible] ROW SECTION DIVISION BLOCK [illegible]

INVOICE NO. Check

W.O. E-4751

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 9 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-213 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-7 19 85

CHARGE Public Administrator

ADDRESS 5201-A-Ruffin Rd SDCa 92123

NAME OF DECEASED Edward J. Charticus

OWNER

ADDRESS

MORTUARY Humphrey (Sharon)

LOT 329 GR ROW SEC 5 BLK DIV 8		
OPENING/CLOSING TIME 3:00 -DELIVERY ONLY- DAY DATE Wed. 1-9-85	295	00
VAULT/LINER Bell SIZE 14	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-9-85 32170	589	70
BALANCE	0	

Mortuary to bring Check

PAID
JAN 9 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 Lang

W.O. NO. E 4752

INVOICE NO.

PY-593 (4-82)

E-4752

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDWARD JOSEPH CHARTIER	Male	12/11/1887	01/04/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Road San Diego, Ca. 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary	F-964

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED JAN 0 8 1985	SIGNATURE OF REGISTRAR ISSUING PERMIT ▶ Donald L. Lomas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 9 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32170

DATE 01-07 1985

FROM Tim Shrey Mart. ADDRESS 155 Broadway Chula Vista Ca

Seven hundred eighty nine and 7 (100) DOLLARS ($ 519.00)

IN full PAYMENT OF Edward J. Chartier Services

LOT 329 GRAVE ROW SECTION 5 DIVISION BLOCK 1

INVOICE NO. Check

W.O. E-4752

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JAN 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.00
TOTAL PAID $		519.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-7- 1985

CHARGE Mrs. Betty Love, niece

ADDRESS 954 Fenchurch St. El Cajon, Ca. 92020

NAME OF DECEASED Ruby L. Stone

OWNER

ADDRESS

MORTUARY Featheringill Mortuary

LOT 127 GR 3 ROW SEC CAR BLK DIV J		
OPENING/CLOSING TIME -3.00- DAY DATE Wed 1-9-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-9-85 32169	589	70
BALANCE	-0-	

will call later to set-up time.
will bring check

PAID
JAN 9 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 Jonell

W.O. NO. E 4753

INVOICE NO.

PY-593 (4-82)

E-4753

PERMIT FOR DISPOSITION OF HUMAN REMAINS

12 3

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUBY L. STONE	FEMALE	Dec. 22, 1894	Jan. 5, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Upland	San Bernardino	Mrs. Betty Evje, niece 954 Finch St. El Cajon, California 92020

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 9 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Carrol, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 9 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32169

DATE 01-09 19 85

FROM Catherine Mort ADDRESS 6322 El Cajon Blvd. S.D. Ca. 92115

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Rocky Stone Service

LOT 157 GRAVE 3 ROW SECTION CAR DIVISION BLOCK

INVOICE NO. Check

W.O. E-4753

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JAN 14 1985

ISSUED BY B. Lane

CREDIT	67007	
20% SALES CARE	77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-7- 19 85

CHARGE Minnie Wylie - Daughter

ADDRESS 4066 Rene Dr. SD Ca 92154

NAME OF DECEASED Imogene Johnson

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 112 GR 4 ROW SEC 3 BLK/DIV 12		
OPENING/CLOSING TIME 11:00 — CHURCH — DAY THURSDAY DATE 1-10-85	295.	00
	TA:	70
VAULT/LINER SIZE	245.	00
REC. FEE/REMOVAL/FOUNDATION	35.	00
TOTAL	589.	70
PAID RECEIPT NUMBER 1-10-85 32171	589	70
BALANCE	-0-	

Mortuary to bring check

PAID

JAN 10 1985

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 Janell

W.O. NO. E 4754

INVOICE NO.

PY-593 (4-82)

E-4754

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
IMOGENE ROSALIE JOHNSON	Female	April 22, 1890	January 4, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Minnie Wylie - Daughter 4066 Rene Drive San Diego, CA 92154

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. : San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 10 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Reeves, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 10 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32437

DATE 4-22- 1985

FROM Minnie Puylie ADDRESS 4066 Rene Dr. S.D. Ca. 92154

Fifteen Ninety 90 DOLLARS ($ 15.90)

IN _____ PAYMENT OF Flower Cup

LOT 142 GRAVE 4 ROW _____ SECTION 3 DIVISION ~~BLOCK~~ 12

INVOICE NO. _____

W.O. E-4754

UNPAID BALANCE
AFTER THIS PAYMENT _____

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

CITY AUDITOR
APR 25 1985

ISSUED BY J. Braggs

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	15	00
SALES TAX	60101 9020		90
TOTAL PAID $		15.	90

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32171

DATE 01-10 19 85

FROM Anderson-Kapstein ADDRESS 5150 Federal Blvd SDCA 9-10
five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Imogene Johnson Service

LOT 142 GRAVE 4 ROW SECTION 3 DIVISION BLOCK 10

INVOICE NO. Cash

W.O. F-4754

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
JAN 14 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	295.00
REMOVALS FOUNDATIONS	100 77183	295.00
SALES TAX	60101 9020	14.00
TOTAL PAID $		589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-7 19 85

CHARGE Ethel M. Cook Johnson

ADDRESS 4182 Mt Alifan Dr #A SD, Ca 92111

NAME OF DECEASED Fred Cook Jr.

OWNER

ADDRESS

MORTUARY Pacific Beach Mortuary

LOT 100 GR 11 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME - CHAPEL - 2:00 DAY DATE Thurs 1-10-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 1-7-85 32162	600	00
BALANCE	484	70

VA Benefit

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 Ethel M. Cook Johnson ORDER TAKEN BY Lang

W.O. NO. E 4755 INVOICE NO. ~~020318~~

FY-593 (4-82)

67007-77184 — 99.00

100 - 77184 — 385.70

E-4755

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print).
Fred Jr. Cook

2A. SOCIAL SECURITY NO. OF VETERAN
553-16-0870

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St., San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
Oct.15,1919	Wichita, Kansas	01/05/1985	San Diego,CA	01/10/1985

9. MARITAL STATUS
☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☒ DIVORCED

10. SURVIVING CHILDREN?
☐ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Ethel M. Cook-Johnson
4182-A Mt. Alifan Drive
San Diego, CA 92111

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
1/6/42	Fort Macarthur CA	39 016 140	12/14/45	Ft.Mac.CA	PFC U.S. Army
					369th Infantry 93rd Divn

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

25. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with Instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

E-4755

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print).
Fred Jr. Cook

2A. SOCIAL SECURITY NO. OF VETERAN
553-16-0870

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St., San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
Oct.15,1919	Wichita, Kansas	01/05/1985	San Diego,CA	01/10/1985

9. MARITAL STATUS
☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☒ DIVORCED

10. SURVIVING CHILD(REN)?
☐ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Ethel M. Cook-Johnson
4182-A Mt. Alifan Drive
San Diego, CA 92111

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

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1/6/42	Fort Macarthur CA	39 016 140	12/14/45	Ft.Mac.CA	PFC U.S. Army
					369th Infantry 93rd Divn

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

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NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

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Mt. Hope Cemetery

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☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

25. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with Instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

E-4755

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8009

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
Fred	-	Cook, Jr.	Jan. 5, 1985	1000

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Male	Black	NO	Oct. 15, 1919	65 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
KS	Fred Cook,Sr.-AR	Ethel Johnson -OK

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	553-16-0870 A	Divorced	- - -

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Hospital Maintenance	7	Scripps Memorial Hosp.	Maintenance

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
4182 Mt.Alifan Dr. Apt. A		San Diego

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	Calif.	Ethel M. Cook -mother 4182 Mt. Alifan Dr. Apt. A San Diego, Ca.

21A. PLACE OF DEATH	21B. COUNTY
Hillcrest Convalescent Rehab Hospital	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
3520 Fourth Ave.	San Diego

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) C. A. Lung -	4yr
DUE TO, OR AS A CONSEQUENCE OF	(B)	
DUE TO, OR AS A CONSEQUENCE OF	(C)	

24. WAS DEATH REPORTED TO CORONER? no

25. WAS BIOPSY PERFORMED? no

26. WAS AUTOPSY PERFORMED? no

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Cerebral vascular disease - post CVA

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: none DATE:

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
9-12-84	1-3-85	[signature] MD	1-7-85	A 22402

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: R .C.Bock, 4391 Adams St.,San Diego,Ca.

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH DAY YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST, INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH DAY YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. REGISTRAR'S LICENSE NUMBER AND SIGNATURE
Burial	1/10/85	Mt. Hope Cemetery-San Diego, Ca.	B.B. Myers 6820

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR (SIGNATURE)	42. DATE ACCEPTED BY LOCAL REGISTRAR
Pacific Beach Mortuary	815	Donald L. Powers, M.D. 9th	JAN - 8 1985

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

Donald L. Powers, M.D. HEALTH OFFICER
SAN DIEGO DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HWY., SAN DIEGO, CA 92101

FEE PAID: $4.00

DATED: JAN - 8 1985

A CERTIFIED TRUE COPY
Nancy Daly -VA
AUTHORITY-VETERANS ADMINISTRATION FORM 4505

E-4755

Army of the United States

Honorable Discharge

This is to certify that

FRED COOK JR 39 016 140 PRIVATE FIRST CLASS

369TH INFANTRY REGIMENT 93RD INFANTRY DIVISION

Army of the United States

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

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

Given at SEPARATION CENTER
FORT MACARTHUR CALIFORNIA

Date 14 DECEMBER 1945

CYRIL H MCGUIRE
MAJOR COAST ARTILLERY CORPS

E-4755

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
COOK FRED JR	39 016 140	PFC	INF	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
369TH INF REGT 93RD INF DIV	14 DEC 45	SEP CEN FT MACARTHUR CALIF

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
964 E 57TH ST LOS ANGELES CALIF	15 OCT 19	WICHITA KANS

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPEND.
SEE 9	BROWN	BLACK	5' 4"	130 LBS.	2

18. RACE			19. MARITAL STATUS			20. U.S. CITIZEN		21. CIVILIAN OCCUPATION AND NO.
WHITE	NEGRO	OTHER (Specify)	SINGLE	MARRIED	OTHER (Specify)	YES	NO	
	X			X		X		LABORER CONSTRUCTION 9-32.21

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
6 JAN 42		6 JAN 42	FORT MACARTHUR CALIF

SELECTIVE SERVICE DATA	26. REGISTERED YES	26. REGISTERED NO	27. LOCAL B.D. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		163	SAN DIEGO CALIF	SAN DIEGO CALIF

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.
KITCHEN HELPER 590
WESTERN PACIFIC (Local with)

31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
EXPERT M1 CARBINE
2 D.
JAN 19 1946 (Location)

32. DECORATIONS AND CITATIONS
AMERICAN CAMPAIGN MEDAL ASIATIC PACIFIC CAMPAIGN MEDAL GOOD CONDUCT MEDAL WORLD WAR II VICTORY MEDAL
(Date) 194 (Theater or issuing agency)

34. WOUNDS RECEIVED IN ACTION
NONE

35. LATEST IMMUNIZATION DATES

SMALLPOX	TYPHOID	TETANUS	OTHER (Specify)
SEP 44	AUG 45	APR 44	TYPHUS JAN 45

36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN

DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
7 OCT 44	ASIATIC PACIFIC THEATER	14 OCT 44
20 NOV 45	UNITED STATES	4 DEC 45

37. TOTAL LENGTH OF SERVICE

CONTINENTAL SERVICE YEARS	CONTINENTAL SERVICE MONTHS	CONTINENTAL SERVICE DAYS	FOREIGN SERVICE YEARS	FOREIGN SERVICE MONTHS	FOREIGN SERVICE DAYS
2	10	11	1	1	28

38. HIGHEST GRADE HELD
PFC

39. PRIOR SERVICE
NONE

40. REASON AND AUTHORITY FOR SEPARATION
CONVENIENCE OF THE GOVERNMENT DEMOBILIZATION AR 615-365 15 DEC 44

41. SERVICE SCHOOLS ATTENDED
NONE

42. EDUCATION (Years)

Grammar	High School	College
8	1 3	0

VOU 678

PAY DATA

43. LONGEVITY FOR PAY PURPOSES YEARS	MONTHS	DAYS	44. MUSTERING OUT PAY TOTAL	TIME PAYMENT	45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
						$ 1.00	$141.65 F FRIEDMAN CAPT FD

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE Nat. Serv.	U.S. Govt.	Nona.	49. HOW PAID Allotment	Direct to V. A.	50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO Continue	Continue Only	Discontinue
X			X		31 DEC 45	31 JAN 46	3.65	X		

54. RIGHT INDEX FINGER PRINT

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)
ASR SCORE (2 SEP 45)--60 LAPEL BUTTON ISSUED
APPLICATION FOR [illegible] INSURANCE
PUBLIC LAW #[illegible]
Los Angeles-023
CALIF

56. SIGNATURE OF PERSON BEING SEPARATED
Fred Cook Jr

57. PERSONNEL OFFICER (Type name, grade and organization - Signature)
M E HOFT
1ST LT AC

WD AGO FORM 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge which will not be used after issue of this revision.

E-4755

MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

None

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL
8½ yrs	None	1937

18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED

La Jolla, California High School

19. MAJOR COURSES OF STUDY

None

OTHER TRAINING OR SCHOOLING

20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
None	

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

LABORER:

Worked for 11th Naval District, San Diego, California under Civil Service from September 1941 until called to duty with U.S.Army. Worked as helper to painters, carpenters, and construction workers.

ADDITIONAL INFORMATION

23. REMARKS

None

Fred Cook, Jr

24. SIGNATURE OF PERSON BEING SEPARATED	25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER	26. NAME OF OFFICER (Typed or Stamped)
	John M Burnside	JOHN M. BURNSIDE 1st Lt AC

U. S. GOVERNMENT PRINTING OFFICE—O-857477

E-4755

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Fred Cook, Jr.	Male	Oct. 15,1919	Jan. 5, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ethel M. Cook -mother 4182 Mt. Alifan Dr. Apt. A San Diego,Ca

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery-4470 Hilltop Dr.,San Diego,Ca		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: JAN - 8 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Reeves M.D. Jr.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 10 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32237

E-4755

006817

DATE 1-31 19 85

FROM [illegible] ADDRESS [illegible]

Four hundred eighty four and 70/100 DOLLARS ($ 484.70)

IN full PAYMENT OF [illegible] Service

LOT 100 GRAVE 11 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. ~~[illegible]~~ check

~~[illegible]~~

W.O. E-4755

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99 00
40% SALES OF LOTS	100 77184	385 70
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-213 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32162

E-4755

DATE 1-7 19 85

FROM Ethel M. Cook Johnson ADDRESS 4185 Mt Ryan Pl #A, [illegible]

Six hundred and no/100 DOLLARS ($ 600.00)

IN Cash PAYMENT OF Fred Cook Jr. Service

LOT 100 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4755

UNPAID BALANCE AFTER THIS PAYMENT $484.70

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

CITY AUDITOR
JAN 9 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
90% SALES OF LOTS	100 77184	E-4755
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		600.00

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32353

E-4755

VA [illegible]

DATE 2-25 19 [illegible] E-4755

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4755

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
MAR 26 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 8-81)

MILNE TRUCK LINES, Inc. (MILN)

MEMO

FREIGHT BILL NO 10

GENERAL OFFICE: SALT LAKE CITY, UTAH 84104
PHONE 972-6500

THE WAY OF THE WEST

18-178786-8

DATE	DEST.	CP	TH	SI	C/L PAYABLE	M.T.L. REV.	NON-REC.	TRAILER	EXC. CODE	COMM. CODE	C.O.D.
031285	SDC		5			2106	4358	SCHD4538		AX	

CONSIGNEE AND DESTINATION

MOUNT HOPE CEM
3751 MARKET ST
SAN DIEGO CA 92102

999999

Granite

SHIPPER AND ORIGIN

VA MONUMENT SERVICE
WASHINGTON DC EX
RUTLAND VT 05701

999999

E-4755

% VOL.	SHIPPER NUMBER	C/L PRO NUMBER	C/L NAME	C/L DATE	ORIG. C/L	DEST. C/L
	RUT1253	RUT062917	ST JOHNSBUR	030885	SJTC	

PIECES	DESCRIPTION AND MARKS	KEYWORD CODE	WEIGHT	RATE	CHARGES
1	GRAVE MARKER MARBLE 90540		130	M	8072
	DECEDENT FRED COOK JR				
	ORD 27 B				
	MERRITT SM				
	LESS S U N P A T H DISC AL	DISC			1614
1		PPD	130		6458
	EOB RATED 85073 09.37 CA10			TO RE	PREPAID
	— DISCOUNT APPLIED $16.14 —				

RECEIVED PAYMENT CASH CHECK BY

DELIVERING DRIVER

RECEIVED IN GOOD ORDER, PLEASE SIGN FULL NAME

DATE 3/20/195

DUE UPON PRESENTATION AND PAYABLE WITHIN 7 DAYS, ORDER OF P. U. C. AND I. C. C.

SHOW COMPANY NAME

E-4755

CITY OF SAN DIEGO, CALIFORNIA

ACCOUNTS PAYABLE VENDOR UPDATE

ACTION: A (1) VENDOR NO: 1250885 (10) ALPHA: ETJ (3) VENDOR CODE: ZZ (2) VENDOR STATUS: ___ (1)

ACCOUNTS PAYABLE

NAME: Ethel M. Cook Johnson (30)

ADDRESS: 4182 Mt. Alifan Dr. #A (30)

(30)

CITY: San Diego, (17) ST: CA (2) ZIP: 92222 (9) COUNTRY: ___ (10)

1099 CODE: ___ (1) SOC SEC/TAX ID NO: ___ (11)

PURCHASE ORDER & BID

SHORT NAME: ___ (5) CONTACT NAME: ___ (17) PHONE: ___ (3) - ___ (3) - ___ (4)

NAME: ___ (30) LOC CODE: ___ (1)

(30)

ADDRESS: ___ (30)

(30)

CITY: ___ (17) ST: ___ (2) ZIP: ___ (9) COUNTRY: ___ (10)

AUTHORIZATIONS

PREPARED BY: Barbara Lang NAME 3/25/85 DATE

APPROVED BY: Barbara Lang mc #72 NAME 3/25/85 DATE

KEYED: Barbara Lang NAME MAR 28 1985 DATE

PA-2501 (3-82)

E-4755

MEMO from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

04/18/85

Ethel M. Cook Johnson
4182 Mt. Alifan Dr. #A
San Diego, CA 92111

Dear Mrs. Johnson:

The granite marker for Fred Cook, Jr. has arrived from the Veterans Administration and is set.

You will be receiving a refund for $35.00.

If I can be of any further assistance, please let me know.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

Va benefit of $150.00 was received.

Mrs. Johnson had paid her bill her full- ~~$130.00~~ 115.00 - marker setting fee

$35.00 refund due.

DP0032293
4-18-85

$115.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-8 19 85

CHARGE Public Admin - Pat Williams

ADDRESS 5201-A Ruffin -County

NAME OF DECEASED Jeremy Powell

OWNER County Case # 10861

ADDRESS

MORTUARY Humphreys

LOT 66 GR ROW P SEC MAS ~~BLK~~ DIV P	28	00
OPENING/ CLOSING TIME 3:00 -DELIVERY- DAY DATE Wed 1-9-85	45	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	73	00
PAID RECEIPT NUMBER		
BALANCE		

Case # 10861

We select Stillborn

Bill PA. infant

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 Lang

W.O. NO. E 4756

INVOICE NO. 028310

000952

PY-593 (4-82)

SAN DIEGO
CITY TREAS.
MAR 19 '85
PAID #13

028310 01/23/85 000952 COUNTY OF SAN DIEGO

E-4756

100 072
100 072
67007

03/18/85 CK E-4756

77181 000072
77184 000072
77184

73.00
45.00
22.40
5.00

73.00 0.00
PAID IN FULL

E-4756

E-4756

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JEREMY ISAAC POWELL	MALE	01/01/85	01/01/85

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CHULA VISTA	SAN DIEGO	CAROL MASSEY MOTHER 2706 "G" AVENUE, APT B NATIONAL CITY, CA 92050

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
HUMPHREY PARADISE VALLEY MORTUARY	F-1192

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY, SAN DIEGO, CALIFORNIA		COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: JAN 08 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 9 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-8- 1985

CHARGE Sara Jurich 90640

ADDRESS 2112 Herford Dr Montebello, Ca

NAME OF DECEASED Carmen Almaguer

OWNER

ADDRESS

MORTUARY Berge Roberts.

(DIP)

LOT 96 GR 5 ROW SEC 2 BLK DIV 7			
OPENING/CLOSING TIME Chapel 10:00	DAY DATE Thursday 1-10-85	295	00
VAULT/LINER T.S	SIZE	330	00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	679	80
PAID RECEIPT NUMBER 1-10-85 32173		679	80
	BALANCE	0	

Will Call back Concerning time

Will bring Check upon ~~arrival~~

PAID

JAN 10 1985

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Second burial

1st in 1973

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 Jonell

W.O. NO. E 4757

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4757

№ 32173

DATE 01-10 19 85

FROM Carmen Almaguer ADDRESS 855 Oakleaf Ave C.V. [illegible]

Six hundred seventy nine and 9000 DOLLARS ($ 679.00)

IN full PAYMENT OF Carmen del Rio Almaguer [illegible]

LOT 96 GRAVE 5 ROW SECTION 3 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-4757

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	330.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	19.00
TOTAL PAID $		679.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32339

E-4756

DATE 2-11 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4756, 4109 + 4110

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-211 (REV. 9-61)

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

ISSUED BY [illegible]

CREDIT	67007	
25% SALES CARE	77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

E-4757

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CARMEN DEL RIO ALMAGUER	Female	January1,1887	January 6,1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Montebello	Los Angeles	Sara Jurich - Daughter 2112 Herford Dr. Montebello, Ca. 90640

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Risher Montebello Mortuary	869

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: 3751 Market, Mt. Hope Cemetery San Diego, California	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: JAN 07 1985 / SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 10 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-8 19 85

CHARGE Irvin Peterson - Foster Father

ADDRESS 2917 "K" St S.D. Ca. 92102

NAME OF DECEASED Barbara Rogers

OWNER

ADDRESS

MORTUARY Ragsdale (Narvella)

LOT 119 GR 11 ROW SEC 1 ~~BLK~~ DIV 12		350	00
OPENING/CLOSING TIME 11:00 – CHAPEL – DAY DATE Wed 1-9-85		293	00
VAULT/LINER Full SIZE		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		939	70
PAID RECEIPT NUMBER 1-11-85 32178		939	70
BALANCE		0	

Mortuary to bring check

PAID
JAN 11 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 Lang

W.O. NO. E 4758

INVOICE NO.

PY-593 (4-82)

E-4758

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BARBARA ROGERS	Female	May 29, 1953	January 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Irvin Peterson - Foster Father 2917 "K" Street San Diego, CA 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 8 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 9 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32178

DATE 01-11 19 85

FROM Anderson/Kaplan ADDRESS 5050 Federal Blvd SD Ca 92102

Nine hundred thirty nine and 74/100 DOLLARS ($ 9392)

IN full PAYMENT OF Barbara Rogers Service

LOT 119 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4758

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 14 1985

ISSUED BY B Long

CREDIT 20% SALES CARE	67007 77184	71	00
80% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	71
TOTAL PAID $		920	71

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-8 19 85

CHARGE Preneed thru Ragsdale

ADDRESS

NAME OF DECEASED Alice Windham

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 88 GR 3 ROW SEC 3 BLK DIV 12 Preneed

OPENING/CLOSING TIME 12:30 CHAPEL DAY DATE Mon 1-14-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

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

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 4759

INVOICE NO.

PY-593 (4-82)

E-4759

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALICE WINDHAM	Female	Aug. 10, 1905	Jan. 5, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Pse-Arrange. Records:Anderson-Ragsdale Mort.: 5050 Federal Blvd. San Diego, CA 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: JAN 10 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 14 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-8 19 85

CHARGE Elouise Jones 264-2069

ADDRESS 4831 Solola Ave SD. Ca. 92113

NAME OF DECEASED Lucellen Nicholas Mitchell

OWNER

ADDRESS

MORTUARY Rogdale

LOT 3343 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME -Chapel- 11:00 DAY DATE FRI 1-11-85	295	00
VAULT/LINER Bell SIZE	245	75
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 1-9-85 32168	1084	70
BALANCE	-0-	

Water sprinkler

PAID
JAN 9 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 Mrs. Elouise Jones PHONE BY ORDER TAKEN BY Lang

W.O. NO. E 4760 INVOICE NO.

PY-593 (4-82)

E-4760

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LUELLA NICHOLAS MITCHELL	Female	Jan. 29, 1906	Jan. 3, 1985

PLACE OF DEATH--CITY OR TOWN	PLACE OF DEATH--COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Elouise M. Jones - Daughter 4831 Solola [redacted]. San Diego, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, *and I hereby acknowledge that trespass and nuisance laws apply and understand that* this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ *DATE SIGNED*
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 8 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 11 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32168

DATE 01-07 19 85

FROM Louise Jones ADDRESS 4831 Solola Ave. Sn Ca. 92115

One hundred eighty four and 70/100 DOLLARS ($ 184.70)

IN full PAYMENT OF Lucillar Nicholas Mitchell
Bronson

LOT 3343 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Wash

W.O. E-4760

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
JAN 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99.00
40% SALES OF LOTS	100 77184	396.00
OPENINGS	100 77181	295.00
BOXES	100 77182	145.00
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		1170.00

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-9 19 85

CHARGE Theodore Fabian 424-8325

ADDRESS 1786 Thelborne Way SDCa 92154

NAME OF DECEASED Thora Fabian

OWNER

ADDRESS

MORTUARY Pinkham-Mitchell

LOT 140 GR 11 ROW SEC 1 ~~BLK~~ DIV 11	295	00
OPENING/CLOSING TIME 11:00 DAY DATE Fri 1-11-85	295	00
VAULT/LINER Bell SIZE	345	70 60
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	884	70
PAID RECEIPT NUMBER 1-9-85 32167	884	70
BALANCE	-0-	

PAID
JAN 9 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Partial Paid
on Lot - WOE-4692

Needs to select
either Gr. 10 or 11 to be
used on Right Side

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

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 4761

INVOICE NO.

PY-593 (4-82)

E-4761

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
THORA ALICE FABIAN	FEMALE	AUG 16, 1923	JAN 8, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CHULA VISTA	SAN DIEGO	THEODORE FABIAN, HUSBAND 1786 THELBORNING SAN DIEGO, CA 92154

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
PINKHAM-MITCHELL MORTUARY	F-1178

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 10 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 11 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. ls SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2 STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32167

E-4761

DATE 1-9- 19 85

FROM Richard Fabian ADDRESS 1068 Pine Beach Dr. Lake Tahoe

Eight hundred eighty four and 70/100 — DOLLARS ($ 884.70)

IN full PAYMENT OF Thora Fabian Service

LOT 140 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4761

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JAN 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	57	[illegible]
50% SALES OF LOTS	100 77184	[illegible]	[illegible]
OPENINGS	100 77181	[illegible]	[illegible]
BOXES	100 77182	[illegible]	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]	[illegible]
SALES TAX	60101 9020	[illegible]	[illegible]
TOTAL PAID $		[illegible]	[illegible]

AC-212 (REV. 2-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-9 19 85

CHARGE Genevieve Matthews 925-9147

ADDRESS 990 Via Del Mesa, Hemet, Ca 92343

NAME OF DECEASED William Matthews

OWNER

ADDRESS

MORTUARY Virgen Mort (Hemet) 714-658-4443

LOT 12 GR 8 ROW SEC 100F BLK ~~DIV~~ 35		
OPENING/CLOSING TIME 1:00 DAY DATE Thurs. 1-10-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-10-85 32174	589	70
BALANCE	0	

Mortuary to bring check

PAID
JAN 10 1985
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 Lang

W.O. NO. E 4762

INVOICE NO.

PY-593 (4-82)

E-4762

Quitclaim Deed

This Indenture made the sixteenth day of November one thousand nine hundred and eighty three

Between Barbara Gertrude Zeigler, Juanita Marlene Flower, Robert Marlin Heflin, and Katherine Etta Horst the parties of the first part,

and William W. Matthews and Genevieve Matthews

the parties of the second part,

Witnesseth: That the said parties of the first part, in consideration of the sum of One and no/100 dollars, lawful money of the United States of America, ~~to~~ cash in hand paid by the parties of the second part, the receipt whereof is hereby acknowledged, ~~is~~ ve hereby release and forever QUITCLAIM unto the parties of the second part, and to their heirs and assigns, all ~~the~~ certain lots, pieces, or parcels of land situate in the Mount Hope Cemetery City of San Diego County of San Diego State of California, and bounded and described as follows, to-wit:

Lot twelve (12) Grave seven (7) and eight (8)

IOOF Block thirty-five (35)

Together with the tenements, hereditaments, and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

To Have and to Hold the said premises, together with the appurtenances, unto the parties of the second part, and to their heirs and assigns forever.

In Witness Whereof the parties of the first part have executed this conveyance the day and year first above written.

Signed and Delivered in the Presence of

Barbara Gertrude Zeigler Juanita Marlene Flower
Robert Marlin Heflin Katherine Etta Horst

Witnessed by

Susan Johnson Peggy L. Lamb

This document is only a general form which may be proper for use in simple transactions and in no way acts, or is intended to act, as a substitute for the advice of an attorney. The publisher does not make any warranty, either express or implied, as to the legal validity of any provision or the suitability of these forms in any specific transaction.

E-4762

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
William W. Mathews	Male	July 2, 1905	Jan 7, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Hemet	Riverside	Genevieve Matthews 990 Via Del Mesa Hemet, CA 92343

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Virgin Mortuary	833

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	693731

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED 1-9-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald P. Hattis, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32174

E-4767

DATE 01-10 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 581 [illegible])

IN full PAYMENT OF [illegible]

LOT 12 GRAVE [illegible] ROW SECTION 100F DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4762

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JAN 14 1985

ISSUED BY [illegible]

CREDIT 35% SALES CARE	67007 77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-11 19 85

CHARGE James Mills

ADDRESS 119-13th St Del Mar, Ca. 92014

NAME OF DECEASED William Mills

OWNER

ADDRESS

MORTUARY Greenwood

LOT 11 GR 4 ROW SEC MAS BLK DIV 5			
OPENING/CLOSING TIME -CHAPEL- 11:00 DAY DATE Mon 1-14-85		295	00
VAULT/LINER I.S. SIZE		19 330	80 00
REC. FEE/REMOVAL/FOUNDATION Flower Vase		35 15	00 90
TOTAL		695	70
PAID RECEIPT NUMBER 1-14-85 32180		695	70
BALANCE		0	

PAID
JAN 14 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Newspaper clipping in file

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 James R Mills ORDER TAKEN BY Lang

W.O. NO. E 4763 INVOICE NO.

PY-593 (4-82)

E-4763

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
William Scott Mills	Male	April 28, 1891	January 10, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	James Mills-Son 119 13th Street Del Mar, California 92014

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: JAN 14 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 14 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

E-4763

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

952

№ 32180

DATE 01-14 19 85

FROM E.A. Moore ADDRESS 526 E. Fairmount Rd [illegible]

Six hundred ninety six and 70/100 DOLLARS ($ 695.70)

IN full PAYMENT OF William Mills service

LOT 11 GRAVE 4 ROW SECTION Mas DIVISION BLOCK S

INVOICE NO. check

W.O. E-4763

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JAN 17 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		695

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-11 19 85

CHARGE Pub. Admin - Mrs Wright

ADDRESS 5201-A Ruffin Rd. STE

NAME OF DECEASED Burton, Nazree

OWNER Case # 10806

ADDRESS

MORTUARY Bagsdale

LOT 98 GR 18 ROW SEC 4 ~~BLK~~ DIV 7		90	00
OPENING/CLOSING TIME 10:00 - DELIVERY ONLY - DAY DATE TUES 1-15-85		55	00
VAULT/LINER SIZE			
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		180	00
PAID RECEIPT NUMBER			
BALANCE			

Bill PA

We select

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 Lang

W.O. NO. E 4764

INVOICE NO. 028311

000952

PY-583 (4-82)

E-4764

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NAZREE BURTON	Male	May 28, 1960	December 24, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Administrator Records 5201-A Ruffin Road San Diego, California 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Cemetery; San Diego, Calif.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 DATE PERMIT ISSUED JAN 14 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 15 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4764

№ 32369

DATE _____ 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. _____

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 9-61)

NOT VALID FOR [illegible] UNLESS
STAMPED "PAID"

SAN DIEGO CITY TREAS.
APR 10 '85
PAID #13

ISSUED BY _____

CREDIT	67007	
35% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

E-4764

ACR02U PSWD: _____ INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 060952 INVOICE: 028311 INV DATE: 01 23 85
NAME: COUNTY OF SAN DIEGO
1) PUBLIC ADMINISTRATOR 2) 5201-A RUFFIN RD
3) _____ 4) _____
CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-4764 DAYS DUE: 030 INV TYPE: GE TYPE CHG: NOTICES: Y
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _
TIME PAYM CODE: _ STD DESC CODE: _ INVOICE TOTAL: 180.00

DESCRIPTION OF CHARGE	AMOUNT
BURTON NAZREE SERVICE	
LOT 98, GR 18, SEC 4, DIV 7	90.00
OPENING/CLOSING	55.00
RECORDING FEE	35.00
CASE #10806	

PAID
MAR 28 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

credit due

TOTAL DUE 180.00
LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
#2 _____ __
THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

04- 390970 E-4764

REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

INVOICE NUMBER	AUTHORITY	DESCRIPTION	INVOICE AMOUNT	COM CODE	DISCOUNT AMOUNT	NET AMOUNT
	BSO7-23-74	18 NAZREE BURTON				145.00

NOT NEGOTIABLE

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
(619) 236-3982

00621

TOTAL 145.00

E-4764

BARBARA

4/30

Judy from the County called re: Billing on Burton Nazree

County will not pay $35 Rec fee, Pls Correct Billing or procedure.

Jo

E-4764

Nazarene Benton

145

Request
Cr memo
for $35.00

E-4764

MEMO

☑ URGENT – REPLY IMMEDIATELY
☐ NO REPLY REQUIRED

Auto Rec. - TC

DATE: 03-28-85

TO

SUBJECT: Inv. 028311
Act 000952

FOLD

MESSAGE

Please Credit Invoice to the County of San Diego for $35.00 Recording fee. Balance of $145.00 being paid today.

Thanks.

Any questions please call @ 264-3151

SIGNED Barbara Long

REPLY

FOLD

SIGNED

DATE

RECIPIENT - RETAIN WHITE COPY - RETURN PINK COPY - TO MAIL IN WINDOW ENVELOPE - USE FOLD MARKS

ALOHA FORM 00-673-1

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-11 19 85

CHARGE Rev. Billy Clyde Boykins, Sr

ADDRESS 2880-51st St. SD. Ca. 92105

NAME OF DECEASED Three need lots

OWNER

ADDRESS

MORTUARY

LOT 711 & 712 GR ROW SEC BLK DIV 10	990	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	990	00
PAID RECEIPT NUMBER 1-11-85 32179	100	00
BALANCE	890	00

2 lots @ $495.00

Sec E-4993-3-18-85 32337 395.00

$ 495.00

4-15-85 32419 50.00

455-00

4-30-85 32460 100.00

355.00

PAID MAY 6 1985 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. (Boykin)

AUTHORIZED IN PERSON
PHONE BY Rev Billy C Boykins ORDER TAKEN BY Lang

W.O. NO. E 4765 INVOICE NO.

PY-593 (4-82) # 11145

Bal fwd. 355.00

5-6-85 32481 35500

—0—

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32481

E-4765

DATE 5-6 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 711 GRAVE ROW SECTION DIVISION ~~BLOCK~~

INVOICE NO. [illegible]

W.O. E-4765

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
MAY 15 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32419

DATE 4-15 19 85

FROM Rev. Billy C. Boyd ADDRESS [illegible]

[illegible] DOLLARS ($ 50.00)

IN [illegible] PAYMENT OF Pruned lot

LOT 711 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4765

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
APR 17 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	[illegible]
25% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

C35952

№ 32179

DATE 1-11 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 100.00)

IN [illegible] PAYMENT OF [illegible] lots (2)

LOT 711 & 712 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. (check)

W.O. E 4765

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JAN 17 1985

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32460

DATE 4-30- 19 85

FROM Rev. Billy Boykins ADDRESS 2880 51st St Sh. N. 92105

One Hundred DOLLARS ($ 100.00)

IN Cash PAYMENT OF Pr-Need Lot

LOT 711 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO.

W.O. E-4765

UNPAID BALANCE AFTER THIS PAYMENT $255.00

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

CITY AUDITOR
MAY 2 1985

ISSUED BY J. Braggs

CREDIT 20% SALES CARE	67007 77184	20	00
20% SALES OF LOTS	100 77184	80	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		100	00

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-11 1985

CHARGE Ezekiel Evans

ADDRESS 321 N. 29th St. Sd. Ca. 92102

NAME OF DECEASED Ezekiel E. Evans

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 1191 GR ROW SEC BLK DIV 10		495	00
OPENING/CLOSING TIME 2:00 -Chapel- DAY DATE Mon 1-14-85		295	00
VAULT/LINER Bell SIZE		245	70
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	1084	70
PAID RECEIPT NUMBER 1-15-85 32190, 32191		1064	70
	BALANCE	20	00

Check w/mortuary

PAID
JAN 15 1985
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 Ernestine Marshall ORDER TAKEN BY Lang

W.O. NO. E 4766 INVOICE NO.

PY-593 (4-82)

E-4766

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EZEKIEL BERNARD EVANS	Male	Feb. 19, 1955	January 6, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ernestine Marshall - Mother 321 North 29th Street San Diego, California 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market Street; San Diego, California	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: JAN 14 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 14 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32190

DATE 1-15- 19 85

FROM Anderson-Rogsdale ADDRESS 5050 Federal Blvd. Sd. N. 92102

One Thousand and Sixty Four Seventy $ DOLLARS ($ 1064.70)

IN Full PAYMENT OF Services for Ezekiel R. Evans

LOT 1191 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO.

W.O. E-4766

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JAN 17 1985

ISSUED BY J. Braggs

CREDIT 20% SALES CARE	67007 77184	99.00
20% SALES OF LOTS	100 77184	39.00
OPENINGS	100 77181	395.00
BOXES	100 77182	45.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		1064.70

AC-212 (REV. 8-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32191

DATE 1-15- 19 85

FROM Monica M. Porter ADDRESS 3757 So. Gramercy Pl. Los Angeles

Twenty Dollars DOLLARS ($ 20.00)

IN Full PAYMENT OF Services for Ezekiel R. Evans

LOT 1191 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO.

W.O. E-4766

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JAN 17 1985

ISSUED BY J. Bragg

CREDIT 20% SALES CARE	67007 77184	20.00
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-14 19 85

CHARGE Velma Dexter

ADDRESS 4715 Filipo St SDCa 92115

NAME OF DECEASED Ella Lowe

OWNER

ADDRESS

MORTUARY Cypress (Mike)

LOT 108 GR 1 ROW SEC 4 BLK DIV 7		
OPENING/CLOSING TIME 10:00 DAY DATE TUES 1-15-85	295	00
VAULT/LINER Bell SIZE	245	70
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	589	70
PAID RECEIPT NUMBER		
BALANCE		

Bill Cypress View

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 Lang

W.O. NO. E 4767

INVOICE NO. 028307

000419

PY-593 (4-82)

E-4767

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ella NMI Lowe	Female	July 14, 1890	Jan. 12, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Velma Dexter - Daughter 4715 Filipo Street San Diego, CA. 92115

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 14 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald D. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 15 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

028307	01/23/85	000419	CYPRESS VIEW MORTUARY			02/11/85	CK	070612	589.70	589.70	0.00
			100	072	77181	000072			295.00		PAID IN FULL
			100	072	77182	000072			245.00		
			100	072	77183	000072			35.00		
			60101		9020				14.70		

E-4761

E-4761

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-14 19 85

CHARGE Chao Xiong

ADDRESS 4333 Texas St #D SD, Ca 92104

NAME OF DECEASED Pang Lee

OWNER

ADDRESS

MORTUARY Lewis/Colonial

LOT 662 GR - Church - ROW SEC 1 BLK DIV 9	90	00
OPENING/CLOSING TIME 10:00 DAY DATE TUES. 1-15-85	95	00
VAULT/LINER SIZE	—	—
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	220	00
PAID RECEIPT NUMBER 1-14-85 32181	220	00
BALANCE	0	

6 mo.

PAID
JAN 14 1985
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 XIONG CHAO

ORDER TAKEN BY Lang

W.O. NO. E 4768

INVOICE NO.

PY-593 (4-82)

E-4768

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PANG NMN LEE	female	July 27, 1984	Jan 13, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Chao Xiong - uncle 4333 Texas St. San Diego, CA 92104

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, *and I hereby acknowledge that trespass and nuisance laws apply and understand that* this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 14 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) JAN 1 [illegible] 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32181

E-4768

DATE 01-14 19

FROM Vieng Chao ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 66 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4768

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
JAN 17 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-14 19 85

CHARGE Clara Jean Springer

ADDRESS 4155 Olympic St SDCa. 92115

NAME OF DECEASED Lawrence M Springer

OWNER

ADDRESS

MORTUARY Rogers

LOT 465 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME 2:00 Delivery only DAY DATE Wed. 1-16-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

245	14 70
35	00
TOTAL 294	70
PAID RECEIPT NUMBER 1-16-85 32196 294	70
BALANCE 0	

Fenced lot D-3244

" D/C

PAID
JAN 16 1985
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 Lang

W.O. NO. E 4769

INVOICE NO.

PY-593 (4-82)

E-4769

MOUNT HOPE CEMETERY

January 14 1985

The undersigned hereby requests and authorizes the interment of the remains of

LAWRENCE M. SPRINGER in Lot 465/6 Gr _____ Row _____ Sec. _____
Block
Division 10 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.

X Clara L. Springer	4155 Olympic St SD Ca 92115
Signature of relative or legal representative	Address & relationship to lot owner and/or authority to sign authorization

Witness

Witness

E-4769

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lawrence Moses Springer	Male	July 11, 1897	Jan. 12, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Clara Jean Springer Spouse 4155 Olympic St. San Diego, Ca. 92115

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary, Inc.	69

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St. San Diego, Ca.	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N.A. / DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N.A.	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N.A.	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N.A.	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: JAN 15 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Powers, M. Dmm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 16 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32196

DATE 1-16 19 [illegible]

FROM Clara Springer ADDRESS 4155 Olympic SD Ca. [illegible]

two hundred ninety four and 170/100 DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible] M Springer [illegible]

LOT 465 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4769

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	345 [illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-14 19 85

CHARGE Esther Fredrickson

ADDRESS 237 'F' Ave. Coronado, Ca. 92118

NAME OF DECEASED John Leonard Fredrickson

OWNER

ADDRESS

MORTUARY Pinkham - Mitchell

(DIP)

LOT 2279 GR ROW SEC BLK DIV 10	742	50
OPENING/CLOSING TIME -Church- 2:00 DAY DATE Thurs. 1-17-85	295	00
VAULT/LINER SIZE	19 330	80 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1422	30
PAID RECEIPT NUMBER 1-14-85 32184	1422	30
BALANCE	-0-	

DIP

PAID

JAN 14 1985

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 Esther Fredrickson ORDER TAKEN BY Lang

W.O. NO. E 4770 INVOICE NO.

PY-593 (4-82)

E-4770

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Leanard Fredrickson	Male	Sept 26, 1912	Jan 13, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Coronado	San Diego	Esther Fredrickson 237 F St. Coronado, Ca. 92118

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pinkham-Mitchell Mortuary	1178

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetary,3751 Market, San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 — DATE PERMIT ISSUED JAN 15 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Pond, M.D. ls
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 17 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4770

№ 32184

DATE 01-14 19 85

FROM Esther P. Fredrickson ADDRESS 237 F Ave Coronado, Ca. 92118

fourteen hundred twenty-two and 34/100 DOLLARS ($ 1422.34)

IN full PAYMENT OF John L. Fredrickson Service (DIP)

LOT 2279 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. check

W.O. E-4770

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
JAN 17 1985

ISSUED BY B. Lang

CREDIT 50% SALES CARE	67007 77184	148 50
50% SALES OF LOTS	100 77184	594 [illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	330 [illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	50101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-15 19 85

CHARGE Edgar Shimamoto 92251

ADDRESS 2246 N Ketyel Rd Imperial, Ca

NAME OF DECEASED Yokichi & Sakuyo Shimamoto ⊗

~~OWNER~~

ADDRESS

MORTUARY Frye Chapel

LOT 5057 GR ROW SEC ~~BLK~~ DIV 10		
OPENING/CLOSING TIME Am DAY DATE Wed. 1-16-85	190	00
VAULT/LINER Asph (2) SIZE 10	180	80 00
REC. FEE/REMOVAL/FOUNDATION	70	00
TOTAL	450	80
PAID RECEIPT NUMBER 1-15-85 32186	450	80
BALANCE	-0-	

Yokichi top of grave
Sakuyo Center of grave.

PAID
JAN 15 1985
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 Shimamoto ORDER TAKEN BY Lang

W.O. NO. E 4771 INVOICE NO.

PY-593 (4-82)

E-4771

MOUNT HOPE CEMETERY

12/17 1984

The undersigned hereby requests and authorizes the interment of the remains of Sakuyo Shimamoto in Lot 5057 Gr ____ Row ____ Sec. ____ ~~Block~~ Division 10 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.

Edgar Shimamoto - Son — 2246 N. Hetzel Rd. Imperial Ca. 92251

Signature of relative or legal representative — Address & relationship to deceased or authority to sign authorization

Witness

Witness

E-4771

MOUNT HOPE CEMETERY

12/17 1984

The undersigned hereby requests and authorizes the interment of the remains of Yokichi Shimamoto in Lot 5057 Gr ____ Row ____ Sec. ____ ~~Block~~ Division 10 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.

Seagar Shimamoto - SON

Signature of relative or legal representative

2240 W. Hetzel Rd. Imperial Ca. 92251

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E-4771

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
YOKICHI SHIMAMOTO	Male	1866	4/21/1940

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Centro	Imperial	Edgar Shimamoto, Grandson 2240 N. Hetzel Rd. Imperial, California

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Frye chapel & Mortuary	f512

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☒ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED 799 Brawley Ave. Brawley, Ca. Frye Chapel & Mortuary-Crematory	DATE CREMATED 12/6/84	SIGNATURE OF PERSON IN CHARGE OF CREMATORY F.L. Frye F.L. Frye
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, California		COUNTY SanDiego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT Edgar Shimamoto DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED 11/28/84	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT L Lee Cottrell
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 16 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

E-4771

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SAKUYO SHIMAMOTO	Female	1863	Dec 23, 1943

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Poston	Mojave Co. Arizona	Edgar Shimamoto, Grandson 2240 N. Hetzel Rd. Imperial, Ca.

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Frye Chapel & Mortuary	F512

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☒ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MXA Mt. Hope Cemetery San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Edgar Shimamoto DATE SIGNED Edgar Shimamoto
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED 11/28/84	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ L Lee Coltrece
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

E-4771

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32186

DATE 01-15 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 450.00)

IN [illegible] PAYMENT OF [illegible]

LOT 5057 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. [illegible]

W.O. E-4771

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JAN 17 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	190.00
BOXES	100 77182	180.00
REMOVALS FOUNDATIONS	100 77183	70.00
SALES TAX	60101 9020	10.80
TOTAL PAID $		450.00

AC-215 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-15 19 85

CHARGE Beatriz Castro, Wife

ADDRESS 2548 Congress St. SD Ca. 92110

NAME OF DECEASED Pedro Castro

OWNER

ADDRESS

MORTUARY Merkley-Mitchell

LOT 5067 GR ROW SEC BLK DIV 10	—	—
OPENING/CLOSING TIME -Church- 10:00 DAY DATE Fri 1-18-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-18-85 32201	589	70
BALANCE	0	

Mortuary to bring check

PAID
JAN 18 1985
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 Jonell

W.O. NO. E 4772

INVOICE NO.

PY-593 (4-82)

E-4772

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PEDRO NMN CASTRO	MALE	MAY 13, 1884	JAN 14, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	BEATRIZ CASTRO, WIFE 2548 CONGRESS STREET SAN DIEGO, CA 92110

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY	F-119

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY, SAN DIEGO, CALIFORNIA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 15 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32201

DATE 1-18 19 85

FROM Markley Mitchell ADDRESS 3455 Fifth Ave. S.D. Ca. 92

One hundred eighty nine and 70/100 DOLLARS ($ 189.70)

IN full PAYMENT OF Pedro Castro service

LOT 5067 GRAVE 60 ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4772

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

Bayna

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-15 19 85

CHARGE Willie Hamm

ADDRESS 10320 Hummerberg Cove

NAME OF DECEASED Bayna Hamm

OWNER Willie Guy HAMM

ADDRESS 10320 Hummerberg cove S.D. 92124

MORTUARY McCarmick Carol

LOT 2180 GR ROW SEC 3 BLK 8 DIV		
OPENING/CLOSING TIME 1:30 - Chapel - DAY DATE Thurs 1-17-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	350	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-15-85 32187	589	70
BALANCE	0	

PAID
JAN 15 1985
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 Kirby V. Hamm ORDER TAKEN BY Lang

W.O. NO. E 4773 INVOICE NO.

PY-593 (4-82)

E-4773

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BAYNA HAMM	FEMALE	JULY 5, 1917	JANUARY 13, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
EL CAJON	SAN DIEGO	WILLY HAMM, HUSBAND 151 BALLANTYNE EL CAJON CA 92020

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
McCORMICK-CARROLL'S MORTUARY	1315

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market, San Diego CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED: ▶ SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: 1-16-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JAN 17 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32187

E-4773

DATE 01-15 19 85

FROM Kirby Hamm ADDRESS 11370 Hammerberg Cove [illegible]

Five Hundred eighty nine and 90/100 DOLLARS ($ 5[illegible])

IN full PAYMENT OF Bayna Hamm Service

LOT 2160 GRAVE ROW SECTION 3 DIVISION BLOCK 1

INVOICE NO. Check

W.O. E-4773

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JAN 17 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4773

№ 32367

DATE 3-27 19 85

FROM Riverside - S.B. Mtn. ADDRESS 4271 Cedar St. Riverside, Ca 95

One hundred fifteen and [illegible] DOLLARS ($ 115)

IN [illegible] PAYMENT OF Marker installation for [illegible]

LOT 2180 GRAVE [illegible] ROW SECTION 2 DIVISION BLOCK

INVOICE NO. Check

W.O. E-4773

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
MAR 29 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	115
SALES TAX	60101 9020	
TOTAL PAID $		115

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-15 19 85

CHARGE Karen M. Cole - 264-3503

ADDRESS 342 Wellington Way SD, Ca.

NAME OF DECEASED Nicole A. Branch

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 642 GR ROW SEC 1 BLK 9 DIV	90	00
OPENING/CLOSING TIME 3:00 - GRAVESIDE DAY DATE FRI 1-18-85	95	00
VAULT/LINER SIZE	—	
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	220	00
PAID RECEIPT NUMBER 1-18-85 32204	220	00
BALANCE	-0-	

Baby

Mrs. Cole to bring check w/ Service

PAID
JAN 18 1985
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 Lang

W.O. NO. E 4774

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32204

DATE 1-18 19 85

FROM Karen M. Cole ADDRESS 342 Willing Way [illegible]

[illegible] Twenty and [illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF Nicole A. Branch [illegible]

LOT 642 GRAVE [illegible] ROW SECTION 1 DIVISION BLOCK 9

INVOICE NO. Cash + Check

W.O. E-4774

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-4774

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Nicole Atina Branch	Female	Jan. 12, 1985	Jan. 12, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Karen Michelle Cole - Mother 342 Welling Hwy. San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3351 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ *DATE SIGNED*
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 17 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald L. Parmer M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-15 19 85

CHARGE Reynald Harper, Jr.

ADDRESS 5455 San Onofre Terr SD Ca 92114

NAME OF DECEASED Theodore Henry Harper

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 24 GR NE¼ 1 ROW SEC 3 ~~BLK~~ DIV 7		
OPENING/CLOSING TIME AM DAY DATE Mon 1-28-85	95	00
VAULT/LINER Asb SIZE	90	40
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 1-15-85 32189	75	40
BALANCE	150	00

Inter upon
receipt of Ashes

Marker 3/4/85
Conti + Sons

VA Benefits

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 RLHarper

ORDER TAKEN BY Lang

W.O. NO. E 4775

INVOICE NO. 029005
012210

PY-593 (4-82)

E-4775

MOUNT HOPE CEMETERY

January 15 1985

The undersigned hereby requests and authorizes the interment of the ~~remains~~ cremains of Theodore Henry Harper in Lot 24 Gr ____ Row ____ Sec. 3 ~~Block~~ Division 7 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.

RE Harper
Signature of relative or legal representative

5455 San Onofre Ter S.D. 92114
Address & relationship to deceased or authority to sign authorization
Grand-son of Margret Harper Pollard
Grand-Nephew of Pansy Harper Sauls

Barbara Lang
Witness

Witness

E-4775

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Theodore Henry Harper

2A. SOCIAL SECURITY NO. OF VETERAN
563 40 1626

2B. VA FILE NO.
C- 17 007 381

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.: San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
03/08/33	San Diego, California	01/14/85	V.A. Hospital Loma Linda, CA	Jan. 21, 1985 San Diego, CA

9. MARITAL STATUS
☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☒ DIVORCED

10. SURVIVING CHILDREN?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Reginald Harper, Sr.

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Mary Alice Harper

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
9/11/50		28231952	06/17/52		U. S. Army

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery : San Diego, CA

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL: Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 225.40	1/15/85	1/15/85	☐ YES ☒ NO (If "No," complete Item 30B)	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
N/A	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT
Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
R E Harper Reginald E. Harper	Reginald E. Harper Reginald E. Harper

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)
5455 San Onofre Terr. San Diego, CA 92114
San Diego, CA 92114

5455 San Onofre Terr.
San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Jan. 17, 1985	Brother

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

*U.S GOVERNMENT PRINTING OFFICE 1983 381-486/2769

E-4775

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
THEODORE HENRY HARPER	Male	March 8, 1933	Jan. 14, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Loma Linda	San Bernardino	Reginald E. Harper - Brother 5455 San Onofre Terr. San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc.:14065 Olde Hwy.80:El Cajon,CA	DATE CREMATED 1/22/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED 1/15/85
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 28 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature] MD

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

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/01/85

DATE: 04/01/85
TIME: 210730
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / GN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
029005	02/20/85	012210	REGINALD HARPER, JR					03/25/85	CK	434486251	150.00	150.00	0.00
			100	072		77181	000072				95.00		PAID IN FULL
			100	072		77182	000072				14.60		
			100	072		77183	000072				35.00		
			60101			9020					5.40		

E-4475

E-4475

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
265-3151

No 32189

E-4775

DATE 01-15 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 24 GRAVE ROW SECTION 3 DIVISION 7 BLOCK

INVOICE NO. [illegible]

W.O. E-4775

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE.

CITY AUDITOR
JAN 17 1985

ISSUED BY [illegible]

CREDIT	87007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32357

E-4775

DATE 3-25 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION 3 DIVISION [illegible] BLOCK 7

INVOICE NO. [illegible]

W.O. E-4775

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURCHASE UNLESS STAMPED "PAID" IN INK

SAN DIEGO CITY TREAS. MAR 28 '85 PAID

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-215 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-16 1985

CHARGE Willie L. Hamm

ADDRESS 10370 Hammerberg Cove

NAME OF DECEASED So. Ca. 92124

OWNER Transfer from Brian Sales

ADDRESS Executor for Maybelle H.

MORTUARY Sanguinsky

LOT 2180/81 GR ___ ROW ___ SEC 3 BLK DIV 8	35	00
OPENING/CLOSING TIME ___ DAY DATE ___		
VAULT/LINER ___ SIZE ___		
REC. FEE/REMOVAL/FOUNDATION ___		
TOTAL	35	00
PAID RECEIPT NUMBER 1-16-85 32192	35	00
BALANCE	~~0~~	

PAID
JAN 16 1985
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 James A. Mack

ORDER TAKEN BY Lang

W.O. NO. E 4776

INVOICE NO. ___

PY-593 (4-82)

E-4776

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
MAYBELLE	A.	GANGURSKY	November 4, 1983	1030

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES)
Fe	White/Norwegian	NO	September 28, 1902	81 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
MN	Carl Sabo/Norway	Anna Andersen/IA

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	470-14-1319	Widowed	----------

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Court Reporter	30	Various	Legal

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
50 Tallwood Dr.		Daly City

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Mateo	CA	Brian Sabo - Nephew 5306 Rucker Dr. San Jose, CA 95124

21A. PLACE OF DEATH	21B. COUNTY
Westgate Convalescent Hospital	Santa Clara
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**
1601 Peterson Ave.	San Jose

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Pneumonia — 7 days

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF — (B) Prolonged bedrest — 3½ mo

DUE TO, OR AS A CONSEQUENCE OF — (C) Cerebral Vascular Accident — 3½ mo

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
No	No	No

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION — DATE

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
Sept 4 1981	Nov. 2 '83	Edward Lackner	NOV 4 83	A028891

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Edward J. Lackner M.D. 2516 Samaritan Dr. San Jose, CA

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH DAY YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH DAY YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	Nov. 7, 1983	Home of Peace Cemetery/Colma, CA	Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Oak Hill Funeral Home	991	B Giansiracusa D.	NOV 7 1983

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (6-82)

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
BY: Frazier
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA

BERNICE GIANSIRACUSA, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
CERTIFICATION FEE: $4.00
November 9, 1983

E-4776

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Brian Sabo (Executor for the estate of Maybelle Gangursky), the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Graves 2180 and 2181
Section 3
Division 8
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 27th day of July, 19 84.

x Brian B. Sabo

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } ss.

On this 27 day of July, in the year 19 84, before me, the undersigned, a Notary Public in and for said State, personally appeared BRIAN B. SABO,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name WAS subscribed to the within instrument, and acknowledged to me that he executed it.

WITNESS my hand and official seal.

Lavern Giambruno

Notary Public in and for said State.

OFFICIAL SEAL
LAVERN GIAMBRUNO
NOTARY PUBLIC - CALIFORNIA
SANTA CLARA COUNTY
My comm. expires JUL 12, 1985

E-4776

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO. 15474

DATE 6-25 1968

FROM Maybelle A. Gangursky ADDRESS 50 Tallwood Dr. Daly City

Two hundred forty & 00/100 DOLLARS ($ 240.00)

IN full PAYMENT OF Pre-need lots

LOT 2180 & 2181 GRAVE _____ ROW _____ SECTION 3 DIVISION 8 ~~BLOCK~~

INVOICE NO. C ASH

W.O. C-5966

UNPAID BALANCE AFTER THIS PAYMENT 0

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

PAID
JUN 25 1968
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY K. W. Dehne

CREDIT SALES CARE	306 951	120	00
HALF SALES OF LOTS	100 7784	120	00
OPENINGS	100 7781		
BOXES	100 7782		
REMOVALS FOUNDATIONS	100 7783		
TOTAL PAID $		240	00

FORM AC-212

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32192

E-4776

DATE 1-16 19 85

FROM Mark Associates ADDRESS 6[illegible] Floyd Ave. C.V. Ca 92010

Thirty five and No/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Transfer fee

LOT 310 + 281 GRAVE ROW SECTION 3 DIVISION BLOCK

INVOICE NO. Check

W.O. E-4776

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JAN 17 1985

ISSUED BY B. [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	
TOTAL PAID $		35

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-16 19 85

CHARGE Juanita Bell San Bernardino

ADDRESS 1495 N Wilson, Ca

NAME OF DECEASED Duran Bell Sr.

OWNER

ADDRESS

MORTUARY Tillies Mem. (San Bernardino)

LOT 2860 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME graveside 1:00 DAY DATE Fri 1-18-85	275	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 1-16-85 32193	50	00
BALANCE	1034	70
1-17-85 32199	1034	70

PAID

JAN 17 1985

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 Will Bell ORDER TAKEN BY Lang

W.O. NO. E 4777 INVOICE NO.

PY-593 (4-82)

E-4777

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DURAN BELL,SR.	MALE	JAN. 1,1908	JAN. 15,1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN BERNARDINO	SAN BERNARDINO	MRS, JUAITA BELL-WIFE 1495 N. WILSON STREET SANBBERNARDINO,CA 92411

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
TILLIE'S MEMORIAL CHAPEL	F-780

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☑ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. MORE CEMEMERY-SAN DIEGO,CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: 11/16/85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ D.K. Patterson Deputy
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 18 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32199

DATE 1-17 19 15

FROM [illegible] ADDRESS [illegible]

[illegible] and Thirty four and 701 00 — DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 2760 GRAVE [illegible] ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4777

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32193

DATE 1-16 19 85

FROM Will S. Bell ADDRESS 6[illegible] Fairs Rd. #[illegible] S.D. Ca 9[illegible]

Fifty and no/100 DOLLARS ($ 50.00)

IN Cut PAYMENT OF Duran Bell Sr service

006136

LOT 2860 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4777

UNPAID BALANCE AFTER THIS PAYMENT $1034.70

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

CITY AUDITOR
JAN 24 1985

ISSUED BY B. Tang

CREDIT 25% SALES CARE	67007 77184	10.00
50% SALES OF LOTS	100 77184	20.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		50.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-16 19 85

CHARGE Myra D. Zackery

ADDRESS 178 So Meadowbrook Dr SD Ca 92114

NAME OF DECEASED Henry Zackery Jr.

OWNER

ADDRESS

MORTUARY Rapsdale

LOT 94 GR 12 ROW SEC 1 BLK DIV 12 — 350 00

OPENING/CLOSING TIME 2:00 — CHAPEL — DAY DATE Tues 1-22-85 — 295 00

VAULT/LINER Bell — SIZE — 14 70

Marker setting fee — 245 00

REC. FEE/REMOVAL/FOUNDATION — 130 00

35 00

TOTAL 1069 70

PAID RECEIPT NUMBER 1-22-85 32210 — 919 70

BALANCE 150 00

VA Benefit

Bronze marker request

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 Myra D. Zackery

ORDER TAKEN BY Lang

W.O. NO. E 4778

INVOICE NO. 028319 012012

PY-593 (4-82)

E-4778

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
HENRY ZACKERY, JR.

2A. SOCIAL SECURITY NO. OF VETERAN
437 42 4982

2B. VA FILE NO.
C- 18 331 091

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
June 12,1932	Plain Dealing, Louisiana	Jan. 13, 1985	San Diego, CA	Jan. 18, 1985

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILDREN?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Myra D. Zackery
176 So. Meadowbrook Dr.
San Diego, CA 92114

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Henry Zackery, Sr.

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Alberta B. Zackery

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
Dec.4,1954		350 09 14	May 28,1958	U.S. Army	U. A. Army and U. S. Navy
			June 15,1962	U.S. Navy	

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT	22. AMOUNT PAID
$	$

23. WHOSE FUNDS WERE USED?	24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	24B. AMOUNT OF REIMBURSEMENT	24C. SOURCE OF REIMBURSEMENT
	☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)	$	

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?	25B. AMOUNT	25C. SOURCE	26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)	$		☐ YES ☒ NO (Before answering read and comply with instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?	27B. PLACE OF BURIAL
☐ YES ☒ NO *(If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)*	Mt. Hope Cemetery, 3751 Market San Diego, CA 92102

28. COST OF BURIAL PLOT *(Individual Grave Site)*	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 939.70	1/16/85		☐ YES ☒ NO *(If "No," complete Item 30B)*	$ 939.70

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
	☐ YES ☒ NO *(If "Yes," complete Items 32B and 32C)*	$ 150.00

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO *(If "Yes," complete Items 33B and 33C)*	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT *(If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)*	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES *(If signed by mark, complete Items 40A thru 41B)*	36B. NAME OF PERSON AUTHORIZING SERVICES *(Type or Print)*
Myra D. Zackery	MYRA D. ZACKERY

37. ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code)*

176 So. Meadowbrook Dr.
San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Jan. 15, 1985	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★ U.S. GOVERNMENT PRINTING OFFICE 1983 381-489/3013

E-4778

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HENRY ZACKERY, JR.	Male	June 12, 1932	January 13, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Myra D. Zackery - Wife 176 So. Meadowbrook Drive San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 17 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4778

№ 32210

DATE 01-22 19 [illegible]

FROM Anderson-Ragsdale ADDRESS 5050 Federal Blvd. [illegible]

Nine hundred nineteen and 00/100 DOLLARS ($ 919.00)

IN Cart PAYMENT OF Henry Jackery, Jr. Service and marker installation fee

LOT 94 GRAVE 12 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4778

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	40
80% SALES OF LOTS	100 77184	160
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	165
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

E-4778

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/15/85

DATE: 03/15/85
TIME: 203006
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028319	01/23/85	012012	MYRA D. ZACKERY					03/12/85	CK	E-4778	150.00	150.00	0.00
			100	072		77184	000072				120.00		PAID IN FULL
			67007			77184					30.00		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-16 1985

CHARGE Mrs. Norma Humphries

ADDRESS 219 Cadillac Dr. Scotts Valley, Ca

NAME OF DECEASED Tilda C. Humphries D

OWNER

ADDRESS

MORTUARY

LOT 871 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME 10:00 DAY DATE Sat 1-26-85

OVERTIME

VAULT/LINER Ash SIZE

tax

REC. FEE/REMOVAL/FOUNDATION

—	—
95	00
182	50
90	00
5	40
35	00
407	90
407	90
0	

TOTAL

PAID RECEIPT NUMBER 32223

BALANCE

Rev Rene Paree
Unity Chapel

PAID
JAN 26 1985
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 4779

INVOICE NO.

PY-593 (4-82)

E4779

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

MRS. NORMA HUMPHRIES

Deceased TILDA. C. Humphries
Cremains —
Possible Sat Service
Possible use of Sfc

Quoted $225.40

O.T. Charge $182.50

E-4779

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TILDA C. HUMPHRIES	FEMALE	JULY 22, 1893	JAN. 14, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SANTA CRUZ	SANTA CRUZ	NORMA HUMPHRIES 719 CADILLAC DR. SCOTTS VALLEY, CALIF.

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
WHITE'S & WESSENDORF MORTUARY	339

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XXX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED			COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED SOQUEL CREMATORY SOQUEL, CALIF.	DATE CREMATED 1/17/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIF.			COUNTY SAN DIEGO
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION			
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED 1/16/85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 26 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

COPY 1

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32223

DATE 1/20 1985

FROM John Humphries ADDRESS 4121 Scotts Valley Dr. Scotts Valley, Ca. 95066

FOUR HUNDRED SEVEN 90/100 DOLLARS ($ 407.90)

IN full PAYMENT OF Services of TILDA Humphries

LOT 871 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4779

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
FEB 02 1985

ISSUED BY [signature]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95 00
BOXES	100 77182	90 00
REMOVALS FOUNDATIONS	100 77183	217 50
SALES TAX	60101 9020	5 40
TOTAL PAID $		407 90

AC-212 (REV. 5-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-16 19 85

CHARGE Richard L. Keller

ADDRESS 3322 Lowell St. SD, Ca. 92106

NAME OF DECEASED Preneed lot

OWNER

ADDRESS

MORTUARY

LOT 3959 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 1-16-85 32195	495	00
BALANCE	-0-	

PAID
JAN 16 1985
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 Richard L. Keller ORDER TAKEN BY Lang

W.O. NO. E 4780 INVOICE NO.

PY-593 (4-82) # 11080

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32498

E-4780

DATE _____ 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. E-4780

UNPAID BALANCE
AFTER THIS PAYMENT _____

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

CITY AUDITOR
MAY 15 1985

ISSUED BY _____

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4780

No 32195

DATE 1-16 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT 395 GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. E-4780

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 9-81)

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

CITY AUDITOR
JAN 24 1985

ISSUED BY _____

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32495

E-4780

DATE 5-16 19

FROM O. H. Lee ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 934 GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4780

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID"

SAN DIEGO CITY TREAS.
MAY 14 '85
PAID #3

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 01/16 19 85

CHARGE SEAMAN-POE MONUMENT CO.

ADDRESS 3893 Imperial Avenue
San Diego, CA 92113

NAME OF DECEASED #F-40258

OWNER

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial Installation for December 1984 TOTAL 1,030 00

PAID RECEIPT NUMBER

BALANCE

12/6	- $ 75.	Mariscal, Karla D.
12/6	- 115.	Losinsky, Lilu Kao
12/6	- 75.	Williamson, Curtis
12/6	- 115.	Battle, Dorothy W.
12/11	- 115.	Vawrgas, Pilar Media
12/14/-	75.	Garcia, Ever Manolo
~~12/14~~	~~- 115.~~	~~Stevens, Elizabeth~~
12/14	- 115.	Frazier, Pearl S.
~~12/14~~	~~- 115.~~	~~Hai, Quon ,Mou~~
12/14	- 115.	Breckenridge, Lottie

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 B. Lang

W.O. NO. E 4781

INVOICE NO. 028306

Acct #000253

FY-593 (4-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/04/85

DATE: 02/04/85
TIME: 203825
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028306	01/23/85	000253	SEAMAN/POE MONUMENT CO 100	072		77183	000072	02/01/85	CK	5988	1,030.00 1,030.00	1,030.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,030.00

E-471

184-E

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 01/16 19 85

CHARGE Clemens Granite Co.

ADDRESS 10527 Prospect Ave
Santee, CA 92071

NAME OF DECEASED #F-91479

OWNER

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial Installations for December 1984 TOTAL 230 00

PAID RECEIPT NUMBER

BALANCE

12/13 - $115. Dillard, Iva Mae

12/19 - 115. Chambers, Linnie Lee

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 B. Lang

W.O. NO. E 4782

INVOICE NO. 028305

PY-593 (4-82)

ACCT #006490

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32328

DATE 2-12 19__

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ __)

IN [illegible] PAYMENT OF [illegible]

LOT__ GRAVE__ ROW__ SECTION__ DIVISION BLOCK__

INVOICE NO. [illegible]
Invoice 028305

W.O. [illegible]
E-4782

UNPAID BALANCE
AFTER THIS PAYMENT [illegible]

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

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-512 (REV. 9-61)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/20/85

DATE: 03/20/85
TIME: 20:52:41
PAGE: 10

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028305	01/23/85	006490	CLEMENS GRANITE COMPANY					03/19/85	CK	12927	230.00	230.00	0.00
E-4782			100	072		77183	000072				230.00		PAID IN FULL

SAN DIEGO CITY TREAS.
MAR 19 '85
PAID #13

E-4782

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 01/17 19 85

CHARGE Conti & Son Memorial Co.

ADDRESS P.O. Box 94
San Diego, CA 92112

NAME OF DECEASED

OWNER FH #25603192

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial Installatioms for December 1984 TOTAL $ 920 00

PAID RECEIPT NUMBER

BALANCE

12/4 - $115. - Clark, Andrew
12/4 - 115. - Josepher, Edith
12/4 - 115. - Danner, Velva
12/4/ - 115. - McSherry, Pearl
12/4 - 115. - Thornbrooke, Ellis
12/7 - 115. - Hesse, Della
12/17 - 115. - Rowe, Eva
12/17 - 115. - Ackerman, Dr. Max

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 B. Lang

W.O. NO. E 4783

INVOICE NO.

PY-593 (4-82)

Acct. 004821

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4783

№ 32205

DATE 01-22 1985

FROM Conti & Son Memorial ADDRESS PO Box 94 S.D. Ca. 92112

Nine hundred twenty and no/100 DOLLARS ($ 920)

IN full PAYMENT OF Marker installations

LOT GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4783

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	920
SALES TAX	60101 9020	
TOTAL PAID $		920

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-17 19 25

CHARGE Juana A. Collette

ADDRESS 135 N. Walnut Dr. C.V. Ca. 92011

NAME OF DECEASED Madaline Madison

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 22 GR 5 ROW SEC 16 BLK DIV 7			
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE Tues. 1-22-85	295	00	
VAULT/LINER Bell SIZE	245	70	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	589	70	
PAID RECEIPT NUMBER 1-17-85 32197	589	70	
BALANCE	-0-		

Refund of $554.70 for dup. payment on DP00322[illegible] 6-19-85

PAID
JAN 17 1985
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 Jonell

W.O. NO. E 4784

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

E-4784

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32197

DATE 01-17 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4784

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

E-4784

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

No. 21394

DATE June 15 1974

FROM Madaline Madison ADDRESS 135 No. Walnut Dr., C.V.

One hundred eighty four and 20/100 DOLLARS ($ 184.20)

IN full PAYMENT OF Pre-need cemetery charges

LOT 22 GRAVE 5 ROW SECTION 16 DIVISION ~~BLOCK~~ 7

INVOICE NO. cash

W.O. D-4615

UNPAID BALANCE AFTER THIS PAYMENT -0-

FORM AC-212

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

PAID
JUN 15 1974
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY R. Wells

CREDIT SALES CARE	306 951	
HALF SALES OF LOTS	100 7784	
OPENINGS	100 7781	110 00
BOXES	100 7782	74 20
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		184 20

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32197

DATE 01-17 1985

FROM Juana H. Collette ADDRESS 135 N. Walnut Dr. C.V. Ca. 92011

Five hundred eighty nine and 70/100 — DOLLARS ($ 589 70)

IN full PAYMENT OF Madaline Madison service

LOT 22 GRAVE 5 ROW SECTION 16 DIVISION ~~BLOCK~~ 7

INVOICE NO. Cash

W.O. E-4784

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-212 (REV. 9-81)

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

PAID
JAN 17 1984
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY B. Lang

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		589 70

E-4784

from

MEMO

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

June 5, 1985

Juana H. Collette
135 N. Walnut Drive
Chula Vista, CA 92011

Dear Mrs. Collette:

In checking our records, we have found that you have made a duplicate payment for services for Madaline Madison. On January 17, 1985 Receipt #32197 you made payment of $589.70. The only fee due at that time was $35.00 for a recording fee. On June 15, 1974, Receipt #21394, Madaline Madison paid for pre-need services to cover opening/closing and the concrete liner.

We are processing a refund to you for the amount of $554.70. You should receive this refund within two weeks.

Please forgive the oversight on our part.

Respectfully yours,

Barbara Lang
Administrative Aide

Attachment

VN# 1273853 JHC.

E-4784

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Madeline Madison	Female	March 30, 1890	Jan. 16, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Juana H. Collette 135 North Walnut Dr. Chula Vista, CA. 92011

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson- Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 18 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-17 19 85

CHARGE Ruth Hoff - Niece CA 92653

ADDRESS 469-F Calle Cadiz, Laguna Hills,

NAME OF DECEASED Edna Evans

OWNER

ADDRESS

MORTUARY Cypress View (Ken)

LOT 20 GR 6 ROW SEC 100F BLK DIV 23		
OPENING/CLOSING TIME 8:30 -DELIVERY ONLY- DAY DATE Tues. 1-22-85	395	00
VAULT/LINER T.S. SIZE	330	80
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	679	80
PAID RECEIPT NUMBER		
BALANCE		

Bill Cypress View

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 Lana

W.O. NO. E 4785

INVOICE NO. 028309

000419

PY-593 (4-82)

E-4785

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Edna Lucille Evans	Female	December 18,1890	January 16,1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ruth Hoff - Niece 469-F Calle Cadiz Laguna Hills, CA. 92653

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market, San Diego, CA.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: JAN 21 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/19/85

DATE: 02/19/85
TIME: 220347
PAGE: 5

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028309	01/23/85	000419	CYPRESS VIEW MORTUARY					02/11/85	CK	JV26874	679.80	679.80	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				330.00		
E-478			100	072		77183	000072				35.00		
			60101			9020					19.80		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 679.80

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-17 19 85

CHARGE Betty Swisher - 561-6421

ADDRESS 12746 Vegadeste Rd Lakeside 92040

NAME OF DECEASED Grace L. Kendall

OWNER

ADDRESS

MORTUARY Carroll Mortuary

LOT 1285 GR ROW SEC BLK DIV 10 Preneed

OPENING/CLOSING TIME 10:00 DAY DATE Sat 1-19-85

VAULT/LINER T.S. SIZE Overtime 365 00

REC. FEE/REMOVAL/FOUNDATION

TOTAL 365 00

PAID RECEIPT NUMBER 1-22 85 32206 365 00

BALANCE 0

Preneed paid

C-8935

PAID

JAN 22 1985

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 Long

W.O. NO. E 4786

INVOICE NO.

PY-593 (4-82)

E-4786

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GRACE LEONA BILLINGS	FEMALE	FEB. 21, 1901	JAN. 16, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Betty Swisher, Daughter 12740 Vigilante Road Lakeside CA 92040

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
McCormick - Carroll's Mortuary	1315

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market, San Diego CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED 1-18-85
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 19 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32206

DATE 01-22 19 85

FROM Betty A. Swisher ADDRESS 12740 Vigilante Rd Lakeside Ca

Three Hundred Sixty five and no/100 DOLLARS ($ 365.00)

IN full PAYMENT OF Grace Leona Billings Service

LOT 1285 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4786

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JAN 24 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	315
SALES TAX	60101 9020	
TOTAL PAID $		365

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-17 19 85

CHARGE Juana H. Collette (Collins)

ADDRESS 135 N. Walnut Dr. C.V. Ca 92011

NAME OF DECEASED Prenced lot for

OWNER William Godfrey Collette

ADDRESS

MORTUARY

LOT 3049 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 1-17-85 32198	495	00
BALANCE	-0-	

PAID
JAN 17 1985
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 Juana H. Collette ORDER TAKEN BY Tang

W.O. NO. E 4787 Collins INVOICE NO.

PY-593 (4-82) # 11081

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32198

E-4787

DATE _____ 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. _____

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 9-81)

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

CITY AUDITOR
JAN 24 1985

ISSUED BY _____

CREDIT	67007	
35% SALES CARE	77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	

TOTAL PAID $ _____

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-17 19 85

CHARGE Mary M. Provoost

ADDRESS 136 E 21st St. N.C. Ca. 92050

NAME OF DECEASED Pearl Henderson

OWNER

ADDRESS

MORTUARY Berge-Roberts

LOT 390 GR ROW SEC BLK DIV 10	Graveside	
OPENING/CLOSING TIME 1:30 DAY DATE Tues 1-22-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 1-22-85 32209	35	00
BALANCE		0

PAID
JAN 22 1985
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 Jonell

W.O. NO. E 4788

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32209

E-4788

DATE 11-[illegible] 19[illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4788

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-313 (REV. 9-81)

E-4788

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH
PEARL	VEE	HENDERSON	Female	January 23, 189[illegible]	January 16, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Pre-Need Records 607 National City Blvd. National City, CA 92050

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY	F-284

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 21 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Ronald L. Powers, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/17 19 85

CHARGE Clarence Lee or Frank Lee

ADDRESS (619) 454-8095 Las Vegas (702) 361-6126

NAME OF DECEASED Mardell Burkett

OWNER

ADDRESS

MORTUARY Neptune (Jan - 561-6400)

LOT 924 GR ROW SEC 3 BLK DIV 8	495	~~00~~
OPENING/ CLOSING TIME Graveside 11:30 DAY DATE Tuesday 1-22-85	295	~~00~~
VAULT/LINER Bell SIZE	259	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER		
BALANCE		

Graveside

Quoted by Phone to C. Lee & Neptune

Paid 9/4/87

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 Clarence By Phone

PHONE BY

ORDER TAKEN BY [signature]

W.O. NO. E 4789

INVOICE NO. 028320

012013

PY-593 (4-82)

Clarence Lee

5415 Waverly

La Jolla, 92037

E-4789

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mardell Hazel Burkett	Female	May 7, 1902	Jan 16, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Clarence H Lee-son 5415 Waverly La Jolla, Ca 92037

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE OF SAN DIEGO	F-1352

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt Hope Cemetery San Diego, Ca	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a	COUNTY n/a
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED JAN 18 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-18 19 85

CHARGE Phillip Kuntz

ADDRESS 6460 Conroy Ct. Sp 311 SD Ca 92117

NAME OF DECEASED Leo Kuntz

OWNER

ADDRESS

MORTUARY Lewis/Colonial

LOT 112 GR 10 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME 11:15 - CHAPEL DAY DATE Tues 1-22-85	295	00
VAULT/LINER Bell SIZE	245	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 1-18-85 32200	939	70
BALANCE	0	

Need pallbearers

PAID
JAN 18 1985
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 Phillip J Kuntz

ORDER TAKEN BY Lang

W.O. NO. E 4790

INVOICE NO.

PY-593 (4-82)

E-4790

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LEO JOSEPH KUNTZ	male	Feb 13, 1914	Jan 17, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Phillip J. Kuntz - Brother 6460 Convoy Ct. Sp 311 San Diego, CA 92117

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED JAN 21 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32200

DATE 1-18 19 85

FROM Phillip Kunty ADDRESS [illegible]

Nine hundred thirty nine and 70/100 — DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 112 GRAVE 10 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. check + cash

W.O. E-4790

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	70	[illegible]
80% SALES OF LOTS	100 77184	[illegible]	[illegible]
OPENINGS	100 77181	[illegible]	[illegible]
BOXES	100 77182	[illegible]	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]	[illegible]
SALES TAX	60101 5020	14	[illegible]
TOTAL PAID $		[illegible]	[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4/18 19 85

CHARGE K. Sevena Neal 1-427-9115

ADDRESS 181 E. Orange Ave #A-6 Chula Vista Ca 92011

NAME OF DECEASED ALBERT J. NEAL

OWNER

ADDRESS

MORTUARY LEWIS / Colonial

LOT 148 GR 3 ROW SEC 1 ~~BLK~~ DIV 11		495	00
OPENING/CLOSING TIME 1100 - CHAPEL	DAY DATE Wed 1-23-85	295	00
VAULT/LINER Bell	SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	1084	70
PAID RECEIPT NUMBER 1-22-85 32207		934	70
VA.	BALANCE	150	00

VA Benefit

Set up at Monument

Dup VA request sent 4-16-85

Flat Granite marker ordered

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 K. Sevena Neal ORDER TAKEN BY

W.O. NO. E 4791 INVOICE NO. 028776 012154

PY-593 (4-82)

E-4791

Form Approved OMB No. 2900-0003

VETERANS ADMINISTRATION
APPLICATION FOR BURIAL BENEFITS
(Under 38 U.S.C., Chapter 23)

DO NOT WRITE IN THIS SPACE) VA DATE STAMP

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Albert John Neal

2A. SOCIAL SECURITY NO. OF VETERAN: 564-44-4453

2B. VA FILE NO.: C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St., San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Claimant & Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8. PLACE OF DEATH
16 Jul 32	Tampa, Florida	17 Jan 85	San Diego, Ca

9. MARITAL STATUS: ☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)? ☐ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Ruby Sevena Neal
181 E. Orange Ave #A6
Chula Vista, Ca. 92011

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
John Neal

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Dorothy Edwards
445 Gloria St.
San Diego, Ca. 92113

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
24 Mar53	Los Angeles Ca.	US 56 195 136	30 Dec 53	FT Sheridan Ill.	Pvt 2 (P) AUS ARTY
31 Dec53	Ft Sheridan Ill.	RA 56 195 136	21 Nov 56	FT Hamilton New York	SP 3 (T) ARMY RA AMEDS

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
N/A

PART II - INFORMATION RELATING TO CLAIM FOR BURIAL BENEFITS (AND PLOT/INTERMENT IF PAID BY CLAIMANT FOR BURIAL BENEFITS)

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. DATE OF BURIAL: 1/23/85

17. PLACE OF BURIAL: Mt. Hope Cemetery

18A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "No," complete Items 19 and 20)

18B. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT? ☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT	22. AMOUNT PAID
$	$

23. WHOSE FUNDS WERE USED?	24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)	24B. AMOUNT OF REIMBURSEMENT	24C. SOURCE OF REIMBURSEMENT
		$	

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY? ☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)	25B. AMOUNT	25C. SOURCE	26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE? ☐ YES ☒ NO (Before answering read and comply with instruction 10)

VA FORM MAR 1979 **21-530**

SUPERSEDES VA FORM 21-530, OCT 1977, WHICH WILL NOT BE USED.

PART III - CLAIM FOR PLOT/INTERMENT ALLOWANCE ONLY

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL: Mt. Hope Cemetery

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☒ NO (If "No," complete Item 30B)	30B. AMOUNT UNPAID
$ 1084.70	1/18/85	1/22/85		$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	32B. AMOUNT OF REIMBURSEMENT $

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	33B. AMOUNT $	33C. SOURCE

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara L. Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Ruby Sevena Neal	Ruby Sevena Neal

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

181 E. Orange Ave #A6
Chula Vista, Ca. 92011

38. DATE	39. RELATIONSHIP TO VETERAN
Jan 22, 1985	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	41B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker, or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

U. S. Government Printing Office: 1978—261-629/1230

E-4791

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALBERT JOHN NEAL	male	July 16, 1932	Jan 17, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	R. SEVENA NEAL - wife 181 E. Orange Ave. Apt A-6 Chula Vista, CA 92011

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Bunbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 21 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 23 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4791

№ 32207

DATE 01-22 19 85

FROM Lewis Neal ADDRESS 181 E Orange Ave Apt 46 C.V. Ca 92[illegible]

Nine hundred thirty four and 70/100 DOLLARS ($ 934.70)

IN Cart PAYMENT OF Albert J. Neal service

LOT 148 GRAVE 3 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4791

UNPAID BALANCE AFTER THIS PAYMENT $150.00

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

CITY AUDITOR
JAN 24 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	69.00
80% SALES OF LOTS	100 77184	276.00
OPENINGS	100 77181	95.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		934.70

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

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

E-4791

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32408

DATE 4-11 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 141 GRAVE 3 ROW [illegible] SECTION [illegible] DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4791

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-212 (REV. 9-81)

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

CITY AUDITOR
APR 17 1985

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

OFFICIAL RECEIPT

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

E-4791

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32523

DATE 5-[illegible] 19[illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4791

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

ISSUED BY [illegible]

CREDIT 20% SALES CASE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-61)

E-4791

INV # 028776

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 012154 INVOICE: 026776 INV DATE: 02 12 85

NAME: R. SEVENA NEAL

1) 181 E. ORANGE AVE #A-6 2) _____

3) _____ 4) _____

CITY: CHULA VISTA ST: CA ZIP: 92011 COUNTRY: _____

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-4791 DAYS DUE: 030 INV TYPE: GE TYPE CHG: __ NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 150.00

DESCRIPTION OF CHARGE	AMOUNT
ALBERT J. NEAL SERVICE	
LOT 148 GR 3 SEC 1 DIV 11	495.00
OPENING/CLOSING	295.00
CONCRETE BELL LINER	245.00
TAX ON LINER	14.70
RECORDING FEE	35.00
LESS PAYMENT R-32207	934.70-
TOTAL DUE	150.00

Sent a Veteran Burial Benefit form 4-17-85

PAID
NOV 22 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 ___ _____

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-18 19 85

CHARGE Frank S. Nenashi 92045

ADDRESS 2225 Massachusetts Ave Lemon Grove Ca

NAME OF DECEASED Nenashi, Yoshiko

OWNER

ADDRESS

MORTUARY Lewis/Colonial

(DIP)

LOT 4878 GR ROW SEC BLK DIV 10	975	00
OPENING/CLOSING TIME 9:30 – graveside – DAY DATE Tue. 1-22-85	295	00
VAULT/LINER T.S. SIZE	330	80 20
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1654	80
PAID RECEIPT NUMBER 1-18-85 32202	500	00
BALANCE	1154	80
1-18-85 32203 Upright monument	1154	80

PAID

JAN 18 1985

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 Frank S. Nenashi ORDER TAKEN BY Lang

W.O. NO. E 4792 INVOICE NO.

PY-593 (4-82)

E-4792

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
YOSHIKO NMN NENASHI	female	Feb 15, 1903	Jan 17, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Sadaji Nenashi - husband 2835 Massachusetts Ave. Lemon Grove, CA 92045

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: JAN 21 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 22 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32203

E-4792

DATE 1-18 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 4178 GRAVE [illegible] ROW SECTION DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4792

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	[illegible]
25% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	125 00
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-312 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32202

E-4792

DATE 1-16 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4792

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-513 (REV. 9-81)

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
55% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-22 19 25

CHARGE Wm. Harold Young

ADDRESS 7128 Stanford Ave. L.M. Ca 92041

NAME OF DECEASED Rose Irene Young

OWNER

ADDRESS

MORTUARY Lewis Colonial (Jerry)

LOT 117 GR 3 ROW SEC 6 BLK DIV 1		
OPENING/CLOSING TIME 1:00 DAY DATE Thurs 1-24-85	295	00
VAULT/LINER Cell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-22-85 32212	589	70
BALANCE	0	

PAID
JAN 22 1985
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 Lang

W.O. NO. E 4793

INVOICE NO.

PY-593 (4-82)

E-4793

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROSE IRENE YOUNG	female	July 15, 1900	Jan 21, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	William H. Young - son 7128 Stanford Ave. La Mesa, CA 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 23 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 24 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

E-4793

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32212

DATE _____ 19 85

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

_____

LOT 117 GRAVE 3 ROW _____ SECTION 6 DIVISION _____ BLOCK 1

INVOICE NO. _____

W.O. E-4793

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JAN 24 1985

ISSUED BY _____

CREDIT	57007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 5020	

TOTAL PAID $ _____

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-22 19 85

CHARGE Martha Johnson

ADDRESS 925 Aster ave El Cajon Ca. 92020

NAME OF DECEASED Lewis Johnson

OWNER

ADDRESS

MORTUARY Lakeside (Terry)

LOT 56 GR 11 ROW SEC MAS BLK DIV O	—	—
OPENING/CLOSING TIME 11:30 -CHAPEL- DAY DATE FRI 1-25-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-25-85 32222	589	70
BALANCE	-0-	

No set up required

PAID
JAN 25 1985
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 Phone

ORDER TAKEN BY Lang

W.O. NO. E 4794

INVOICE NO.

PY-593 (4-82)

E-4794

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lewis Carl Johnson	Male	1/20/1896	1/21/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Martha Johnson - wife 920 Aster Ave. El Cajon, CA 92020

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lakeside-Santee Funeral Chapel	F-997

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED 1-22-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Pamus, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

E-4794

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32222

DATE _____ 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

_____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

_____

W.O. E-4794

_____

_____

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 3-81)

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

CITY AUDITOR
FEB 02 1985

ISSUED BY _____

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-22 19 85

CHARGE Ida D. Ward

ADDRESS 3838 Superior St. SD Ca. 92113

NAME OF DECEASED Samuel A. Ward

OWNER

ADDRESS

MORTUARY Rogsdale

LOT 48 GR 1 ROW SEC 14 DIV 7 Preneed

OPENING/CLOSING TIME 11:10 DAY DATE Thurs. 1-24-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Preneed - C-4466

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 Lang

W.O. NO. E 4795

INVOICE NO.

PY-593 (4-82)

E-4795

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SAMUEL ANNIAS WARD	Male	March 23,1898	Jan. 20, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ida D. Ward - Wife 3838 Superior Street San Diego, California 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR *DISPOSITION OTHER* THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED JAN 23 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 24 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE

238-4893

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

dst.

DATE 1-22 1985

CHARGE Barbara Allen, SD Trust & Svgs

ADDRESS 540 Broadway, SD Ca. 92101

NAME OF DECEASED Elaine Sweet

OWNER

ADDRESS

MORTUARY Lewis Colonial / Carol

LOT 7 GR 2 ROW SEC 9 ~~BLK~~ DIV 3			
OPENING/ CLOSING TIME AM	DAY DATE Mon 2-4-85	95	00
VAULT/LINER Ash	SIZE	5 90	40 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	225	40
PAID RECEIPT NUMBER			
	BALANCE		

Bill estate
Send Creditor
Claim

CENTE of GRAVE

Cred. Claim Sent
2-1-85

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 Lang

W.O. NO. E 4796

INVOICE NO. 028353
012032

PY-593 (4-82)

E-4796

MOUNT HOPE CEMETERY

February 24, 1971

The undersigned hereby requests and authorizes the interment of the remains of Elaine Sweet in Lot 7 Gr 1 Row ~~Block~~ Sec. 9 Division 3 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.

Elaine Sweet

Signature of relative or legal representative

435 West Spruce Street S. D. 92103

Address & relationship to lot owner and/or authority to sign authorization

Daughter of original lot owner

Witness

Witness

E-4796

NAME AND ADDRESS OF ATTORNEY: TELEPHONE NO.:	FOR COURT USE ONLY
	FILED FOR APPROVAL (DATE) (DEPUTY)
ATTORNEY FOR:	DUPLICATE MAILED (DATE) (DEPUTY)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	
ESTATE OF: Elaine Sweet DECEDENT	PRESENTED TO COURT FOR APPROVAL (DATE) (DEPUTY)
CREDITOR'S CLAIM*	CASE NUMBER

THIS CLAIM MUST BE PRESENTED TO THE PERSONAL REPRESENTATIVE OR FILED IN THE OFFICE OF THE CLERK OF THE COURT IN DUPLICATE WITHIN FOUR MONTHS AFTER THE DATE OF FIRST ISSUANCE OF LETTERS OR AS PROVIDED IN PROBATE CODE 700.

DECLARATION OF CLAIMANT

1. Total amount of the claim is: $ 225.40

2. Claimant (Name) Mt. Hope Cemetery
   a. ☒ An individual.
   b. ☐ An individual doing business under the fictitious name of:
   c. ☐ A partnership.
   d. ☐ A corporation.

3. The claimant's address is: 3751 Market St./
   San Diego, CA 92102

4. I am authorized to make the claim which is justly due or may become due. To my knowledge there are no offsets or payments which have not been credited. I declare under penalty of perjury under the laws of the State of California that this creditor's claim, including any attachments, is true and correct.
   Dated: 2/1/85

5. Barbara Lang, Cemetery Manager (TYPE NAME AND TITLE) Barbara Lang (SIGNATURE)

(ITEMS 6 — 9 TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE)

6. a. Date of first issuance of letters: b. Date of death:

7. This claim was presented on (Date):

8. Claim is ☐ allowed for: $ ☐ Rejected for: $

9. Estimated value of estate:

(TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE) (SIGNATURE OF PERSONAL REPRESENTATIVE)

10. ☐ Approved for: $ ☐ Rejected for: $

Dated: (Signature of ☐ Judge ☐ Commissioner)

11. Total number of pages attached ..... *(Continued on Reverse Side)*

*See reverse side for instructions before completing. No attachment permitted less than on a full page (California Rule of Court 201 [b]).

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered, or the debt incurred. The item or service should be described in detail, and the amount claimed for each item indicated. If any debt was incurred after the date of death, except funeral claims, it must not be included as an item on this claim form.

If the claim is based upon a note or other written instrument, a copy of such note or instrument must be attached. If secured by mortgage, deed of trust or other lien on property that is of record, it is sufficient to state the date, book and page and county where recorded.

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
1/22/85	Elaine Sweet Services	
	Lot 7, Gr 2, Sec 9, Div 3	$
	Opening/closing	95.00
	Ash vault	90.00
	Tax on vault	5.40
	Recording fee	35.00
	TOTAL	$ 225.40

CREDITOR'S CLAIM

PR-17 (Rev 10-84)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. Co5-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/11/85

DATE: 02/11/85
TIME: 203358
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028353	01/25/85	012032	BARBARA ALLEN					02/05/85	CK	712606	225.40	225.40	0.00
			100	072		77181	000072				95.00		PAID IN FULL
			100	072		77182	000072				90.00		
			100	072		77183	000072				35.00		
			60101			9020					5.40		

E-4796

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 225.40

E-4796

53188

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Lewis Colonial/Benbough

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELAINE NMN SWEET	female	Oct 7, 1895	Jan 13, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Marie Rootes - friend 435 W. Spruce St. San Diego, CA 92103

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cypress View Crematory - San Diego, CA	DATE CREMATED 1/21/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Nancy M. Smull
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Carol Hayde DATE SIGNED 1-16-85
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 18 1985 FEB 4 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-22 19 85

CHARGE Jose Escofet -429-7318

ADDRESS 9860 Elm Ave SD. Ca 92154

NAME OF DECEASED Blanca Escofet

OWNER Victoria Margret Stonell

ADDRESS

MORTUARY Humphrey (Joe)

LOT 109 GR 9 ROW SEC 1 BLK/DIV 12	350	00
OPENING/CLOSING TIME 1:00 -CHURCH- DAY/DATE Wed 1-23-85	295	00
VAULT/LINER Bell SIZE	245	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 1-22-85 32208	939	70
BALANCE	0	

PAID
JAN 22 1985
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 Lang

W.O. NO. E 4797

INVOICE NO.

PY-593 (4-82)

E-4797

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BLANCA ESCOFET	Female	05/11/1924	01/22/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Jose Escofet (Husband) 1860 Elm Avenue San Diego, Ca. 92154

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary	F-964

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 22 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D., M.P.H.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 23 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32208

E-4797

DATE _____ 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. E-4797

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 9-81)

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

CITY AUDITOR
JAN 24 1985

ISSUED BY _____

CREDIT	67007	
20% SALES CARE	77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

OFFICIAL RECEIPT

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

E-4797

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32579

DATE 6-7 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 125.00)

IN [illegible] PAYMENT OF [illegible]

LOT 109 GRAVE 9 ROW SECTION DIVISION BLOCK

INVOICE NO.

W.O. E-4797

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
JUN 17 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	80101 9020	
TOTAL PAID $		

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-22 19 85

CHARGE Gayle Newman

ADDRESS 8730 Cuyamaca St Santee, Ca 92071

NAME OF DECEASED Margaret Sylvester

OWNER

ADDRESS

MORTUARY Greenwood (Walt) (Scott)

LOT 1 GR ROW 12 SEC 1 ~~BLK~~ DIV 5	~	~
OPENING/CLOSING TIME 2:30 DAY DATE Fri 1-25-85	295	00
VAULT/LINER Bell SIZE	100	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	430	00
PAID RECEIPT NUMBER		
BALANCE		

Greenwood to pay.

Wholesale liner

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 Lang

W.O. NO. E 4798

INVOICE NO. 028780 010354

PY-593 (4-82)

E-4798

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Margaret Mary Sylvester	Female	Dec. 7, 1888	Jan. 21, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Gail Newman-Granddaughter 8730 Cuyamaca St. Santee, CA 92071

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 24 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald E. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C6S-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/14/85

DATE: 03/14/85
TIME: 213138
PAGE: 13

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028780	02/12/85	010354	GREENWOOD MORTUARY & CEMETERY					03/08/85	CK	0598108	430.00	430.00	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				100.00		
			100	072		77183	000072				35.00		

E-4798

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 430.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

443-6235

DATE 1-22 19 85

CHARGE Yesola L. Barron 12040

ADDRESS 9500 Harritt Rd #217 Lakeside Ca

NAME OF DECEASED Maud Biddison

OWNER

ADDRESS

MORTUARY Paris / Frederick (Elmer)

LOT 10 GR 10 ROW SEC 8 BLK DIV 5	—	—
OPENING/CLOSING TIME 10:00 DAY DATE Fri 1-25-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 1-23-85 32214	589	70
BALANCE	0	

PAID
JAN 23 1985
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 Rose

ORDER TAKEN BY Lang

W.O. NO. E 4799

INVOICE NO.

PY-593 (4-82)

E-4799.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Maude Adeline Biddison aka Maude Robirts Biddison	Female	Aug. 14, 1898	FOUND Jan. 22, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Zenola L. Barron - Daughter 9500 Harritt Road, #217 Lakeside, CA 92040

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary	795

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED 1-24-85 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

E-4799

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32214

DATE _____ 19____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. _____

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-215 (REV. 6-61)

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

CITY AUDITOR
JAN 28 1985
006205

ISSUED BY _____

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-28 19 85

CHARGE John Edgar Williams - 364-8259

ADDRESS 2095 Drible St. SD Ca. 92114

NAME OF DECEASED Frances Lee Vesta Vance

OWNER Williams and John Edgar

ADDRESS Williams (a/k/a)

MORTUARY

LOT 110 GR 4 ROW SEC 3 ~~BLK~~ DIV 12	400	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	400	00
PAID RECEIPT NUMBER 1-22-85 32211	100	00
BALANCE	300	00

2-1-85 32238 300.00

PAID

FEB 1 1985

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 John E Will ORDER TAKEN BY Lang

W.O. NO. E 4800 INVOICE NO.

PY-593 (4-82) #11083

OFFICIAL RECEIPT

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

E-4800

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32238

DATE _____ 19 ____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

_____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

_____

W.O. _____

_____

_____

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 9-81)

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

RECD. AUDITOR
FEB 13 1985

ISSUED BY _____

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	

TOTAL PAID $ _____

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32211

E-4800

DATE _____ 19____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

_____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

_____

W.O. _____

_____

_____

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 9-81)

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

CITY AUDITOR
JAN 24 1985

ISSUED BY _____

CREDIT	67007	
35% SALES CARE	77184	
65% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-22 19 85

CHARGE Gwendolyn Moore Murdock

ADDRESS 3059 Ocean View Blvd SD 92113

NAME OF DECEASED Preneed grave

OWNER

ADDRESS

MORTUARY

LOT 105 GR 1 ROW SEC 1 BLK DIV 12	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 1-22-85 32213 ✓	95	00
BALANCE	400	00
1-18-85 32667 ✓	100.00	
	300.00	
3-10-86 33179 ✓	50	00
	250	00
5-23-86 33381 ✓	20	00
Lot pd in full 8/25/94	230	00

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 Gwendolyn M. Murdock ORDER TAKEN BY Lang

W.O. NO. E 4801 INVOICE NO.

PY-593 (4-82)

1-11-88 35550

230.00
30.00
200.00

E-4801

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11978

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO GWENDOLYN MOORE MURDOCK for the sum of $495.00 (DOLLARS)

LEGAL DESCRIPTION (LOT 105; GR. 1; SEC. 1; DIVISION 12)

AS DESCRIBED ON PURCHASE ORDER NUMBER E-4801

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Only- 2" x 1" (Flat)

Wendy Jo Teague
Cemetery Manager

J. T. Gerlach
Property Director

PY-584 (Rev. 12-92)

NAME Murdock, Gwendolyn Moore 1034 No 47th St ACCT. NO. E-4801

ADDRESS ~~3059 Ocean View Blvd.~~, San Diego, Ca ~~92113~~ 92102 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Jan 22	85	Lot 105, Grave 1, Section 1, Division 12	495.00		295 00	200 00
2	88	Receipt # 35647			20 00	180 00
3-17	88	Receipt # 35888			10 00	170 00
5-28	88	Receipt # 36195			40 —	130 —
5-28	91	Receipt 40761			30 —	100 —
8-25-94		rec # 45390			100 —	0 —

Pd in full
Send Deed

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45390

Date: 9-25, 1994

From: Gwendolyn Murdock Address: 1034 No 44th St. 3059 Ocean View Blvd, SD 92102

One Hundred and 00/100 Dollars ($ 100)

In _____ Payment of Pre-Need Lot

Lot 105 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-4801

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

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

ISSUED BY J Waits

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	1	00
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	$	100	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33381

Date: 05-23, 19 86

From: S. M. Murdock Address: 1034 N. 49th St. Sd Ca 92102

Twenty and no/100 Dollars ($ 20.00)

In Art Payment of Prepaid lot

Lot 115 Grave 1 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-4201

Unpaid Balance after this Payment $230.00

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

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

CITY AUDITOR
MAY 27 1986

ISSUED BY

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	20	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	20	00

AC 212 (Rev. 8-85)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33179

Date: 03-10, 1986

From: [illegible] Address: 1034 N 47th [illegible]

[illegible] Dollars ($ 50.00)

In Salt Payment of Pre-Need [illegible]

Lot 115 Grave 1 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-481

Unpaid Balance after this Payment $250.00

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

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

CITY AUDITOR
MAR 12 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	50.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	50.00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32667

DATE 7-16 1985

FROM G. M. Murdock ADDRESS 1134 N. 47th St. [illegible] 9210[illegible]

One hundred and no/100 DOLLARS ($ 100.00)

IN Cart PAYMENT OF Pruned Cat

LOT 105 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4601

UNPAID BALANCE AFTER THIS PAYMENT $ 300.00

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

CITY AUDITOR
JUL 25 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARR	67007 77184	20.00
80% SALES OF LOTS	100 77184	80.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32213

DATE 01-[illegible] 19[illegible]

FROM [illegible] M. [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. check

W.O. E-4801

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JAN 24 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	76.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

№ 35550

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 1-11, 19 88

From: Gwendolin Murdock Address: 3059 Ocean View Blvd 92113

Thirty dollars no/100 Dollars ($ 30.00)

In _____ Payment of Credit Lot

Lot 105 Grave 1 Row _____ Section 1 Division ~~Block~~ 12

Invoice No. _____

Acct. No. 1

W.O. E 4801

BALANCE DUE 200.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1169

AC-272 (Rev. 10-87)

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

CITY AUDITOR

JAN 13 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
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	$	30	00

OFFICIAL RECEIPT

№ 35647

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-3, 19 88

From: Swenbolen/Murdock Address: 3059 Cream View Blvd. CD

Twenty Dollars no/100 Dollars ($ 20.00)

In _____ Payment of Cyclic Lot

Lot 105 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-4601

BALANCE DUE 180.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1148

AC-212 (Rev. 10-87)

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

CITY AUDITOR
FEB 08 1988

ISSUED BY Sandra Wade

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	20	00
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	$	20	00

OFFICIAL RECEIPT

№ 35888

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 3-17, 19 88

From: E. M. Murbach Address: 3059 Ocean View Blvd SD

ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of credit lot

Lot 105 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-4801

BALANCE DUE 170.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1191

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

CITY AUDITOR
MAR 21 1988

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
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	$	10	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 36195

Date: 5-28-, 19 88

From Mrs. Murdock Address: 3059 Ocean View Blvd

Fourty dollars and xx/100 Dollars ($ 40.00)

In part Payment of preneed lot

Lot 105 Grave 1 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E4801

BALANCE DUE 130.00

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☑ Check ☐

AC-352 (Rev. 10-87)

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

CITY AUDITOR

JUN 2 1988

ISSUED BY W.J. Teague

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	40	00
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	$	40	—

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 40761

Date: 5-28, 19 91

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 300)

In [illegible] Payment of [illegible]

Lot 105 Grave 1 Row — Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-4801

BALANCE DUE 1500

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

6100

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	
Sales Tax	60101 78390	
TOTAL PAID	$	

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY [illegible]

AC-21 (Rev. 10-87)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-23 19 85

CHARGE Mrs Paradise Ruffe 420-8157

ADDRESS 1612 N. Walnut Dr. C.V Ca 92011

NAME OF DECEASED Pioneer lot for

OWNER Olivett Franklin

ADDRESS

MORTUARY

LOT 28 GR 1 ROW SEC 1 ~~BLK~~ DIV 7	495	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 2-13-85 32267	100	00
BALANCE	395	00

2-19-85 32277 395.00

PAID

FEB 19 1985

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 Lang

W.O. NO. E 4802

INVOICE NO.

PY-593 (4-82) #11052

E 4802

THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

PROPERTY
DEPARTMENT
264-3151

January 31, 1985

Mrs. Paradine Ruff
1612 N. Walnut Drive
Chula Vista, CA 92011

Dear Mrs. Ruff:

As per your request, a preneed lot for Mamie Franklin has been reserved. One-third of the lot price is required for this reservation. You will then have 90 days to pay the balance, at which time you will receive a deed of ownership.

The Lot #78, Grave 1, Section 1, Division 7 is $495.00. Please send your deposit of $165.00. You will not receive any statements for future payments, just send them in with the Lot # and your receipt will be sent to you.

If you have any questions, please call.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32267

DATE 2-13 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 78 GRAVE 1 ROW [illegible] SECTION 1 DIVISION [illegible] BLOCK 7

INVOICE NO. [illegible]

W.O. E-402

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

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32277

DATE 2-17 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE 1 [illegible] ROW SECTION 1 DIVISION BLOCK 7

INVOICE NO. [illegible]

W.O. E-4[illegible]

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/23 19 85

CHARGE Evangeline M. Farnham

ADDRESS 5864 Vale Way SD. CA. 92115

NAME OF DECEASED Myrtle R. Kingen

OWNER

ADDRESS

MORTUARY Good Body

LOT 1056 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME Chapel 11AM DAY DATE 1-25-85

	4	
	295	00
VAULT/LINER Vault SIZE	349	80
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	679	80
PAID RECEIPT NUMBER 3215	679	80
BALANCE	~~679~~	~~80~~

PAID JAN 23 1985 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

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

AUTHORIZED IN PERSON / PHONE BY X Evangeline M. Farnham ORDER TAKEN BY

W.O. NO. E 4803 INVOICE NO.

PY-893 (4-82)

E 4803

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Myrtle Ruth Kingen	Female	Feb. 22, 1900	Jan. 22, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Evangeline M. Farnham - Daughter 5864 Vale Way San Diego, CA 92115

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Goodbody Mortuary	F-790

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA 92012		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 DATE PERMIT ISSUED JAN 23 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald E. Romero M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) JAN 25 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32215

DATE 1/23 19 85

FROM EVANGELINE FARNHAM ADDRESS 5864 VALE WAY S.D. 92115

Six Hundred Seventy Nine & 80/100 DOLLARS ($ 679.80)

IN Full PAYMENT OF Services for Myrtle Kingery

LOT 1056 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO.

W.O. E-4803

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-512 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS SIGNED 'PAID' IN THIS SPACE.

CITY AUDITOR
JAN 28 1985

ISSUED BY

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	330	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	19	80
TOTAL PAID $		679	80

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-23- 1985

CHARGE Arlene Schultz 466-3784

ADDRESS 7135 Amherst St, La Mesa 92041

NAME OF DECEASED Mildred O. Fellows

OWNER

ADDRESS

MORTUARY Lewis Colonial-Benbrook

LOT 66 GR 9 ROW SEC 16 BLK DIV 7 Reneed

OPENING/CLOSING TIME -chapel- 1:30 DAY DATE Fri 1-25-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER 1-23-85 32217 35 00

BALANCE ~~0~~

Will Contact tomorrow Concerning time.

PAID
JAN 23 1985
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 Arlene L Schultz ORDER TAKEN BY Jonell

W.O. NO. E 4804 INVOICE NO.

PY-593 (4-82)

E 4804

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

No. 21778

DATE 10-21- 1974

FROM Mildred Fellows ADDRESS 1060½ Robinson, San Diego, Ca

three hundred forty four + 80/100 DOLLARS ($ 344.80)

IN full PAYMENT OF Ralph H. Fellows services

LOT 84 GRAVE 2 ROW SECTION 16 DIVISION ~~BLOCK~~ 7

INVOICE NO. CMS14

W.O. D-5093

UNPAID BALANCE AFTER THIS PAYMENT Ø

NOT VALID FOR [illegible] STATED UNLESS STAMPED [illegible] IN THIS SPACE.

PAID
OCT 21 1974
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY D. O. Phillips

CREDIT SALES CARE	306 951	70	00
HALF SALES OF LOTS	100 7784	70	00
OPENINGS	100 7781	120	00
BOXES	100 7782	84	80
REMOVALS FOUNDATIONS	100 7783		
TOTAL PAID $		344	80

FORM AC-212

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32217

DATE 1-23- 19 85

FROM Arlene Schultz ADDRESS 7135 Amherst St. Tarmesa 92049

Thirty Five DOLLARS ($ 35.00)

IN Check PAYMENT OF Services for Mildred C. Fellows

LOT SH 66 GRAVE 2 ROW SECTION 16 DIVISION BLOCK 7

INVOICE NO.

W.O. E-11504

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JAN 28 1985

ISSUED BY J. Brown

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	50101 9020	
TOTAL PAID $		35.00

AC-212 (REV. 3-81)

E 4804

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MILDRED OLGA FELLOWS	female	Nov 9, 1910	Jan 23, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Arlene Schultz - daughter 7135 Amherst St. La Mesa, CA 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

XX 1. BURIAL (INCLUDES ENTOMBMENT)
☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
☐ 4. SCIENTIFIC USE
☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 24 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Romos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/23 19 85

CHARGE Sinnia · Williams (wife)

ADDRESS 5138 Roswell St. SD. 92114

NAME OF DECEASED FREDDIE L. WILLIAMS

OWNER # 264 1602 Same As Above

ADDRESS

MORTUARY RAGSDALE

(DIP)

LOT 135 GR ROW SEC 3 BLK 8 DIV	742	50
OPENING/CLOSING TIME 1:30 CHURCH DAY DATE 1-25-85 FRIDAY	295	00
VAULT/LINER Ball SIZE	259	70
REC. FEE/REMOVAL/FOUNDATION	35	00
— DIP — TOTAL	1332	20
PAID RECEIPT NUMBER 32 PAID 1-23-85	300	00
JAN 23 1984 BALANCE	1032	20

MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

DIP

30 day Notice

Flush marker only - Bronze

Double Interment privilege

Ph: 264 1602

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

AUTHORIZED IN PERSON / PHONE BY X Sinnia J Williams ORDER TAKEN BY

W.O. NO. E 4805 INVOICE NO. 028777 012155

PY-593 (4-82)

67007 - 77184	- 148.50
100 - 77184	- 294.00
77181	- 295.00
77182	- 245.00
77183	- 35.00
60101 / 9020	- 14.70
	1032.20

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32816

DATE 10-3 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

[illegible]

LOT 135 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4605

UNPAID BALANCE AFTER THIS PAYMENT /

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

CITY AUDITOR
OCT 07 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32216

DATE 1/23 19 85

FROM Sinnia Williams ADDRESS 5138 Roswell S.D. 92114

Three Hundred No/100 DOLLARS ($ 300.00)

IN Part PAYMENT OF Services — Freddie Williams

LOT 135 GRAVE ROW SECTION 3 DIVISION BLOCK 8

INVOICE NO. pd in cash

W.O. E-4805

30 Day Note

UNPAID BALANCE AFTER THIS PAYMENT $1032.20

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

CITY AUDITOR
JAN 28 1985

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	300 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		$300 00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32285

DATE 2-21 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 125 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

[illegible]

W.O. E-4105

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 8020	
TOTAL PAID $		

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32286

DATE [illegible] 19[illegible]

FROM Lennie Williams ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 135 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4805

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

E 4805

SAN DIEGO
CITY TREAS.

FEB 26 '85

PAID W.3

295630 2/26/85 1032.20 INVS
2/26/85 2956 3 1032.20- CH
2/26/85 2956 3 .00 BA

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028777	02/12/85	012155	SINNIA WILLIAMS					02/26/85	CK	836718	1,032.20	1,032.20	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				294.00		
			60101			9020					14.70		
			67007			77184					148.50		

E-425

E-4805

MEMO

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

3/20/85

Veterans Admin. Reg. Off
2022 Camino del Rio North
San Diego, CA 92108

Dear Ms. Walker:

Mrs. Sinnia Williams has already paid her bill in full since the application for burial permit. I am returning Chck #42,123,002 to you so you can issue a check directly to her.

Thank you for your assistance in this matter.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

cc: Sinnia Williams
5138 Roswell St.
San Diego, CA 92114

for Freddie L. Williams

DO NOT [illegible] SPINDLE OR MUTILATE
KNOW YOUR [illegible] REQUIRE IDENTIFICATION

TREASURY
BUREAU OF GOVERNMENT
FINANCIAL OPERATIONS

AUSTIN, TEXAS

Check No. 42,123,002
SYMBOL 2211

United States Treasury 15-51/000

PAY TO THE ORDER OF

MONTH	DAY	YEAR
07	08	85

MT HOPE CEMETERY
A/C F L WILLIAMS
3751 MARKET ST
SAN DIEGO CA 92102

04-873-555
02 77 20
00 BURIAL AWD

DOLLARS	CTS
$***150	00

⑈22410⑈ ⑆000000518⑆ 4212300029⑈

Number E-4805

Dated 1-23-85

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $_____.

Name Bennie J Williams

Address 5138 Roswell St San Diego 92114

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Bennie Jewell Williams Yes 5138 Roswell St San Diego

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E 4805

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Freddie Lee Williams

2A. SOCIAL SECURITY NO. OF VETERAN
455 01 2097

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
ov. 9,1915	Rockdale, Texas	Jan. 21, 1985	San Diego, CA	Jan.25,1985

9. MARITAL STATUS
[X] NEVER MARRIED [ ] MARRIED [ ] WIDOWED [ ] DIVORCED

10. SURVIVING CHILD(REN)?
[X] YES [ ] NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Sennie J. Williams
5138 Roswell St.
San Diego, CA 92114

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Freddie Williams

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Ella W. Williams

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
1945		39739012	May 4,1945		Pvt. U. S. Army Co "C" 29th Training Btn.

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
[ ] YES [X] NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
[ ] YES [X] NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
[ ] PAID BY ANOTHER PERSON(S) [ ] PAID BY CLAIMANT FOR BURIAL
[ ] DUE FUNERAL DIRECTOR [ ] NONE
[X] DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St.: San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
[ ] YES [ ] NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
[ ] YES [X] NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
[ ] YES [X] NO (Before answering read and comply with instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1962, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL: Mt. Hope Cemetery

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 1332.20	1/23/85	1/23/85	☐ YES ☒ NO (If "No," complete Item 30B)	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Sennie J. Williams	Sennie J. Williams

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)
5138 Roswell Street
San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Jan. 22, 1985	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

☆ U.S. GOVERNMENT PRINTING OFFICE 1983 381-488/3013

E.4805

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FREDDIE LEE WILLIAMS	Male	Nov. 9, 1915	January 21, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Sennie J. Williams - Wife 5138 Roswell Street San Diego, California 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale-Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED JAN 22 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature] M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-24 19 85

CHARGE Anne Ethel Turner

ADDRESS 3238 Newton Ave. SD. Ca 92113

NAME OF DECEASED Collins Edward Turner

OWNER

ADDRESS

MORTUARY Rogsdale

LOT 126 GR 11 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME graveside 11:00 DAY DATE Fri 1-25-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER		
BALANCE		

Va Benefit

Refund of $15.00 Apply overpayment
DP32297 5/21/85 to set marker
refund balance

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.

AUTHORIZED
IN PERSON
PHONE BY Anne Ethel Turner ORDER TAKEN BY Lang

W.O. NO. E 4806 INVOICE NO. 028778
012156

PY-593 (4-82)

Number E-4806

Dated 1-24-85 San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 939.70.

Name Anne Ethel Turner

Address 3238 Newton Ave.
San Diego Ca. 92113

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

NAME	(PROPERTY OWNED BY YOU)	ADDRESS
Anne Ethel Wardner A.K.A. Anne Ethel Turner	(SAME)	239-4805

FORM PW-1573 (REV. 9-67)

E-4806

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL: Mt. Hope Cemetery

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☒ NO (If "No," complete Item 30B)	30B. AMOUNT UNPAID
$ 939.70	1/24/85		☐ YES ☒ NO	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	32B. AMOUNT OF REIMBURSEMENT: $

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	33B. AMOUNT: $	33C. SOURCE

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Anne Ethel Turner	Anne Ethel Turner

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

3238 Newton Street
San Diego, CA 92113

38. DATE	39. RELATIONSHIP TO VETERAN
January 25, 1985	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	41B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetary are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★ U. S. GOVERNMENT PRINTING OFFICE 1983 381-486/3013

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Collins Edward Turner

2A. SOCIAL SECURITY NO. OF VETERAN
555 26 7660

2B. VA FILE NO.
C- 15 921 340

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
Sept. 17,1916	Austin, Texas	Jan. 23, 1985	San Diego, CA	Jan. 25,1985

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☐ YES ☒ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Anne Ethel Turner
3238 Newton Ave.
San Diego, CA 92113

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
William Edward Turner

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Elizabeth C. Turner

SERVICE INFORMATION: (The following information should be furnished for the period of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
					U. S. Army

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT	22. AMOUNT PAID
$	$

23. WHOSE FUNDS WERE USED?	24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	24B. AMOUNT OF REIMBURSEMENT	24C. SOURCE OF REIMBURSEMENT
	☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)	$	

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?	25B. AMOUNT	25C. SOURCE	26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)	$		☐ YES ☒ NO (Before answering read and comply with Instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

E 4806

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
COLLINS EDWARD TURNER	Male	Sept. 17, 1916	Jan. 23, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Anne Ethel Turner - Wife 3238 Newton Avenue San Diego, California 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED JAN 25 1985 JAN 25 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Vanvas, M.D. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E 4806

from

MEMO

MT. HOPE CEMETERY
3751 Market Street
San Diego, CA 92102
264-3151

5/21/1985

Anne Ethel Turner
3238 Newton Ave.
San Diego, CA 92113

Dear Mrs. Turner:

The marker for Collins Edward Turner has arrived at Mt. Hope Cemetery. It will be set within 10 days.

You will be receiving a refund of $15.00 from the City of San Diego within a couple of weeks.

The Veterans Administration sent a check for $150.00. The marker setting fee was $135.00 - the $15.00 is your refund.

If I can be of any further assistance, don't hesitate to call.

Respectfully yours,

Barbara Lang

Barbara Lang
Administrative Aide II

028778	02/12/85	012156	ANNE ETHEL TURNER			03/12/85 CK	5329	939.70	939.70	0.00
			100	072	77181	000072		295.00		PAID IN FULL
			100	072	77182	000072		245.00		
			100	072	77183	000072		35.00		
			100	072	77184	000072		280.00		
			60101		9020			14.70		
			67007		77184			70.00		

E-4806

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,089.70

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32354

DATE 3-25 19__

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4906

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-212 (REV. 8-81)

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

CITY AUDITOR
MAR 26 1985

RCR 008073

ISSUED BY [illegible]

CREDIT	67007	
50% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-25 1985

CHARGE Dorothy Sanders

ADDRESS 1117 Redwood Ave. El Cajon, Ca 92021

NAME OF DECEASED Addie L. Martin

OWNER

ADDRESS

MORTUARY El Cajon

LOT 58 GR ROW SEC 100F BLK 25		
OPENING/CLOSING TIME 11 Am (Changed) DAY DATE 1-29-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 1-25-85 32220	35	00
BALANCE		0

Preneed - C-3827

* Delivery - FAMILY TO VIEW graves 2 hours ~~After~~ Delivery

PAID
JAN 25 1985
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 Steve

ORDER TAKEN BY Lang

W.O. NO. E 4807

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32220

DATE 1-25 19 85

FROM Loretta Sanders ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 5A GRAVE ROW SECTION 100F DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4107

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
FEB 02 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Addie Lee Martin	Female	Jan. 15, 1908	Jan. 24, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dorothy Sanders - Daughter 1117 Redwood, Sp. 5A El Cajon, CA 92021

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Mortuary	F 1022

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, Market St., San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Not Applicable	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Not Applicable	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Not Applicable	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Not Applicable	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$3.00	~~1-28-85~~	▶ Donald L. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 29 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

264-3620

DATE 1/25 19 85

CHARGE Pearl FAIRLEY (wife) SD

ADDRESS 4931 REYNOLDS ST. 92113

NAME OF DECEASED VANNIE L. FAIRLEY

OWNER Same as ABOVE

ADDRESS

MORTUARY Ragsdale

LOT 138 GR 6 ROW SEC 1 BLK/DIV 12	350	00
OPENING/CLOSING TIME 2 PM CHAPEL DAY/DATE TUESDAY 1-29-85	285	00
VAULT/LINER Bell SIZE TX	245 14	00 70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 30 Day NOTE		
BALANCE	939	70

(1) Reserve LOT 139-2-1-12 6 mos For PEARL FAIRLEY

(2) FLUSH MARKER only

(3) VET's Credit to Apply to Appropriate Marker Setting fee - Surplus to be returned to owner -

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 Pearl Fairley ORDER TAKEN BY

W.O. NO. E 4808 INVOICE NO. 028779 012157

PY-593 (4-82)

E 4808

Number _____

Dated 1/25/85 San Diego, California

Signed on Above Date Due: 1/29/85

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 939.70 .

Name PEARL (NMN) FAIRLEY

Address 4931 REYNOLDS ST.
S.D. 92113

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

X Pearl Fairley 4931 Reynolds St. San Diego, Ca. 92113
NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PR-1573 (REV. 9-67)

E 4808

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VANNIE LEE FAIRLEY	Male	May 8, 1931	January 23, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Pearl Fairley - Wife 4931 Reynolds Street San Diego, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 29 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 29 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E4808

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Vannie Lee Fairley

2A. SOCIAL SECURITY NO. OF VETERAN
238 40 4153

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery.

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
May 8, 1931	Fayetteville, No. Car.	Jan. 23, 1985	San Diego, CA	Jan. 29, 1985

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☐ YES ☒ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Pearl Fairley
4931 Reynolds St.
San Diego, CA 92113

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
John Henry Fairley

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Willie Mae Fairley

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
1952		497 16 35	Retired: Jan. 21, 1974		OSC (E-7) U. S. Navy

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery: San Diego, CA

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St.: San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT
$ $939.70

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☒ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with instruction 11)

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL: Mt. Hope Cemetery, San Diego, CA

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 939.70	1/25/85		☐ YES ☒ NO (If "No," complete Item 30B)	$ 939.70

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☐ NO (If "Yes," complete Items 32B and 32C)	32B. AMOUNT OF REIMBURSEMENT $

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	33B. AMOUNT $	33C. SOURCE

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Pearl Fairley	Pearl Fairley

37. ADDRESS (Number and Street or rural route, city or P.O., State and ZIP Code)
4931 Reynolds Street
San Diego, CA 92113

38. DATE	39. RELATIONSHIP TO VETERAN
Jan. 28, 1985	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual avetage cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★" ". GOVERNMENT PRINTING OFFICE 1983 381-488/3013

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/21/85

DATE: 03/21/85
TIME: 214508
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028779	02/12/85	012157	PEARL FAIRLEY					03/19/85	CK	836850	939.70	939.70	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				280.00		
			60101			9020					14.70		
			67007			77184					70.00		

E-4808

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 939.70

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32563

DATE 6-3 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 131 GRAVE 6 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4101

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JUN 10 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32547

DATE 5-27 19 85

FROM [illegible] ADDRESS 4931 Reynolds St
[illegible] DOLLARS ($ 15.00)

IN full PAYMENT OF Flower Vase for Annie
[illegible]

LOT 131 GRAVE 6 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4806

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
MAY 31 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	15
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 5-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

DATE 5/29/85 19

FROM Pearl Farrley ADDRESS 4931 Reynolds St. S.D. 92113 N.D. 32552

One Hundred Twenty Five DOLLARS ($ 125.00)

IN full PAYMENT OF Selling Marker - G I

LOT 138 GRAVE 6 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4808

UNPAID BALANCE AFTER THIS PAYMENT $6.00

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

CITY AUDITOR
MAY 31 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	125.00
SALES TAX	60101 9020	
TOTAL PAID $		125.00

Cashier Ck - #2484887

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 01-25 1985

CHARGE County of SD - Judy Gretton

ADDRESS Pub Admin.

NAME OF DECEASED John Doe #1700-84

OWNER Case #10946

ADDRESS

MORTUARY Neptune - Jan

16+17 (Sideways)

LOT 98 GR 1 & 2 ROW SEC 4 BLK DIV 7	90	00
OPENING/ CLOSING TIME - DELIVERY - 10:00 DAY DATE Wed. 1-30-85	55	00
VAULT/LINER SIZE	—	
REC. FEE/REMOVAL/FOUNDATION	—	
TOTAL	145	00
PAID RECEIPT NUMBER		
BALANCE		

We select X - Deep

1st ~~2nd~~ Burial

Bill PA - Indigent

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 Lang

W.O. NO. E 4809

INVOICE NO. 028781

000952

PY-593 (4-82)

E 4809

028781	02/12/85	000952	COUNTY OF SAN DIEGO			03/18/85	CK	E-4809	145.00	145.00	0.00
	E-4809	100	072	77161	000072				55.00		PAID IN FULL
		100	072	77184	000072				90.00		

E4809

PERMIT FOR DISPOSITION OF HUMAN-REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe #1700-84	Male	Unknown	FOUND Sept 11, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Ysidro	San Diego	Public Administrator- 5201-A Ruffin Road San Diego, Ca 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE OF SAN DIEGO	F-1352

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt Hope Cemetery n/a San Diego,Ca		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: n/a		COUNTY: n/a
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: 1-28-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald S. Ramos, M.Dr
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE: 01-25 1985

CHARGE Pub. Admin - Indigent

ADDRESS Judy Gretton

NAME OF DECEASED John Doe #1346-84

OWNER Case # 10945

ADDRESS

MORTUARY Neptune - Jan

16+17 (Sideways)

✓ LOT 98 GR ~~1~~ 2 ROW SEC 4 BLK DIV 7 | 90 | 00

OPENING/ CLOSING TIME - DELIVERY 10:00 DAY DATE Wed 1-30-85 | 55 | 00

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL 145 | 00

PAID RECEIPT NUMBER

BALANCE

We select X-Deep

Bill PA 2nd Burial

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 Lang

W.O. NO. E 4810

INVOICE NO. 028782 000952

PY-593 (4-82)

E 4810

028782	02/12/85	000952	COUNTY OF SAN DIEGO			03/12/85 CK	E-4810	145.00	145.00	0.00
			100	072	77181	000072		55.00		PAID IN FULL
			100	072	77184	000072		90.00		
			E-4810							
NUMBER OF INVOICES PAID				4						
TOTAL AMOUNT PAID				593.00						

E 4810

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe #1346-84	Male	Unknown	FOUND July 21, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Administrator 5201-A Ruffin Road San DIego, Ca 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE OF SAN DIEGO	F-1352

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt Hope Cemetery San Diego, Ca		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY n/a
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 / DATE PERMIT ISSUED 1-28-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Rawal, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 30 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 5-78) FORM VS-9

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/28 1985

CHARGE FAYE B. GOODMAN

ADDRESS 3996 YALE AV. LAMESA.

NAME OF DECEASED RALPH N. GOODMAN

OWNER Same

ADDRESS

MORTUARY CONRAD -

D.I.P.

LOT 240 GR ____ ROW ____ SEC ____ BLK DIV 10		— Pd —	
OPENING/ CLOSING TIME Graveside 2:30	DAY DATE Wednesday 1-30-85	295	00
VAULT/LINER WTS	SIZE	349	80
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	679	80
PAID RECEIPT NUMBER 3224		679	80
	BALANCE	—	0

PAID JAN 28 1985 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Vets Papers to be filed Refund to Apply Toward Appropriate marker setting fee..

X- DEEP

PAID JAN 28 1985 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 Los Faye B. Goodman

ORDER TAKEN BY [signature]

W.O. NO. E 4811

INVOICE NO.

PY-593 (4-82)

E4811

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RALPH NOBLE GOODMAN	Male	May 27, 1913	Jan. 27, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Faye B. Goodman - Wife 3996 Yale Avenue La Mesa, CA 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary	F 941

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery 3751 Market Street San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	*NAME AND ADDRESS OF FACILITY RECEIVING REMAINS* N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 29 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold E. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 30 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

E-4811

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
RALPH	NOBLE	GOODMAN	January 27, 1985	1100

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR: MONTHS, DAYS / IF UNDER 24 HOURS: HOURS, MINUTES)
Male	White	NO [X]	May 27, 1913	71

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
TN	Joshua Goodman - TN	Maude Robbins - TN

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	410-42-5050	Married	Faye Bomer

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Maintenance mechanic	22	Union Carbide Co.	Nuclear research

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
3996 Yale Avenue		La Mesa

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	California	Faye B. Goodman - Wife 3996 Yale Avenue La Mesa, CA 92041

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY	
	San Diego	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**	
3996 Yale Avenue	La Mesa	

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cardiac Arrest	instant
DUE TO, OR AS A CONSEQUENCE OF	(B) Presumed Cardiac Arrhythmia	instant
DUE TO, OR AS A CONSEQUENCE OF	(C) Atherosclerotic Heart Disease	13 yrs.

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH
Ankylosis Spondylitis-Diabetes Mellitus

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION Cup Arthroplasty DATE 1966 Lt. Hip Total Hip Replacement Rt. Hip 1972

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28B. PHYSICIAN—SIGNATURE AND NUMBER OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
VA 8/6/80	VA 12/26/84	Arnold P. Gass MD	1-28-85	(CA) G26713

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: ARNOLD P. GASS, M.D. 3350 La Jolla Village Dr. San Diego, CA 92161

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	Jan. 30, 1985	Mount Hope Cemetery - San Diego, CA	4288 Leslie M. Hilton

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Conrad Lemon Grove Mortuary	F 941		

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (6-82)

E.4811

Enlisted as AS, USN (*Rate*) 14 September 1940 (*Date*)

At Birmingham, Alabama *for* 6 *years*

Born 27 May 1913 (*Date*) *at* Clinton, Tennessee

Qualifications NONE (Physical Disability)

5 *Ratings held* AS, S2c, AM3c, AM2c, AMM1c, USN

1 *Certificates* Aviation Machinist's Mate

1 *Trade schools completed* AMM School, USNTS, Norfolk, Virginia

Special duties for which qualified Duties of Rating

Service (vessels and stations served on) or (served satisfactorily on active duty from

U. S. Naval Recruiting Station, Birmingham, Alabama; U. S. Naval Training Station, Norfolk, Virginia; USS Chester; U. S. Naval Training Station, Norfolk, Virginia; U. S. Naval Air Station, Jacksonville, Florida; VO-VCS, O.T.U. #1; Composite Sqd 27; U. S. Naval Hospital, San Diego, California; U. S. Naval Repair Base, New Orleans, Louisiana; U. S. Naval Air Station, Memphis, Tennessee; U. S. Naval Hospital, Memphis, Tennessee.

Rating at discharge AMM1c, USN [redacted] 272 39 74 (*Service Number*)

Character of service excellent. *Final average* 3.9

I. V. King, Lt.(jg) HC, U. S. N.
By direction *and Executive Officer.*

Height 6 *ft.* 1½ *in.* *Weight* 169 *lbs.* *Eyes* Blue

Hair Black *Complexion* Ruddy

Personal marks, etc., ANT: PS both knees, VSLS.

POST: PS both elbows.


Right Index

Is physically qualified for discharge. Requires neither treatment nor hospitalization.

I certify that this is the actual print of the right index finger of the man herein mentioned.

Neil E. Compton, Lieut., MC, U. S. N. R.
and Medical Officer.

Monthly rate of pay when discharged ONE HUNDRED THIRTY ONE DOLLARS AND TEN CENTS ($131.10)

I hereby certify that the within named man has been furnished travel allowance at the rate of

Five *cents per mile from* Millington, Tennessee *to* Birmingham, Alabama

and paid $ 31.33 (*Amount*) *in full to date of discharge.* MOP $100.

Total net service for pay purposes (9) *years* *months* *days.*

Ralph N. Goodman
(*Signature of man.*)

L. H. FOWLER, Lt. Comdr. SC, U. S. N. R.
and Disbursing Officer.

For convenience, a certificate of eligibility no. SS 133331 has been issued by the Veterans Administration to be used for the future request of any guaranty or insurance benefits under title III of the Servicemen's Readjustment Act of 1944, as amended, that may be available to the person to whom this separation paper was issued.

VARO Nashville, Tenn. AUG 15 1956

COMPARED

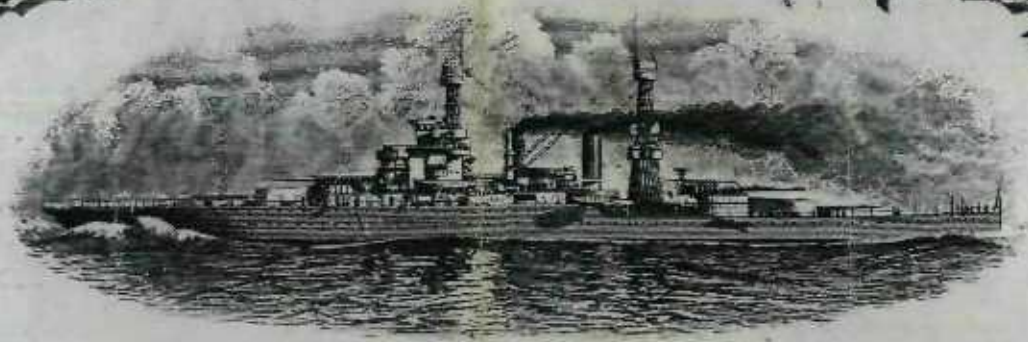
U. S. Naval Hospital, Memphis, Tenn. 22May45
Honorable Service Lapel Button Delivered
This [illegible].

O. V. King
I.V.King, Lt.(jg)HC,USN
Civil Readjustment Officer

C522927

Series C

Honorable Discharge



from the

United States Navy

REGISTER'S OFFICE
STATE OF TENNESSEE, KNOX COUNTY
Received the 24 day of May 1945 at 11:12 o'clock A.M. Recorded in Soldier's and Sailor's Discharge Book
No. 2 page 472 Noted in Note Book 33 Page 378
R. K. Adcock
REGISTER.

This is to certify that

RALPH NOBLE GOODMAN *an* AVIATION MACHINIST'S MATE FIRST CLASS

is **Honorably Discharged** *from the* U. S. NAVAL HOSPITAL, MEMPHIS,

TENNESSEE *and from the Naval Service of the United States*

This 22nd *day of* MAY, 1945.

This certificate is awarded as a Testimonial of Fidelity and Obedience.

H. R. Boone
H. R. BOONE

CAPTAIN, MC, USN

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32224

DATE 1-28-85 19

FROM Faye B. Goodman ADDRESS 3996 Yale Ave. La Mesa.

Six hundred seventy nine — 80/100 DOLLARS ($ 679.80)

IN full PAYMENT OF Services for Ralph N. Goodman

LOT 240 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. # 3628 Check

W.O. E 4811

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 3-81)

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

CITY AUDITOR
FEB 02 1985

ISSUED BY

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 00
BOXES	100 77182	331 00
REMOVALS FOUNDATIONS	100 77183	34 00
SALES TAX	60101 9020	19 80
TOTAL PAID $		679 80

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2151

No 32269

DATE 2-14 19 85

FROM Mrs Faye Goodman ADDRESS 3996 Yale ave. La Mesa Ca.

Fifteen Dollars & Ninety DOLLARS ($ 15.90)

IN full PAYMENT OF Flower Cup for Ralph Goodman

LOT 240 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4811

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-313 (REV. 4-81)

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

CITY AUDITOR
FEB 22 1985

ISSUED BY J. Bragg

CREDIT 35% SALES CARE	67007 77184	
65% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	15 00
SALES TAX	60101 8020	90
TOTAL PAID $		15 90

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32332

DATE 3-15 19 18

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 50)

IN [illegible] PAYMENT OF [illegible]

LOT 240 GRAVE ROW SECTION DIVISION ~~BLOCK~~

INVOICE NO. Check

W.O. E-4811

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
MAR 20 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	50
SALES TAX	60101 9020	
TOTAL PAID $		50

AC-212 (REV. 9-61)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/28 19 85 ES

CHARGE Gussie Howard (Sister)

ADDRESS

NAME OF DECEASED MATTIE Howard

OWNER

ADDRESS

MORTUARY Rogdale

D.I.P.

LOT 129 GR 3 ROW SEC 14 SEC 7 DIV — Pd —

OPENING/CLOSING TIME 11AM DAY/DATE Thursday 1-31-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER 32225

295	00
295	00
19	70
35	00
584	70
589	70
BALANCE	

X- DEEP

family coming 1/29 PM

PAID

JAN 28 1985

MT. HOPE CEMETERY

CITY OF SAN DIEGO

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 Gussie

PHONE BY

ORDER TAKEN BY

W.O. NO. E 4812

INVOICE NO.

PY-593 (4-82)

E-4812

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MATTIE ELISE VAUGHN	Female	June 28, 1913	January 28, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Gussie Howard - Sister 5233 La Paz Drive San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, Calif.	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED JAN 31 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald B. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 31 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32225

DATE 1/28 19 85

FROM Gussie Howard ADDRESS 5233 La Paz Dr. S.D. 92114

Five Hundred Eighty nine — 70/100 DOLLARS ($ 589.00)

IN full PAYMENT OF Services Mattie Howard

LOT 129 GRAVE 3 ROW SECTION 14 DIVISION 7 BLOCK

INVOICE NO. Cash

W.O. E-4812

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
FEB 02 1985

ISSUED BY

CREDIT	67007		
80% SALES CARE	77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	495	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/28 19 81

CHARGE Perry Withers - Son 91780

ADDRESS 9950 Milosann, Temple City Ca

NAME OF DECEASED GERALDINE MATENIAK

OWNER

ADDRESS

MORTUARY LAKESIDE

D.I.P

LOT 66 GR 5 ROW SEC 1 BLK 11 DIV

OPENING/CLOSING TIME 10:30 CHAPEL DAY DATE wed. 1-30-85

VAULT/LINER Ball SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER 32233

BALANCE

- Pd -	
295	00
295	00
19	70
35	00
589	70
589	70
-0-	

1st Burial 2/7

PAID
JAN 30 1985
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 DAN

PHONE BY

ORDER TAKEN BY

W.O. NO. E 4813

INVOICE NO.

PY-593 (4-82)

E4813

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT			SEX	DATE OF BIRTH	DATE OF DEATH
Geraldine	Mary	Matensak	Female	2/9/1904	1/26/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Perry Withers - son 9950 Miloann Temple City, CA 91780

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lakeside-Santee Funeral Chapel	F-997

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 — DATE PERMIT ISSUED JAN 29 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 30 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32233

DATE 1/30 19 8

FROM Rosemary Berg ADDRESS c/o Lakeside Mortuary

Five Hundred Eighty Nine 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Interment services for

Geraldine M. Matenzah

LOT 66 GRAVE 5 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO.

W.O. E-4813

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
FEB 02 1985

ISSUED BY [signature]

CREDIT 25% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/28 1985

CHARGE WILBERT WAYNE CHILES

ADDRESS 5846 Roswell ST. 92114

NAME OF DECEASED ROSETTA GENEVA CHILES

OWNER

ADDRESS

MORTUARY RAGSDALE

LOT 332 GR ROW SEC 2 BLK DIV 9

OPENING/CLOSING TIME CHAPEL 12PM DAY DATE THURSDAY 1-31-85

VAULT/LINER SECTIONAL SIZE 5 FT. TX

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

100	00
195	00
13	00
17	80
35	00
467	80

Paid

Per: Ragsdale INTERMENT IN ROSECRANS Military Gen. 1/29/85 JS

FLUSH MARKER ONLY -

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 Wilbert W Chiles

ORDER TAKEN BY [signature]

W.O. NO. E 4814

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1-28-85

CHARGE Benjamin Woody (Husband)

ADDRESS 2644 San Marcos

NAME OF DECEASED Mildred Woody

OWNER

ADDRESS

MORTUARY Lewis

LOT 32 GR 10 ROW SEC MAS BLK DIV R		— Pd —
OPENING/CLOSING TIME Chapel 2pm DAY DATE Wed 1-30-85	295	00
	245	CC
VAULT/LINER Belt SIZE TX	14	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32235	589	70
BALANCE	-0-	

PAID
JAN 30 1985
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 Mr. Woody

PHONE BY

ORDER TAKEN BY

W.O. NO. E 4815

INVOICE NO.

PY-593 (4-82)

E-4815

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MILDRED JOHNSTON WOODY	female	Sept 8, 1903	Jan 25, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Benjamin F. Woody - Husband 2644 San Marcos San Diego, CA 92104

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 29 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 30 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Harold E. Powers, M.D. Interim

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32235

DATE 1/30 19 85

FROM Br. Woody ADDRESS 2644 San Marcos Av. 92104

Five Hundred Eighty Nine 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Interment Services of

Mildred J. Woody

LOT 32 GRAVE 18 ROW SECTION MAS DIVISION BLOCK R

INVOICE NO. Check

W.O. E 485

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
FEB 02 1985

ISSUED BY

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	225	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID :		589	70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/28 19 85

CHARGE Ruther Ash 262-6502 (step Daughter)

ADDRESS Sylvia (Ramona) Brookins - 6120 Newcastle S.D. 92114

NAME OF DECEASED Harrison Fletcher

OWNER

ADDRESS

MORTUARY Rogsdale

LOT 146 GR 7 ROW SEC 1 BLK 12 DIV	350	00
OPENING/CLOSING TIME 11 AM DAY DATE 1-29-85	295	00
VAULT/LINER Bell SIZE TX	245 14	00 70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	739	70
PAID RECEIPT NUMBER 32227 Cash CK	200 739	00 70
BALANCE		

CONTACT S. Brookins RE: MARKER SETTING @ # 560-9414 x 4244

FLUSH MARKER only

family to bring money 1/28

VET'S ALLOWANCE TO be Reimbursed to:

SYLVIA BROOKINS
6120 NEWCASTLE PL
SAN DIEGO, CA 92114
Tel # 263-5309

PAID JAN 28 1985 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 Mrs Sylvia Brookins ORDER TAKEN BY

W.O. NO. E 4816 INVOICE NO.

PY-593 (4-82)

E4816

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HARRISON FLETCHER	Male	May 7, 1982	Jan. 23, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ruther D. Ash - Daughter 1201 Kelton Road San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED JAN 29 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 29 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4816

*Regional Office
2022 Camino Del Rio North
San Diego, CA 92108

Veterans Administration

March 27, 1985

In Reply Refer To:
377/211B
XC 15 261 334
FLETCHER, H.

*Mt. Hope Cemetery
3751 Market St.
San Diego, CA 92102

Gentlemen:

We regret that we cannot take favorable action on your claim for Veterans Administration burial benefits for the reasons checked below:

☐ a. For burial allowance purposes, the evidence does not show that the veteran was in receipt of pension or compensation (or would have been in receipt of compensation but for the receipt of military retirement pay); or had an original or reopened claim for pension or compensation pending and found entitled from a date prior to date of death; or that death was service connected. Your claim will be reconsidered should entitlement to benefits prior to the veteran's death be established at a later date.

☐ b. For plot or interment expense purposes, the evidence does not show that the veteran's service was during time of war; or that the veteran was discharged from active duty for (or could have been discharged for) a disability incurred in or aggravated in line of duty.

☐ c. The funeral director is the proper claimant because our records show the burial expenses are unpaid. However, if you do pay these expenses, you may use the enclosed form to reapply at any time within 2 years from the date of permanent burial or cremation.

☐ d. The conditions under which the veteran was separated from service do not allow the payment of any benefits by the Veterans Administration. Should the veteran's discharge be corrected to one under conditions other than dishonorable, you may reapply for the allowance at any time within 2 years from the date of correction.

☐ e. The claim was not filed within the 2-year limitation required by law.

☒ f. Our records indicate that Sylvia Brookins paid the bill and is therefore entitled to plot reimbursement. A VAF 21-530 has been sent to her.

If you believe our decision is incorrect, please see the Notice of Procedural and Appellate Rights printed on the back of this letter.

Sincerely yours,

JOHN H. DAVIS, SR.
Adjudication Officer

☐ Encl. VA Form 21-530

cc:
Ruther D. Ash

(Over)

FL 21-133
Apr 1982(RS)

NOTICE OF PROCEDURAL AND APPELLATE RIGHTS

We have based our decision on the evidence of record in your case and the applicable law. This explains your procedural and appellate rights in connection with this decision.

REPRESENTATION. You may be represented, without charge, by an accredited representative of a veterans organization or other service organization recognized by the Administrator of Veterans Affairs, or you may employ an attorney to assist you with your claim. Typical examples of counsel who may be available include attorneys in private practice or legal aid services. The services of a recognized attorney are subject to a maximum fee limitation of $10, set forth in 38 U.S.C. 3404(c). Expenses incurred in the prosecution of a claim must be approved in accordance with 38 C.F.R. 14.650 prior to demanding or receiving reimbursement from the claimant. If you desire representation, let us know and we will send you the necessary forms. If you already designated a representative, no further action on your part is required.

NEW EVIDENCE. You may submit additional evidence to strengthen your claim. It is in your interest to send us any new evidence as promptly as possible. We will carefully consider it and let you know whether it changes our decision.

PERSONAL HEARING. If you desire a personal hearing to present evidence or argument on any point of importance in your claim, notify this office and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in the record. The VA will furnish the hearing room, provide hearing officials, and prepare the transcript of the proceedings. The VA cannot pay any other expenses of the hearing, since a *personal hearing is not required.*

APPEAL. You may appeal our decision to the Board of Veterans Appeals at any time within one year from the date of this letter if you believe the decision is not in accord with the law and the facts now of record. You can start the appeal process by filing a Notice of Disagreement. You may do this by writing a letter to this office stating that you wish to appeal. If more than one benefit is involved, you should identify the benefit or benefits for which you are appealing. If you decide to appeal, we will advise you further as to your procedural rights as your claim progresses through the several stages of the appeal process.

E-4816

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Harrison Fletcher

2A. SOCIAL SECURITY NO. OF VETERAN
433 20 5499

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market Street
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Cemetery and Creditor

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
May 7, 1922	Converse, Louisiana	Jan. 23, 1985	San Diego, CA	Jan. 29, 1985

9. MARITAL STATUS
☐ NEVER MARRIED ☐ MARRIED ☒ WIDOWED ☐ DIVORCED

10. SURVIVING CHILDREN?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Owens Fletcher

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Mary L. Fletcher

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
05/05/42		38 170 074	12/14/45		PFC Co. "C" 98th Eng. Reg. U. S. Army

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: San Diego, CA

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT
$

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with Instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1962, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL: Mt. Hope Cemetery

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 939.70	1/28/85	1/28/85	☐ YES ☒ NO (If "No," complete Item 30B)	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? ☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	32B. AMOUNT OF REIMBURSEMENT: $

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? ☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	33B. AMOUNT: $	33C. SOURCE

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Ruther D Ash	Ruther D. Ash

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

1201 Kelton Road
San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Jan. 25, 1985	Daughter

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	41B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

★U. S. GOVERNMENT PRINTING OFFICE 1983 381-488/3013

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32227

DATE 1/28 1985

FROM Sylvia Brookins ADDRESS ~~263-530~~ 6120 New Castle Pl. S.D. 92114

Nine Hundred thirty Nine — 70/100 DOLLARS ($ 939.70)

IN full PAYMENT OF Services for Harrison Fletcher

LOT 146 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. $200 Cash
CK $739.70

W.O. E-4816

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
FEB 02 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	70	00
80% SALES OF LOTS	100 77184	280	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		939	70

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32511

DATE 5-17 19 85

FROM Sylvia Bracken ADDRESS 6120 Newcastle Pl. [illegible]

One hundred fifteen and no/100 DOLLARS ($ 115)

IN full PAYMENT OF Bracken installation for Harrison Fletcher

LOT 146 GRAVE 7 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. Check

W.O. E-4116

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
MAY 24 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	115
SALES TAX	60101 9020	
TOTAL PAID $		115

AC-212 (REV. 5-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/28 1985

CHARGE James C. Allison (son)

ADDRESS 220 Fennell Ct. S.D. 92114

NAME OF DECEASED Rev. James Allison

OWNER Same

ADDRESS

MORTUARY Ragsdale

✓ 446 LOT ____ GR ____ ROW ____ SEC ____ BLK DIV 10	— Pd —	
OPENING/ CLOSING TIME Church 11 AM DAY DATE Wed 1-30-85	295	00
VAULT/LINER Bell SIZE ____ TX	245 14	00 70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32226	589	70
BALANCE	0	

Anticipate Arrival @ Cemetery at 1pm.

Vet's Allowance to be Refunded to Above

PAID
JAN 28 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED IN PERSON PHONE BY X James C. Allison

ORDER TAKEN BY [signature]

W.O. NO. E 4817

INVOICE NO. ____

PY-593 (4-82)

E.4817

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JAMES ALLISON	Male	Jan. ~~24~~ 31, 1924	January 26, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	James C. Allison - Son 220 Fennell Court San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, Calif.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED JAN 30 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 30 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pamros, M.D. MM SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4817

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
James Allison

2A. SOCIAL SECURITY NO. OF VETERAN
258 18 5186

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
James C. Allison

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
220 Fennell Court
San Diego, CA 92114

4. RELATIONSHIP TO VETERAN
Creditor and Son

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
Jan. 31, 1924	Atlanta, Georgia	Jan. 26, 1985	Jan. 26,1985	Jan. 30, 1985

9. MARITAL STATUS
☐ NEVER MARRIED ☐ MARRIED ☒ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
N/A

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
David Allison

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Martha Allison

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
		269 14 62	Retired Oct.16,1961		SDC U. S. Navy

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☐ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
James C. Allison, 220 Fennell Court, San Diego, CA 92114

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT
$

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with instruction 11)

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?	27B. PLACE OF BURIAL
☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	Mt. Hope Cemetery

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 589.70	1/28/1985	1/28/1985	☒ YES ☐ NO (If "No," complete Item 30B)	$

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
James C. Allison	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$ 150.00

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Lang	Acting Cemetary Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
James C Allison	JAMES C. ALLISON JAMES C. Allison

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

220 Fennell Ct. San Diego, CA 92114
220 FENNELL CT SAN DIEGO CALIF 92114

38. DATE	39. RELATIONSHIP TO VETERAN
1-28-85	SOU Son

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	41B. ADDRESS OF WITNESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

* GOVERNMENT PRINTING OFFICE 1983 381-484/3013

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32226

DATE 1-28 19 85

FROM James C. Allison ADDRESS 220 Fennell Ct. S.D 92114

Five Hundred Eighty Nine 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Services for Rev. James Allison

LOT 446 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO.

W.O. E-4817

Will Allowance Refundable.

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
FEB 02 1985

ISSUED BY

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	425 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	25 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		589 70

E 4817

TREASURY
BUREAU OF GOVERNMENT FINANCIAL OPERATIONS

AUSTIN, TEXAS

Check No. 48,578,103

SYMBOL 2211

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER . . . REQUIRE IDENTIFICATION

United States Treasury 15-51 000

PAY TO THE ORDER OF

MT HOPE CEMETERY
A/C J ALLISON
3751 MARKET ST
SAN DIEGO CA 92102

21-565-630
03 16 30
00 BURIAL AWD

DOLLARS	CTS.
$**150	00

MONTH	DAY	YEAR
05	14	85

⑈22110⑈ ⑆000000518⑆ 48578103 2⑈

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO from

June 6, 1985

James C. Allison
220 Fennell Ct.
San Diego, CA 92114

Dear Mr. Allison:

The burial benefit refund from the Veterans' Administration has been sent to Mt. Hope Cemetery. It is payable to Mt. Hope for J. Allison.

Since your bill was paid in full, would you please come into the office and we will endorse this check over to you.

If you have any questions, please don't hesitate to call.

Respectfully yours,

Barbara Lang
Administrative Aide II

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/28 1985

CHARGE Anderson/Ragsdale Mort

ADDRESS

NAME OF DECEASED ARMELDA BROWN

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 61 GR 1 ROW - SEC 14 BLK DIV 7	190	00
OPENING/ CLOSING TIME AM DAY DATE Thurs 1-31-85	95	00
VAULT/LINER NOT REQUIRED SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	320	00
PAID RECEIPT NUMBER		
BALANCE		

Mort w/ck

Inter on delivery

Void

Cremains sent to Riverside Nat. Mem. per Ragsdale 1/29/85 Jr

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

Family Changed Mind. 1/29/85

AUTHORIZED IN PERSON PHONE BY Nauvella

ORDER TAKEN BY [signature]

W.O. NO. E 4818

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/29 19 85

CHARGE LORENA McKINNEY (SISTER)

ADDRESS 553 W. 113 ST. L.A. CA. 90044

NAME OF DECEASED RONALD D. YOUNG

OWNER — SAME —

ADDRESS

MORTUARY Ragsdale

LOT 26	GR 10	ROW	SEC 15	BLK DIV 7	*	247	50
OPENING/ CLOSING TIME CHAPEL 11 AM			DAY DATE MONDAY 2-4-85		**	670	00
						295	00
						245	00
VAULT/LINER		SIZE		TX		14	70
REC. FEE/REMOVAL/FOUNDATION						35	00
				TOTAL		1507	20
PAID RECEIPT NUMBER							
				BALANCE			

PAID
JAN 29 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO

* DOUBLE INTERMENT PRIVILEGE

** DISINTER & REINTER

FLUSH MARKER ONLY

VET'S ALLOWANCE REFUNDABLE TO CHARGEE ABOVE

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 [signature] ORDER TAKEN BY [signature]

W.O. NO. E 4819 INVOICE NO.

PY-593 (4-82)

E-4819

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Ronald "D" Young

2A. SOCIAL SECURITY NO. OF VETERAN
572 62 1618

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
May 24, 1946	San Diego, CA	Jan. 27, 1985	San Diego, CA	Jan. 31, 1985

9. MARITAL STATUS
☐ NEVER MARRIED ☐ MARRIED ☐ WIDOWED ☒ DIVORCED

10. SURVIVING CHILD(REN)?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)	12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)	13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
	Hanry Young, Jr.	Dorothy Gaines

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
1964			1973		Sgt. U. S. Army

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?	24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	24B. AMOUNT OF REIMBURSEMENT	24C. SOURCE OF REIMBURSEMENT
	☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)	$	

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?	25B. AMOUNT	25C. SOURCE	26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)	$		☐ YES ☒ NO (Before answering read and comply with instruction 11)

VA FORM AUG 1982 **21-530**

EXISTING STOCK OF VA FORM 21-530, FEB 1982, WILL BE USED.

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?	27B. PLACE OF BURIAL
☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	Mt. Hope Cemetery

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 1507.20	1/29/85	1/29/85	☐ YES ☒ NO (If "No," complete Item 30B)	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Young	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Mea Young	Mea Young

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

608 E. 23rd St.
Los Angeles, CA 90011

38. DATE	39. RELATIONSHIP TO VETERAN
Jan. 28, 1985	Daughter

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

*U.S. GOVERNMENT PRINTING OFFICE 1983 381-480/2769

E-4819

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RONALD "D" YOUNG	Male	May 24, 1946	Found Jan.27, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Mea Young - Daughter 608 E. 23rd Street San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderwon-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED JAN 30 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 4 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. mm SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32230

DATE 1/29 19 85

FROM LORENA McKINNEY ADDRESS 553 W. 113 ST LA. 90044

ONE THOUSAND FIVE HUNDRED SEVEN — 20/100 DOLLARS ($ 1507.20)

IN full PAYMENT OF Interment Services for

RONALD D. YOUNG

LOT 26 GRAVE 10 ROW SECTION 15 DIVISION 7 BLOCK

INVOICE NO. CASH

W.O. E-4819

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE.

CITY AUDITOR
FEB 02 1985

ISSUED BY

CREDIT	67007	
50% SALES CASH	77184	753 60
50% SALES OF LOTS	100 77184	150 00
OPENINGS	100 77181	225 00
BOXES	100 77182	345 00
REMOVALS FOUNDATIONS	100 77183	105 00
SALES TAX	60101 9020	28 60
TOTAL PAID $		1507 20

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32452

DATE _____ 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

_____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

_____

W.O. _____

_____

_____

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 4-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED BELOW IN THIS SPACE.

CITY AUDITOR
APR 30 1985

ISSUED BY _____

CREDIT 25% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/29 19 85

CHARGE Louise ZURSHMIede (SISTER)

ADDRESS 2963 "J" ST. S.D 92102

NAME OF DECEASED WALTER ZURSHMIede

OWNER SAME

ADDRESS

MORTUARY Cypress View (Jerry Turner)

LOT 41 GR 4 ROW SEC 2 BLK/DIV 6		- Pd -	
OPENING/CLOSING TIME 10AM CHAPEL	DAY DATE THUR. 1-31-85	295	00
		245	00
VAULT/LINER Bell	SIZE TX	14	70
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	589	70
PAID RECEIPT NUMBER 32236		589	70
	BALANCE	-0-	

PAID
JAN 31 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

FLUSH MARKER

CK W/ Mortuary

Delivery only after Service

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

AUTHORIZED
IN PERSON
PHONE BY X Louise M Zurshmiede ORDER TAKEN BY

W.O. NO. E 4820 INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-4820

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Walter Ramsler Zurshmiede	Male	July 25, 1897	Jan. 28, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Louisa M. Zurshmiede - Sister 2963 "J" Street San Diego, CA 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 31 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Rimel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 31 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

No 32236

DATE 1-31 19 85

FROM Marvin Kinney ADDRESS 107 Armada Terr. SD Ca. 9-[illegible]

five hundred eighty nine and 70/100 DOLLARS ($ 5[illegible])

IN full PAYMENT OF Walter Furshmeide Service

LOT 41 GRAVE 4[illegible] ROW SECTION 3 DIVISION BLOCK 6

INVOICE NO. Check

W.O. E-4820

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
FEB 02 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	215
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/29 1985

CHARGE William Lokey (SON)

ADDRESS 9346 Red Hills Ct. Santee 92071

NAME OF DECEASED Mary Lokey

OWNER SME

ADDRESS

MORTUARY FEATHERINGILL

LOT 97 GR 8 ROW SEC 1 BLK DIV 11	— Pd —	
OPENING/ CLOSING TIME Graveside 11 AM DAY DATE Thursday 1-31-85	— Pd —	
VAULT/LINER Bell SIZE	— Pd —	
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 32229 - Pd.	35	00
BALANCE	0	

FLUSH MARKER ONLY

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 Walty William L Lokey ORDER TAKEN BY [signature]

W.O. NO. E 4821 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32229

DATE 1/29 19 85

FROM William Lokey ADDRESS 9346 Red Hills Ct. Santee Ca 92071

Thirty five No/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Interment Services for

Mary A. Lokey

LOT 97 GRAVE 8 ROW SECTION 1 DIVISION 11 BLOCK

INVOICE NO. Check

W.O. E-4821

UNPAID BALANCE AFTER THIS PAYMENT Ø

AC-212 (REV. 9-81)

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

CITY AUDITOR
FEB 02 1985

ISSUED BY

CREDIT	67007	
20% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	
TOTAL PAID $		35 00

E-4821

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Arch LOKEY	Fe.	4/1/1902	1/28/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	William L. Lokey, son 9346 Red Hills Ct. Santee, CA 92071

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Featheringill Mortuary	1083

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 29 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 31 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/29 1985

CHARGE Shirley Jones (Daughter)

ADDRESS 5058 Cervantes Ave S.D. 92113

NAME OF DECEASED Armelda Brown

OWNER

ADDRESS

MORTUARY Rasp dale

LOT 61 GR 1 ROW SEC 14 BLK/DIV 7	190	00
OPENING/CLOSING TIME AM DAY/DATE 1-31-85	95	00
VAULT/LINER Not Required SIZE	—	
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	320	00
PAID RECEIPT NUMBER 32228	320	00
BALANCE	0	

CK 4245 Rasp dale 250.00

CK 192 70.00

320.00

Inter on Delivery

PAID
JAN 29 1985
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 Nanvelle

ORDER TAKEN BY

W.O. NO. E 4822

INVOICE NO.

PY-593 (4-82)

E-4822

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Armelda Brown	Female	March 11, 1908	Jan. 19, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Long Beach	San Diego	Shirley Jean Jones - Daughter 5058 Cervantes Ave. San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Inc.14065 Olde Hwy.80:El Cajon,CA	DATE CREMATED 1/24/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Anderson Ragsdale DATE SIGNED Jan 19, 1985
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 22 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 31 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [signature]

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32228

DATE 1/29 1985

FROM Anderson Ragsdale Mortuary ADDRESS 5050 Federal Blvd

Three Hundred Twenty — no/100 DOLLARS ($ 320.00)

IN full PAYMENT OF Internment of Cremains of Armelda Brown

LOT 61 GRAVE 1 ROW SECTION 14 DIVISION BLOCK 7

INVOICE NO. (C 192) S. Jones $70.00
(C 4245) Ragsdale $250.00

W.O. E-4822

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
FEB 02 1985

ISSUED BY [signature]

CREDIT 30% SALES CARE	67007 77184	32.00
50% SALES OF LOTS	100 77184	152.00
OPENINGS	100 77181	95.00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	
TOTAL PAID $		320.00

AC-512 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/30 19 85

CHARGE SELF

ADDRESS

NAME OF DECEASED MARY E. McILHERAN

OWNER

ADDRESS

MORTUARY FEATHERINGILL

LOT 2947 GR ROW SEC BLK DIV 10 — PAID —

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER Ball SIZE

REC. FEE/REMOVAL/FOUNDATION Not Req

TOTAL

PAID RECEIPT NUMBER

BALANCE 0

REF: WORK ORDER DA781

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 Walley

ORDER TAKEN BY

W.O. NO. E 4823

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/30 19 85

CHARGE George Stevens (Son)

ADDRESS 700 Selma Rd. S.D. 92114

NAME OF DECEASED — PRE NEED — FOR

OWNER COUCH STEVENS

ADDRESS

MORTUARY

LOT 89 GR 8 ROW SEC 2 BLK DIV 12	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 6/10/86 33441 ✓	150	00
BALANCE	345	00

TIME PAYMENTS WILL BE MADE (over)
THROUGH Geo. Stevens of
Congressman Bates OFC.

Post card sent 4-3-86
Paid in full 6-26-87

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 George

ORDER TAKEN BY

W.O. NO. E 4824

INVOICE NO.

PY-593 (4-82)

		345.00
8-8-86	33631 ✓	150.00
		195.00
9-15-86	33741 ✓	150.00
		45.00
6-26-87	34746	45.00
		0

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33441

Date: 6/10/86, 19__

From: Ruth Stevens Address: 261 W. Hamilton - St Cecilia Ca

One Hundred fifty and no/100 Dollars ($ 150.00)

In Part Payment of Grave next to late wife -

For his own use - Pa need -

Lot 89 Grave 8 Row — Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-4824

Unpaid Balance after this Payment 345.00

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☒

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

CITY AUDITOR
JUN 12 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	150.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	150.00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33631

Date: 08-08, 19 86

From: Chuck Stevens Address: 261 W. Hamilton St. Centre Fr

One hundred sixty and no/100 Dollars ($ 150.00)

In part Payment of Preneed Lot

Lot 19 Grave 8 Row Section 2 Division Block

Invoice No.

Acct. No.

W.O. E-4820

Unpaid Balance after this Payment $ 195.00

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

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

CITY AUDITOR
AUG 13 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	150.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	150.00

AC-212 (Rev. 8-85)

Pink not returned

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33741

9 22 43

Date: 09-15, 19__

From: Couch Steven Address: 261 W. Hamilton, Pronto

One hundred sixty and no/100 Dollars ($ 151)

In Part Payment of Pre-need Lot

Lot 89 Grave 8 Row Section 3 Division Block 1

Invoice No.

Acct. No.

W.O. E4/24

Unpaid Balance after this Payment $4.50

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

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

Paid

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	99
80% Sales of Lots	100 77184	51
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	151

AC-212 (Rev. 8-85)

№ 34746

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 6-26, 19 89

From: George L. Stevens Address: 700 Selma Place, S.D. 12114

Forty five Dollars ($ 45.00)

In _____ Payment of Credit Lot for Carrick Stevens

Lot 89 Grave 8 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-4824

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

635

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

ISSUED BY Sandra Ward

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	45 —
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 —

AC-212 (Rev. 11-86)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/30 19 85

CHARGE AARON Robert (SON)

ADDRESS 2634 Island Ave. 92102

NAME OF DECEASED JOELLA PARKER

OWNER — SAME —

ADDRESS

MORTUARY Ragsdale

✓ (DIP)

LOT 171 GR 3 ROW SEC 1 BLK/DIV 11 — Pd —

OPENING/CLOSING TIME 2pm Church DAY DATE Wed 1-30-85 295 00

VAULT/LINER SIZE TX 295 00 14 70

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 589 70

PAID RECEIPT NUMBER 32231 589 70

BALANCE -0-

FAMILY COMING IN 1/30 w/ $

PAID

JAN 30 1985

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 Nanvelder

PHONE BY

ORDER TAKEN BY

W.O. NO. E 4825

INVOICE NO.

PY-593 (4-82)

E-4825

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JOELLA MN PARKER	Female	July 21, 1892	Jan. 23, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Long Beach	Los Angeles	Aaron Roberts-Son 2636 Island Avenue San Diego, California 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Leggett & King Funeral Home	1340

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St. San Diego, Ca.	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ / *DATE SIGNED*
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00. DATE PERMIT ISSUED: JAN 25 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JAN 30 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32231

DATE 1/30 1989

FROM A. LeRoy Roberts ADDRESS 2436 Island Av. SD. 92102

FIVE HUNDRED EIGHTY NINE — 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Interment of Joella Pancu

LOT 171 GRAVE 3 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E 4825

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
FEB 02 1985

ISSUED BY [signature]

CREDIT 25% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/30 19 85

CHARGE Willie Mae Vickers (wife

ADDRESS 273 Rexview Dr. S.D. 92114

NAME OF DECEASED Herbert Vickers

OWNER Same

ADDRESS

MORTUARY Reynolds —

LOT 32 GR 11 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME Chapel 2pm DAY DATE Fri 2-1-85	265	00
VAULT/LINER Bell SIZE 7x	245 14	00 70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 32382 BALANCE	1084	70

PAID JAN 30 1985 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

FLUSH MARKER only

Vet's Allowance $70.00 Refunded to Willie Mae Vickers or Applied to Marker setting fee.

Reserve 6 graves. 10 & 12 for Wife & Son (Herbert M. Vickers) 6 mos - to arrange payment.

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

AUTHORIZED IN PERSON / PHONE BY X Willie Mae Vickers ORDER TAKEN BY

W.O. NO. E 4826 INVOICE NO.

PY-593 (4-82)

E 4826

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
HERBERT HOOVER VICKERS

2A. SOCIAL SECURITY NO. OF VETERAN: 427 36 0901

2B. VA FILE NO.: C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
April 2, 1930	Scooba, Mississippi	Jan. 27,1985	San Diego,CA	~~Jan~~.Feb. 1,1985

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILDREN?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Willie Mae Cloud
273 Rexview Dr.
San Diego, CA 92114

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Sam Vickers

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Annie Lockett

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
11/03/52		53 011 347	08/26/54		Cpl. Co. "B" 378 ECB U.S. Army

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St.: San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with instruction 11)

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?	27B. PLACE OF BURIAL
☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	Mt. Hope Cemetery

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 1084.70	1/30/85	1/30/85	☒ YES ☐ NO (If "No," complete Item 30B)	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
Willie Mae Vickers	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara L. Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

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

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
† Willy mae Vickers	Willie Mae Vickers

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

273 Rexview Drive
San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Jan. 29, 1985	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

*U.S. GOVERNMENT PRINTING OFFICE 1983 381-486/2769

E 4826

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HERBERT HOOVER VICKERS	Male	April 2, 1930	January 27, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Willie Mae Vickers - Wife 273 Rexview Drive San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 DATE PERMIT ISSUED JAN 30 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald B. Powers M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 1 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32232

DATE 1/30 19 85

FROM Willie Mae Vickers ADDRESS 273 Roniew Dr. S.D. 92114

One Thousand Eighty Four 70/100 DOLLARS ($ 1084.70)

IN PAYMENT OF Interment service for Herbert Vickers

LOT 32 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4826

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-215 (REV. 9-81)

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

CITY AUDITOR
FEB 02 1985

ISSUED BY

CREDIT	67007		
25% SALES CARE	77184		
85% SALES OF LOTS	100 77184	374	00
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1084	70

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32440

DATE 4-23- 19 85

FROM Willie M. Vickers ADDRESS 273 Rexview Dr. Sp. CA 92000

Fifteen Ninety DOLLARS ($ 15.90)

IN Cash PAYMENT OF Flower Cup for Herbert Vickers

LOT 32 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Cash

W.O. E-4826

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
APR 25 1985
APR 25 1985

ISSUED BY J. Braggs

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	15 00
SALES TAX	60101 9020	90
TOTAL PAID $		15 90

AC-312 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32338

DATE 3-12 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4826

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-212 (REV. 8-81)

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

CITY AUDITOR
MAR 20 1985

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	120 00
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 1/30 19 85

CHARGE PAULA SUNARA #28

ADDRESS 5757 LAKE MURRAY BLVD 92041

NAME OF DECEASED — PRE NEED —

OWNER PAULA SUNARA

ADDRESS

MORTUARY

PAID
JAN 30 1985
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

LOT 4764 GR ROW SEC BLK DIV 10		— Pd	—
OPENING/CLOSING TIME DATE Pre Need		295	00
VAULT/LINER WTS	INCL	349	80
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		679	80
PAID RECEIPT NUMBER 32234		679	80
BALANCE		0	

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 4827

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32234

DATE 1/30 19 85

FROM Paula Sunard ADDRESS 5757 Lake Murray Blvd 92041

Six Hundred seventy nine — 80/100 DOLLARS ($ 679.80)

IN _____ PAYMENT OF — Pre-Need — Arrangement Fee

For Self — Prices not Guaranteed.

LOT 4764 GRAVE _____ ROW _____ SECTION _____ DIVISION 10 BLOCK _____

INVOICE NO. CIC # 3097

W.O. E-4827

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
FEB 02 1985

ISSUED BY

CREDIT	67007	
30% SALES CARE	77184	
85% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 00
BOXES	100 77182	320 00
REMOVALS FOUNDATIONS	100 77183	25 00
SALES TAX	60101 9020	19 80
TOTAL PAID $		679 80

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-1 19 85

CHARGE Beatrice Hague 483-1181

ADDRESS 1020 Law St. S.D. Ca 92109

NAME OF DECEASED Robert F. Hague

OWNER

ADDRESS

MORTUARY MB + PB Mortuary

LOT 249 GR 1 ROW SEC CAR BLK DIV 2	650	00
OPENING/CLOSING TIME 1:30 -CHAPEL- DAY DATE Mon. 2-4-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1239	70
PAID RECEIPT NUMBER 2-1-85 32239	1239	70
BALANCE	-0-	

PAID
FEB 1 1985
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 Beatrice H. Hague ORDER TAKEN BY Lang

W.O. NO. E 4828 INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32239

DATE 2-1 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF Robert F. Hague service

LOT 247 GRAVE 1 ROW SECTION Gar DIVISION BLOCK

INVOICE NO. check

W.O. E-4828

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-312 (REV. 9-81)

E4828

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Robert Franklin Hague AKA: Robert F. Hogue	Male	May13, 1914	Jan 31, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Beatrice N. Hague - Wife 1020 Law Street San Diego, CA 92109

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 1 - 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 4 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Powers, M.D. Jr

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-1 19 85

CHARGE Beatrice Hague

ADDRESS 1020 Law St. SD Ca. 92109

NAME OF DECEASED Prepaid lot

OWNER

ADDRESS

MORTUARY

LOT 249 GR 2 ROW SEC 6AR BLK DIV 2	650	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	650	00
PAID RECEIPT NUMBER 3-8-85 32318	650	00
BALANCE	-0-	

PAID
MAR - 8 1985
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 Beatrice N. Hague

ORDER TAKEN BY Lang

W.O. NO. E 4829

INVOICE NO. 1

PY-593 (4-82) #11032

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32318

DATE 03-1 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 249 GRAVE [illegible] ROW SECTION [illegible] DIVISION BLOCK

INVOICE NO. [illegible]

W.O. F-4829

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
MAR 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-1 19 85

CHARGE Melvyn A McKeown

ADDRESS 1631 Malta Ave C.V. Ca 92011

NAME OF DECEASED Ruby Harger

OWNER

ADDRESS

MORTUARY Greenwood

(DIP)

LOT 4231 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE Mon 2-4-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

	295	00
	245	00
	35	00
TOTAL	589	00
	589	00
BALANCE	0	

PAID RECEIPT NUMBER 2-1-85 32240

Lot buried 1974

PAID
FEB 1 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 M. A. McKeown ORDER TAKEN BY Lang

W.O. NO. E 4830 INVOICE NO.

PY-593 (4-82)

E 4830

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ruby E. Hargdr	Female	Dec. 4, 1911	Jan. 31, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Alice Damon-Daughter 8406 Golden Ridge Road Lakeside, CA 92040

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

XXX ☐ 1. BURIAL (INCLUDES ENTOMBMENT)

☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)

☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 4. SCIENTIFIC USE

☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED: ▶ SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: NA	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: FEB 04 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rumsey, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 4 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32240

DATE 2-1 19 85

FROM W. A. McKeron ADDRESS 1631 Malta Ave. C.V. Ca. 92011

Five hundred eighty nine and 74100 — DOLLARS ($ 589.74)

IN full PAYMENT OF Rich Harper service

LOT 4331 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

W.O. E-4830

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
FEB 13 1985

ISSUED BY B. [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	275
BOXES	100 77182	245
REMOVALS FOUNDATIONS	100 77183	85
SALES TAX	60101 9020	14
TOTAL PAID $		589.74

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2/1 1985

CHARGE Edith Wearing

ADDRESS 4856 Lotus St. SD Ca. 92107

NAME OF DECEASED ALBERT E WEARING

OWNER

ADDRESS

MORTUARY Beardley / Mitchell

D.I.P.

LOT 86 GR 1 ROW SEC 16 ~~BLK~~ DIV 7

Pre Need

OPENING/ CLOSING TIME Graveside 2pm DAY DATE -MON- 2-4-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

X-Deep -

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 Act

PHONE BY

ORDER TAKEN BY [signature]

W.O. NO. E 4831

INVOICE NO.

PY-593 (4-62)

E-4831

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Albert Edward Wearing	Male	3/12/1897	2/1/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Edith Wearing (Wife) 4856 Lotus Street San Diego, California 92107

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Beardsley-Mitchell Funeral Home	F-816

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery - San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 04 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. KH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 4 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32407

DATE 04-11 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 96 GRAVE 1 ROW SECTION [illegible] DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4131

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
APR 17 1985

ISSUED BY [illegible]

CREDIT	67007	
30% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-4 19 85

CHARGE Betty J Wiegand

ADDRESS 4953 Hidalgo Ave. SD, Ca.

NAME OF DECEASED Norman J. Wiegand

OWNER

ADDRESS

MORTUARY P.B. Mort. (Eddie)

LOT 3004 GR ROW SEC BLK DIV 10		
OPENING/CLOSING TIME 10:00 DAY DATE Wed. 2-6-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 2-6-85 32246	589	70
BALANCE	0	

Mortuary
will bring check

Interred - D-930

PAID
FEB 6 1985
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 Long

W.O. NO. E 4832

INVOICE NO.

PY-593 (4-82)

E 4832

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Norman John Weigand	Male	April 7, 1924	Found Feb 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Betty J. Weigand 4953 Hidalgo Avenue San Diego, CA

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market Street, San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: FEB 5 - 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rowe, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 6 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32246

DATE 02-06 19 85

FROM McChapel & PB Mort. ADDRESS 4700 Cave St. S.D. Ca 92107

Five hundred eight nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Norman J. Wiegand service

LOT 3004 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4832

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
FEB 13 1985

ISSUED BY B. Lang

CREDIT 35% SALES CARE	67007 77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32577

DATE 6-6 19 85

FROM Betty J. Weigand ADDRESS 4953 Sidalgo SD Ca 92117

One hundred thirty five and no/100 DOLLARS ($ 135)

IN full PAYMENT OF Norman John Weigand marker installation

LOT 3004 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4832

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JUN 10 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
90% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	135
SALES TAX	60101 9020	
TOTAL PAID $		135

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-4 19 85

CHARGE Estate Exec Betty Lindley 469-5721

ADDRESS 5116 Mt. Nebo Dr L.M. Ca. 92041

NAME OF DECEASED Viola Granstaff

OWNER

ADDRESS

MORTUARY Lewis/Colonial - Jerry

LOT 497 GR ROW SEC 1 ~~BLK~~ DIV 8			
OPENING/CLOSING TIME 2:00 - CHAPEL - DAY DATE Wed 2-6-85	295	00	
VAULT/LINER WTS SIZE	330	00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	679	80	
PAID RECEIPT NUMBER 2-6-85 32249	679	80	
BALANCE	-0-		

Mortuary to bring check

Family to sign Interment Order

Prenced - A-7887

PAID
FEB 6 1985
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 phone

ORDER TAKEN BY Lang

W.O. NO. E 4833

INVOICE NO.

PY-593 (4-82)

Atty. James F. Watts

581-6300

La Jolla Glendale

Federal

Bldg.

E-4833

EDGEWATER BEACH HOTEL
ON THE LAKE
5300 BLOCK SHERIDAN ROAD
CHICAGO 40, ILLINOIS
PHONE LONGBEACH 1-6000 CABLE ADDRESS "EDGEBEACH"
TELETYPE C D 2378

Jan 27, 1955.

Mount Hope Cemetary.

I hearby authorize to Charlotte Biehl Granstaff and Viola Granstaff the right to designate who shall be buried in lots 441, 495 and 496. Sec 1 Div. 8

Eleanor G. Wiedrich

E-4833

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VIOLA C. GRANSTAFF	Female	July 20, 1920	February 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Betty Lindley - Executrix 5116 Mt. Helix Dr. La Mesa, CA 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 6 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald M. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 6 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32249

DATE 2-6 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] hundred seventy nine and 80/100 — DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 497 GRAVE [illegible] ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4833

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 02-05 19 85

CHARGE Rubey Schofield S.D. Ca.

ADDRESS 2250-5 Caminito Rescado

NAME OF DECEASED Ethel C. Daniel

OWNER

ADDRESS

MORTUARY Pacific Beach

LOT 1264 GR ROW SEC 3 ~~BLK~~ DIV 8	—	—
OPENING/ CLOSING TIME -CHAPEL- 2:00 DAY DATE Thur 2-7-85	295	00
VAULT/LINER T.S. SIZE	19	80
	330	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	679	80
PAID RECEIPT NUMBER 2-7-85 32251	679	80
BALANCE	0	

Mortuary to bring check

PAID
FEB 7 1985
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 Phone

ORDER TAKEN BY Lang

W.O. NO. E 4834

INVOICE NO.

PY-593 (4-82)

E4834

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ethel Cora Daniel	Female	Dec. 1,1895	Feb. 3,1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Wagoner	Okla	Rubey Schofield -dau/ 2250 -5 Caminito Rescado San Diego, Ca.

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market St.,San Diego, Ca.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR *DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS*	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: FEB 6 - 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell M.D. Jr
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): FEB 7 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR *BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.*

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32251

DATE 2-7 19 85

FROM MB Chapel & FB Mgt. ADDRESS 4710 Cass St. Sd. Ca. 92109

Six hundred seventy nine and 80/100 DOLLARS ($ 679.80)

IN full PAYMENT OF Robt C. Daniel Service

LOT 1264 GRAVE ROW SECTION 3 DIVISION BLOCK 8

INVOICE NO. Check

W.O. E-4834

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
FEB 13 1985

ISSUED BY B. [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	330.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	19.00
TOTAL PAID $		679.80

AC-212 (REV. 9-81)

E 4834

THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101

PROPERTY
DEPARTMENT
264-3151

Date: January 20, 1982

TO WHOM IT MAY CONCERN:

On August 4, 1964, I/~~XX~~ Ethel C. Daniel,

purchased from Mt. Hope Cemetery the following:

. Pre-Need Lot(s) Lot 1264, Section 3, Div. 8 ($ 140.00);

Pre-Need Interment Charge N/A ($);

. Pre-Need Burial Liner/Vault N/A ($).

It is now my/~~XXX~~ desire to make this pre-need arrangment irrevocable.

I hereby convey and devise my interest in above lot(s) and services to Mt. Hope Cemetery to be held in trust and to be used only for the interment of the person(s) named above.

x Ethel C. Daniel
Lot Owner or Person Acting For

I hereby accept for Mt. Hope Cemetery Lot 1264, Sec. 3, Div. 8,
to be held in trust for Ethel C. Daniel, so that this property shall be inalienable and interment shall be restricted to above named person(s).

Robert M. Sutton
Robert M. Sutton, Cemetery Manager

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

Richard

DATE 2-5 19 85

CHARGE Harry Sawyer

ADDRESS 14352 Bach Blvd #27 Westminster Ca 92683

NAME OF DECEASED Pearl Mahn

OWNER

ADDRESS

MORTUARY Greenwood

LOT 1478 GR ROW SEC 3 BLK DIV 8		
OPENING/CLOSING TIME 11:00 DAY DATE Thurs. 2-7-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 2-6-85 32247	589	70
BALANCE	0	

PAID

FEB 6 1985

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 phone

ORDER TAKEN BY Lang

W.O. NO. E 4835

INVOICE NO.

PY-593 (4-82)

E 4835

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jessie Pearl Mahn	Female	May 27, 1907n	Feb. 4, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Richard Sawyer-Son 14352 Beach Blvd., #27 Westminister, CA 92683

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwodd Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 6 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 7 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32247

DATE 2-6 19 85

FROM Harry Lawyer ADDRESS 1435 Beach Blvd Westminster

Fifteen hundred eighty nine and 70/100 DOLLARS ($ 5 1/2)

IN full PAYMENT OF Pearl Mahn service

LOT 1478 GRAVE ROW SECTION 3 DIVISION BLOCK

INVOICE NO. Check

W.O. E-4635

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
FEB 13 1985

ISSUED BY B. Lau

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295
BOXES	100 77182	25
REMOVALS FOUNDATIONS	100 77183	25
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

282-9030

DATE 2-7 19 85

CHARGE Ken Grunger Brother

ADDRESS 4749 Norma Dr. SD Ca 92115

NAME OF DECEASED Nora Stockton

OWNER H. Evelyn Stockton

ADDRESS

MORTUARY Rogers (Trejal)

(DIP)

LOT 1 GR 1 ROW SEC MAS ~~BLK~~ DIV R

OPENING/CLOSING TIME GRAVESIDE 10:00 DAY DATE Fri 2-8-85 295 00

VAULT/LINER Bell SIZE 245 00

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 589 00

PAID RECEIPT NUMBER 2-5-85 32243 589 00

BALANCE 0

1st burial 1964

Interment Order

Renewed C-1262

PAID
FEB 5 1985
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 phone

ORDER TAKEN BY Lang

W.O. NO. E 4836

INVOICE NO.

PY-593 (4-82)

E 4836

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NORA EVELYN STOCKTON	Female	Oct. 11, 1903	Feb. 4, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ken Grainger - Brother 4749 Norma Drive San Diego, CA 92115

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary	69

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00 DATE PERMIT ISSUED FEB 6 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 8 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32243

DATE 02-5 19 85

FROM C K Granger ADDRESS 4749 Norma Dr. S.D. Ca. 92115

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF Nora Stockton [illegible]

LOT 1 GRAVE 1 ROW SECTION MAS DIVISION BLOCK

INVOICE NO. Check

W.O. E-4836

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 [illegible]
TOTAL PAID $		5[illegible]

AC-212 (REV. 9-81)

E 4837

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-5 1985

CHARGE Margaret Smith

ADDRESS 229 Southlook St SD Ca. 92113

NAME OF DECEASED Frances Smith

OWNER

ADDRESS

MORTUARY Ragsdale (Narvella)

LOT 2388 GR ROW SEC ~~BLK~~ DIV 10	—	—
OPENING/ CLOSING TIME -CHAPEL- 11:00 DAY DATE Mon. 2-11-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 2-11-85 32259	35	00
BALANCE	0	

Preneed -C-9378

PAID
FEB 11 1985
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 phone

ORDER TAKEN BY Lang

W.O. NO. E 4837

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32259

DATE 2-11 19 85

FROM Margaret Smith ADDRESS 229 South Cook Ave. Sta 92-[illegible]

Thirty five and [illegible] DOLLARS ($ 25.00)

IN full PAYMENT OF Frances L. Smith Service

LOT 2388 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4837

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	60101 9020	
TOTAL PAID $		25.00

AC-212 (REV. 9-81)

E 4837

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANCES "L" SMITH	Female	April 26, 1896	February 3, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	California	Margaret Smith- Daughter-in-law 229 Southlook St. San Diego, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Bagsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 6 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 11 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-5 19 85

CHARGE Marion V. Lange

ADDRESS 3485 Pomeroy St. SD. Ca 92123

NAME OF DECEASED Edith Lund

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 734 GR ROW SEC 5 BLK DIV 8		
OPENING/CLOSING TIME 11:00 DAY DATE Fri 2-8-85	295	00
VAULT/LINER T.S. SIZE	330	80
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	679	80
PAID RECEIPT NUMBER 2-5-85 322242	679	80
BALANCE	-0-	

PAID
FEB 5 1985
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 Marion V. Lange

ORDER TAKEN BY Lang

W.O. NO. E 4838

INVOICE NO.

PY-593 (4-82)

E4838

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDITH MAY IRENE LUND	female	May 27, 1890	Feb 5, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Marion Gande - daughter 3485 Pomeroy San Diego, CA 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. J HOPE CEMETERY - San Diego, Ca		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 6 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 8 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32242

DATE 02-05 19 15

FROM Marion V. Lance ADDRESS [illegible] Parmelee St. [illegible]

[illegible] seventy nine and 50/100 DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF Lieth Lund [illegible]

LOT 734 GRAVE ROW SECTION 5 DIVISION BLOCK 1

INVOICE NO. check

W.O. E-4838

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	275
BOXES	100 77182	330
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	19
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

008073
No 32344

DATE 3-19 19 85

FROM Marison V. Sanz ADDRESS 3485 Pomeroy St. SD. 92113

Fifteen Ninety DOLLARS ($ 15.90)

IN Chck PAYMENT OF flower vase

LOT 734 GRAVE 5 ROW SECTION 5 DIVISION BLOCK 8

INVOICE NO. Check

W.O. E-4838

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
MAR 26 1985

ISSUED BY J. Brown

CREDIT 30% SALES CARE	67007 77184	15. 90
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	15. 90
SALES TAX	60101 9020	
TOTAL PAID $		15. 90

AC-913 (REV. 5-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-5 19 85

CHARGE Irene Olson

ADDRESS 4581 Orchard Ave SD Ca. 92107

NAME OF DECEASED Transfer of property

OWNER Manuel Silva

ADDRESS

MORTUARY

LOT 86 GR 1 ROW SEC 16 ~~BLK~~ DIV 7		
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 2-5-85 32244	35	00
BALANCE	-0-	

PAID
FEB 5 1985
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 Lang

W.O. NO. E 4839

INVOICE NO.

FY-553 (4-82) # 11084

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32244

DATE 02-05 19 85

FROM Irene Olson ADDRESS 4571 Orchard Ave. SD Ca 92107

Thirty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Transfer of Property

LOT 16 GRAVE 1 ROW SECTION 16 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4839

UNPAID BALANCE AFTER THIS PAYMENT 8

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	
TOTAL PAID $		35 00

AC-212 (REV. 6-81)

E-4839

30 Wednesday January 1985

7:00 2nd Burial for Wife Edith —
7:30
8:00
8:30
9:00
9:30 Put ownership
10:00 Jointly
10:30
11:00 Wife & Daughter
11:30
12:00
1:00 SEND DEED TO
1:30 4581 ORCHARD AVE
2:00
2:30
3:00
3:30
4:00
4:30
5:00

E4839

MOUNT HOPE CEMETERY

October 19, 1984

The undersigned hereby requests and authorizes the interment of the remains of Albert Edward Wearing in Lot 86 Gr 1 Row ____ Sec. 16 Block Division 7 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.

Manuel P. Silva

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E 4839

MOUNT HOPE CEMETERY

October 19, 19 84

The undersigned hereby requests and authorizes the interment of the remains of Albert Edward Wearing in Lot 86 Gr 1 Row Sec. 16 Block Division 7 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.

x Manuel P. Silva

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET ADDRESS
CITY, STATE ZIP

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax Firm Name

THE UNDERSIGNED GRANTOR(s) DECLARE(s) FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

hereby remise, release and forever quitclaim to

the following described real property in the County of San Diego, State of California:

Mount Hope Cemetery
Lot: 86
Section: 16
Division: 7
Grave: 1 (Double Depth)

Assessor's parcel No. _____

Executed on February 3, 1985, at San Diego, California
(City and State)

Manuel P. Silva

Manuel P. Silva

4712 Del Monte Avenue

San Diego, CA 92107

STATE OF CALIFORNIA }
COUNTY OF _____ } ss.

On this _____ day of _____, in the year 19____, before me, the undersigned, a Notary Public in and for said State, personally appeared

_____

_____

_____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person__ whose name__ _____ subscribed to the within instrument, and acknowledged to me that __he__ executed it.

WITNESS my hand and official seal.

_____
Notary Public in and for said State.

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

WOLCOTTS FORM 790, Rev. 8-82
QUITCLAIM DEED

This standard form is intended for the typical situations encountered in the field indicated. However, before you sign, read it, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.

©1982 WOLCOTTS, INC.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-6 1985

CHARGE LeVerne C. Bass - 459.0798, 942-0505

ADDRESS 802 Havenhurst Pt. L.J. Ca 92037

NAME OF DECEASED Alta Velechosky

OWNER

ADDRESS

MORTUARY Pac. Beach (Dorothy)

(DIP)

LOT 65 GR ROW SEC 100F BLK ~~DIV~~ 0		—	—
OPENING/ CLOSING TIME -CHAPEL- 10:00 DAY DATE TUES. 2-12-85		295	00
		14	70
VAULT/LINER Bell SIZE		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		589	70
PAID RECEIPT NUMBER 2-12-85 32263		589	70
BALANCE		0	

Preneed X deep

D-2322

Mort. to bring check

1st burial 1972

PAID

FEB 12 1985

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

(Eastern Star)

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 Lang

W.O. NO. E 4840

INVOICE NO. 030460 012718

PY-593 (4-82)

E-4840

MOUNT HOPE CEMETERY

Feb. 12 19 85

The undersigned hereby requests and authorizes the interment of the remains of

Alta P. Velechovsky Lot 65 Gr Blk Row _____ Sec. I 007.

Block

Division _____ 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.

_____ X LeVerne Bass

_____ X Daughter

Signature of relative or legal representative.

Address & relationship to deceased or authority to sign authorization.

_____

Witness

_____

Witness



007395

3966

LEVERNE C. BASS

Feb 13 1985

90-3666/1222

PAY TO THE ORDER OF Mt. Hope Cemetery $ 589 70/xx

Five hundred eighty nine and 70/100 DOLLARS

Citizens Western Bank
MEMBER FDIC
GRAND & INGRAHAM / (619) 275-0911 / P.O. BOX 9538 SAN DIEGO, CA 92109-9986

NOT SUFFICIENT FUNDS

Leverne C. Bass

MEMO

⑆122236668⑆3966⑈001⑈013861⑈ ⑈0000058970⑈

FOR DEPOSIT ONLY P.E.C.
CREDIT TO THE WITHIN NAMED
DEPARTMENT OR ACCOUNT

FEB 21 '85

CITY TREASURER
CITY OF SAN DIEGO
CALIFORNIA

16-16

FB '85 22
PROCESSED
BY CNB

MOUNT HOPE CEMETERY

FB '85 22
P.E.C.
F.R.B. LOS ANGELES
1220-0018

075

16-16

FB '85 21
PAY ANY BANK
FICA-LA
PROCESSED

DR # 007068
100 / 77181 295
100 / 77182 245
100 / 77183 35
100 / 77184 14.70

E 4840

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Alta P. Velechovsky	Female	July 15,1896	Feb 5, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Self- Pre-need

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: FEB 11 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): FEB 12 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E 4840

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32263

DATE 2-12 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] and 70/100 DOLLARS ($ 5892)

IN [illegible] PAYMENT OF [illegible]

LOT 65 GRAVE ROW SECTION [illegible] DIVISION-BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4140

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		

AC-212 (REV. 3-81)

E-4840

CITY OF SAN DIEGO
DAILY CASH RECEIPTS

DEPARTMENT: Treasurer/Cashier

DATE: 3 / 5 / 85

DCR No. 007295

EXPLANATION	FUND (16-21)	DEPT. (22-27)	ORG. LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (69-99)
The attached check has been returned unpaid by the payor's bank. Collection efforts have been unsuccessful. Please take necessary action to discontinue services, permits, etc. for which the check was issued. If payment is made for returned check, please deposit in regular manner. The original deposit is now reversed by means of this form AC-1221.	100			77181			(295.00)
	100			77182			(245.00)
	100			77183			(35.00)
	60101			9020			(14.70)

AUDIT ONLY
MAR 05 '85
CITY TREAS. SAN DIEGO

6192503/04/85V.D 589.70-DPT
/6192503/04/85V.D 589.70-DPT

Department: Property

Payor's Name: LeVerne C. Bass

Called 3-7-85
3-18-85 - said would send a check -
4-10-85 - no check received no further contact.

Check #: 3966-NSF

Purpose of Deposit: Mt. Hope Cemetary Receipt #32263

Originally said money was there in bank

Date Deposited: 2-21-85

PREPARED BY:	PHONE	DEPOSITED BY:	AUDITED BY:	KEY PUNCH: / DATE:	TOTAL DEPOSIT	$
Donna Scholder	6195					(589.70)

AC-1221 (REV. 7-78)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-6 19 85

CHARGE Elizabeth W MacInnes

ADDRESS 649 Margarita Ave Coronado Ca 92118

NAME OF DECEASED Robert H Waters

OWNER

ADDRESS

MORTUARY A.M. Gamby, Lomita, Ca

LOT 11 GR 11 ROW SEC 7 BLK DIV 5		
OPENING/CLOSING TIME 3:00 (Graveside) DAY DATE Mon 2-11-85	95	00
VAULT/LINER Ash SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 2-6-85 32248	225	40
BALANCE	-0-	

Notify family upon receipt of ashes.
435-3026

PAID
FEB 6 1985
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 Lang

W.O. NO. E 4841

INVOICE NO.

PY-393 (4-62)

E-4841

MOUNT HOPE CEMETERY

02-06 19 85

The undersigned hereby requests and authorizes the interment of the ~~remains~~ cremains of

Robert H. Walters in Lot 11 Gr 11 Row _____ Sec. 7
~~Block~~
Division 5 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.

Elizabeth H. MacInnes — 649 Margarita Ave. — Coronado, Cal. 92118

Signature of relative or legal representative — Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Sister of Robert H. Walters

_____
Witness

E-4841

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Robert Hudson Walters	Male	6/2/1918	1/24/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Harbor City,	Los Angeles	Elizabeth Walters MacInnes 649 Margarita Ave. Coronado, CA 92118

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
A.M. Gamby Mortuary, Lomita	716

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☒ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY N/A
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Pacific Crest Cemetery 2701 W. 182nd Street Redondo Beach, CA	DATE CREMATED 1-29-85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Robert A. Peterson
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION 25001 Narbonne Ave. Lomita, CA		Los Angeles
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ Lori Rankich DATE SIGNED 1-28-85
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED JAN 2 9 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 11 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32248

DATE 02-06 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] Hundred Twenty Five and 49/100 DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 11 GRAVE 11 ROW SECTION 7 DIVISION BLOCK 5

INVOICE NO. Check

W.O. E-4841

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95
BOXES	100 77182	90
REMOVALS FOUNDATIONS	100 77183	25
SALES TAX	60101 9020	5
TOTAL PAID $		[illegible]

AC-212 [REV. 9-81]

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-7 1985

CHARGE Sonya K. Slanzuk - 276-3981

ADDRESS 4146 Conrad Ave. SD. Ca 92117

NAME OF DECEASED Helen Gusewich

OWNER

ADDRESS

MORTUARY Pacific Beach (Dorothy)

LOT 1478 GR ROW SEC ~~BLK~~ DIV 10	Prepaid	
OPENING/CLOSING TIME 10:00 DAY DATE Mon 2-11-85	295	00
VAULT/LINER Bell SIZE 14	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 211-85 32256	589	70
BALANCE	0	

Mortuary to bring check

PAID

FEB 11 1985

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 Phone

ORDER TAKEN BY Lacy

W.O. NO. E 4842

INVOICE NO. 0

PY-593 (4-82)

E 4842

MOUNT HOPE CEMETERY Feb. 7 1985

The undersigned hereby requests and authorizes the interment of the remains of Helen Gusewich in Lot 1478 Gr ____ Row ____ ~~Sec.~~ Div. 10
Block
Division Div. 10 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.

X Sonya Stanzik (daughter

4146 Conrad Ave S.O. Ca 92117

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E 4842

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Helen Gusewich	Female	May 5, 1896	Feb 7, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Sonya H. Slanzik - Dtr. 4146 Conrad Avenue San Diego, CA 92117

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 8 - 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. by
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 11 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32256

DATE 2-11 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 1478 GRAVE [illegible] ROW SECTION DIVISION BLOCK [illegible]

INVOICE NO. Check

W.O. E-4842

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 26% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-8 19 85

CHARGE Sim J. Harris - Son

ADDRESS 588 So. Anza St El Cajon 92021

NAME OF DECEASED Ida P. Huggins

OWNER

ADDRESS

MORTUARY Paris-Fredrick

LOT 265 GR ROW SEC 3 BLK 8 DIV		
OPENING/CLOSING TIME AM DAY DATE THUR 2-21-85	95	00
VAULT/LINER ASH SIZE	90	40
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 2-15-85 32270	225	40
BALANCE	-0-	

2-15-85

Wait for Mr. Peterson to call before interring ashes.

PAID
FEB 15 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Center of grave

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 Lang

W.O. NO. E 4843

INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ida Pearl Huggins	Female	Sept. 6, 1884	Feb. 8, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Sim J. Harris - Son 588 So. Anza St. El Cajon, CA 92021

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris-Frederick Mortuary	795

TYPE OF PERMIT CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory, San Diego, CA	DATE CREMATED FEB 13 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Charles A Merrick
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED 2-8-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 21 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32270

DATE 2-15 19 [illegible]

FROM [illegible] ADDRESS PO Box 397, [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 265 GRAVE [illegible] ROW SECTION 3 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4843

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	57007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-215 (REV. 9-81)

ORDER · · MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-8 19 85

CHARGE Kay Howell

ADDRESS 192 Welling Way Del Mar 92014

NAME OF DECEASED Katie Kay Kendall

OWNER

ADDRESS

MORTUARY Kagsdale

LOT 2276 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME 11:00 -CHURCH- DAY DATE TUE 2-12-85	295	00
VAULT/LINER J.S. SIZE 19	330	80
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1174	80
PAID RECEIPT NUMBER 2-8-85 32254	1174	80
BALANCE	-0-	

PAID
FEB 8 1985
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 B. Lang

W.O. NO. E 4844

INVOICE NO.

PY-593 (4-82)

E-4844

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Katie Lee Kuykendall	Female	April 27,1919 -	Feb. 6, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Kay Howell - Daughter 192 Welling Way San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Imperial Ave.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 11 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 12 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32254

DATE 02-[illegible] 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 2276 GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-[illegible]

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32381

DATE 04-[illegible] 19[illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. F-H8HH

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 12-08 19 85

CHARGE Armand R. Desilets

ADDRESS 2929½ Bunker Hill, SD Ca 92109

NAME OF DECEASED Joseph A. Desilets

OWNER

ADDRESS

MORTUARY Pacific Beach (Dorothy)

(DIP)

LOT 1575 GR ROW SEC BLK DIV 10			
OPENING/CLOSING TIME 10:00 DAY DATE FRI 4-5-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 4-5-85 32393	589	70
BALANCE	0	

PAID

APR 5 1985

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 Phone

ORDER TAKEN BY Lang

W.O. NO. E 4845

INVOICE NO.

PY-593 (4-82)

E 4845

MOUNT HOPE CEMETERY

April 3 19 85

The undersigned hereby requests and authorizes the interment of the remains of Joseph Armand Desilets Lot 1575 Gr ____ Row ____ Sec Div. 10 Block Division ____ 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.

X Samuel R Desilets (SON)

X 2929 1/2 Bunker Hill St. SD 92109

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32393

DATE 14-85 19 85

FROM Merle Mortuary ADDRESS 4710 Cass St. [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 1575 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4845

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 3-81)

E-4845

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Joseph Armand Desilets	Male	10-02-1902	4-03-1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Armand R. Desilets-Bro. 2929½ Bunker Hill Street San Diego, CA

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: APR - 4 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature] M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 5 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 02-11 19 85

CHARGE Dorothy Brenninger (Daughter)

ADDRESS 4456 Acacia Ave. La Mesa

NAME OF DECEASED Emma Brunner

OWNER

ADDRESS

MORTUARY Humphreys

(DIP)

LOT 8 GR 3 ROW SEC 7 ~~BLK~~ DIV 5

OPENING/CLOSING TIME ~~DELIVERY~~ 3:00 DAY DATE Wed 2-13-85 225 00

VAULT/LINER Bell SIZE 14 245 00 70

REC. FEE/REMOVAL/FOUNDATION 25 00

TOTAL 589 70

PAID RECEIPT NUMBER 32258 587 70

PAID
FEB 11 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Opened E-146
1st burial 1979

CK w/ mort Re: scheduling
No Services -

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

AUTHORIZED IN PERSON / PHONE BY X Dorothy F. Brenninger ORDER TAKEN BY Lang

228977

W.O. NO. E 4846 INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EMMA NAOMI BRUNNER	Female	07/27/1902	02/10/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dorothy Breuninger (Daughter) 4456 Acacia Avenue La Mesa, Ca. 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary	F-964

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A *CEMETERY*
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 13 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Comas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 13 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32258

DATE 2/11 19 85

FROM Dorothy Bacuninger ADDRESS 4456 Acacia Ave Cathedral

Five Hundred Eighty nine — 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Interment Services for

Emma Bacuninger —

LOT 8 GRAVE 3 ROW SECTION 7 DIVISION BLOCK 5

INVOICE NO. Cash

W.O. E-4846

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184		
25% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 8-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32258

DATE 2/11 19 85

FROM Dorothy Baumingen ADDRESS 4456 Acacia Ave Calif
Five hundred Eighty nine — 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Interment Services for
Emma Baumingen —

LOT 8 GRAVE 3 ROW SECTION 7 DIVISION BLOCK 5

INVOICE NO. Cash

W.O. E-4846

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [signature]

CREDIT 25% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-11 19 85

CHARGE Vera Lea Cass Dumler 408-724-2931

ADDRESS 709 Almond Dr. Watsonville, Ca 95076

NAME OF DECEASED Albert Dumler

OWNER

ADDRESS Davis Memorial (408) 724-4751

MORTUARY Watsonville - Pat Carey

LOT — GR 40 ROW 5 SEC 6 BLK DIV 7	—	—
OPENING/CLOSING TIME 10:00 DAY DATE Wed 2-13-85	295	00
VAULT/LINER Bell SIZE	245	78
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	589	70
PAID RECEIPT NUMBER 2-13-85 32264	589	70
	BALANCE	0

PAID
FEB 13 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Preneed 1945

Mortuary to bring 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

ORDER TAKEN BY Lang

W.O. NO. E 4847

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32264

DATE 2-13- 19 85

FROM Davis Mortuary ADDRESS 609 Main St. Watsonville, Ca.

Five hundred Eighty Nine 70/100 DOLLARS ($ 589.70)

IN Cheque PAYMENT OF Services for Albert Dumler

LOT _____ GRAVE 40 ROW 5 SECTION 6 DIVISION BLOCK 7

INVOICE NO. Check

E W.O. 4847

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
FEB 22 1985

ISSUED BY J. Bragg

CREDIT 20% SALES CARE	67007 77184		
40% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245.	00
REMOVALS FOUNDATIONS	100 77183	35.	00
SALES TAX	60101 9020	14.	70
TOTAL PAID $		589.	70

AC-212 (REV. 8-81)

E_4847

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Albert Dumler	Male	Jan. 1, 1906	Feb. 9, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Watsonville	Santa Cruz	Mrs. Verna Lea Dumler 709 Almond Dr. Watsonville, CA 95076

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Davis Memorial Chapel	438

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY:
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED ON THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: 2/12/85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ L. Wilson MD
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: FEB 13 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-11 19 85

CHARGE Robert O'Donnell - son

ADDRESS 4582 Barnett Ave SD Ca. 92117

NAME OF DECEASED Thomas P. O'Donnell

OWNER

ADDRESS

MORTUARY McCormick - Carroll (Rob)

(DIP)

LOT 30 GR 12 ROW SEC 3 ~~BLK~~ DIV 12 Preneed

OPENING/ CLOSING TIME -CHAPEL- 10:00 DAY DATE Tues. 2-12-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 25 00

PAID RECEIPT NUMBER

BALANCE

Preneed D-9817

Lot Burial 1979

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 Lang

W.O. NO. E 4848

INVOICE NO. 029007 012212

PY-593 (4-82)

E_4848

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
THOMAS ROY O'DONNELL	MALE	JUNE 6, 1899	FEBRUARY 9, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
EL CAJON	SAN DIEGO	ROBERT O'DONNELL, SON 4582 BANNOCK AVE. SAN DIEGO CA 92117

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
McCORMICK - CARROLL'S MORTUARY	1315

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED 2-11-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 12 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4848

029007 02/20/85 012212 ROBERT O'DONNELL 02/25/85 CK 318 35.00 35.00 0.00
100 072 77183 000072 35.00 PAID IN FULL

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,412.20

E-4848

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-11 19 85

CHARGE Mary J. Ogden

ADDRESS PO Box 222, Jamul, Ca. 92035

NAME OF DECEASED Douglas Hunter Ogden

OWNER

ADDRESS

MORTUARY Humphrey-C.V. (Sharon)

LOT 69 GR ROW SEC LOT BLK DIV 5	Prepaid	
OPENING/CLOSING TIME 3:00 DELIVERY ONLY DAY DATE WED. 2-13-85	295	00
VAULT/LINER Bell SIZE	245	14 70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 2-11-85 32260	589	70
BALANCE	-0-	

Having a Problem with death Cert.

PAID
FEB 11 1985
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 Mary J Ogden ORDER TAKEN BY Lang

W.O. NO. E 4849 INVOICE NO.

PY-593 (4-82)

GENERAL INTERMENT AUTHORIZATION

E_4849

To: Mt Hope Cemetery
(List Cemetery or Memorial Park)

Subject to your Rules and Regulations you are hereby authorized to inter the Remains or Cremains of:

Name: Douglas (First) Hunter (Middle) Ogden (Last)

Location: Blk 5 (~~Space~~) 68-69 (Lot) IOOF (Section)

Date 2-9-85

Signed B. H. Ogden

Witness Sharon E McHale

E_4849

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DOUGLAS HUNTER OGDEN	Male	06/08/1901	02/09/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	B.L. Ogden (Son) 4668 Alta Rica La Mesa, Ca. 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary	F-964

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL, (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF *THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE* AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 13 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 13 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS (REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32260

DATE 2-11 19 [illegible]

FROM Mrs. J. Ogden ADDRESS [illegible] Jamul Ca 92035

[illegible] Eighty nine and 70/100 DOLLARS ($ [illegible])

IN full PAYMENT OF Douglas Hunter Ogden [illegible]

LOT 69 GRAVE [illegible] ROW [illegible] SECTION 100F DIVISION BLOCK 5

INVOICE NO. (Check)

W.O. E-4849

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
FEB 13 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-11 19 85

CHARGE Laura Samuels

ADDRESS 3038-39th St. San Diego, Ca 92105

NAME OF DECEASED Prenced X-deep

OWNER

ADDRESS

MORTUARY

LOT 93 GR 11 ROW SEC 15 BLK DIV 7	247	50
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	247	50
PAID RECEIPT NUMBER 2-11-85 32257	100	00
BALANCE	147	50

(Half current 2-25-85 32294 147.50

fee $495.00

½ allow

double deep)

PAID

FEB 25 1985

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 Laura Samuels

ORDER TAKEN BY Lang

W.O. NO. E 4850

INVOICE NO.

PY-593 (4-82) #11055

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32257

DATE 2-11 19 85

FROM [illegible] ADDRESS 3038 - 39th St SD Ca 92105

One hundred and [illegible] DOLLARS ($ 100.00)

IN Part PAYMENT OF Dep for preced grave

LOT 93 GRAVE 11 6 ROW SECTION 15 DIVISION ~~BLOCK~~ 7

INVOICE NO. Cash

W.O. E-4850

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
FEB 13 1985

ISSUED BY B. [illegible]

CREDIT 20% SALES CARE	67007 77184	20	00
80% SALES OF LOTS	100 77184	80	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		100	00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32294

DATE 03-25 19 85

FROM Laura Samuels ADDRESS 3039 - 34th St. S.D. Ca. 92105

One hundred forty seven and 50/100 DOLLARS ($ 147.50)

IN full PAYMENT OF Frenchel X deep

LOT 93 GRAVE 11 ROW SECTION 15 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4850

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
FEB 28 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	29.50
80% SALES OF LOTS	100 77184	118.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		147.50

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-11 19 85

CHARGE James Scott - 284-2565

ADDRESS 4639-13th St. SD Ca. 92116

NAME OF DECEASED Darlene Scott

OWNER

ADDRESS

MORTUARY Berge-Roberts - 474-6565

LOT 39 GR 6 ROW SEC 16 ~~BLK~~ DIV 7	Interred	
OPENING/CLOSING TIME 2:00 -CHAPEL- DAY DATE Thurs. 2-14-85	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 32262	589	70
BALANCE	-0-	

PAID
FEB 12 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED
IN PERSON
PHONE BY X James e Scott ORDER TAKEN BY Jonell

W.O. NO. E 4851 INVOICE NO.

PY-593 (4-82)

E-4851

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Darline Francis Scott	Female	June 22, 1913	February 11,1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dr. James C. Scott - Husband 4639 30th Street San Diego, CA 92116

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY	F-284

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED FEB 13 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. C.E.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 14 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32262

E-4851

DATE 2/12 19 85

FROM Dr. James C. Scott ADDRESS 4639 13th St. 92114

Five eighty nine 70/100 DOLLARS ($ 589.70)

IN Full PAYMENT OF Interment Services for

Darlene Scott

LOT 39 GRAVE 6 ROW SECTION 16 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E4851

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
FEB 22 1985

ISSUED BY

CREDIT	67007	
50% SALES CASH	77184	
50% SALES	100 77184	
007063		
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		589 70

AC-211 (REV. 9-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
266-5151

No 32385

E-4851

DATE 4-4 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 39 GRAVE [illegible] ROW [illegible] SECTION 16 DIVISION BLOCK 7

INVOICE NO. [illegible]

W.O. E-4851

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-12 19 85

CHARGE Ann Laputy

ADDRESS 1209 Lincoln SD Ca 92103

NAME OF DECEASED Sonia Korn (D)

OWNER

ADDRESS

MORTUARY Cypress View

LOT 2 GR 5 ROW SEC 100F BLK DIV 23 Prepaid

OPENING/CLOSING TIME 11 AM DAY DATE Tues 2-26-85

VAULT/LINER Ash SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER

BALANCE

Prepaid C-4615

Bill Cypress View

Dexter of grave

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 Lang

W.O. NO. E 4852

INVOICE NO. 029600
000419

PY-593 (4-82)

E_4852

53275

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Cypress View/Bonham Bros.

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Sonia NMI Korn	Female	Oct. 20,1896	Feb. 12, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ann Laputz - Daughter 1209 Lincoln Avenue San Diego, CA. 92103

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cypress View Crematory, 3953 Imperial San Diego, CA.	DATE CREMATED 2/14/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Nancy M. Smull
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 13 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 26 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Barbara Long

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

COPY 1

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

E-4852

029600 03/13/85 000419 CYPRESS VIEW MORTUARY 03/28/85 CK 671175 35.00 35.00 PAID IN FULL 0.00
E-4852 100 072 77183 000072 35.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-13 1985

CHARGE Nathaniel Jones

ADDRESS 427 No. 27th St. SD. CA. 92102

NAME OF DECEASED — Pre — Need —

OWNER Transfer from Tyrone Brown

ADDRESS

MORTUARY

LOT 2 GR 10 ROW SEC 3 ~~BLK~~ DIV 12

OPENING/CLOSING TIME DAY DATE *

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER 2-13-85 32266

BALANCE

200	00
35	00
235	00
235	00
-0-	

PAID
FEB 13 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

* D.I.P.

Fee paid for X-Prep previlage and change of ownership

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 Lang

W.O. NO. E 4853

INVOICE NO.

PY-593 (4-82)

E-4853

QUIT-CLAIM AND RELEASE
OF ALL INTEREST IN CEMENTARY
PROPERTY AND MERCHANDISE

DATE 2/13/85

THAT I/WE, Tyrone N. Brown

RESIDING AT 5488 OLVERA SAN Diego CA 92114
street city state zip

COUNTY OF SAN Diego STATE OF CALIFORNIA

FOR $1.00 AND OTHER VALUABLE CONSIDERATION, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, DO HEREBY QUITCLAIM AND RELEASE ALL RIGHTS INTEREST, USE TRUST, CLAIM, AND DEMAND, WHATSOEVER, IN THE FOLLOWING DESCRIBED CEMETERY INTERMENT RIGHTS AND/OR MERCHANDISE:

Lot 2 GRAVE 10, SECTION 3 DIVISION 12

NAME OF CEMETERY MT HOPE

ADDRESS: City of SAN Diego CA
STREET CITY STATE ZIP

FURTHER I/WE DO HEREBY TRANSFER GIVE AND ASSIGN THE MONEY EQUITY OF

THIRTY-FIVE ($ 35.00) TO

NAME

ADDRESS: STREET CITY STATE ZIP

NAME:

ADDRESS: STREET CITY STATE ZIP

AND BY THIS ACT, DO HEREBY RELEASE THE ABOVE NAMED CEMETERY FROM ANY AND ALL LIABILITY OF ANY NATURE WHATSOEVER IN CONNECTION WITH THIS TRANSACTION.

Date: 2/13/85

Tyron - Brown

State of California
County of San Diego } SS.

On this 13 day of February 19 85
before me a Notary Public personally appeared
Tyrone N. Brown
known to me to be the person(s) whose name(s) is subscribed to the above instrument and acknowledged that they executed the same.
Witness my hand and official seal

Esther Garrison
Notary Public

OFFICIAL SEAL
ESTHER GARRISON
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires JAN 28, 1986

Notary Seal

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E_4853 **DEED** № 11070

OWNERSHIP AND INTERMENT PRIVILEGES

TO Tyrone Brown for the sum of $ 360.00 (DOLLARS)

LEGAL DESCRIPTION Lot 2, Grs 10 & 12, Sec 3, Divn. 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-4693

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flat Marker only

Robert Sutton
Cemetery Manager

Martin Bulan
Property Director

PY-584

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32266

DATE 2-13 19 85

FROM Norma N. Brown ADDRESS 5488 Oleum Ave. [illegible]

two hundred thirty five and no/100 — DOLLARS ($ 235.00)

IN full PAYMENT OF Transfer of lot and all [illegible]

LOT 2 GRAVE 10 ROW SECTION 3 DIVISION BLOCK [illegible]

INVOICE NO. Check

W.O. E-4853

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-12-85 19

CHARGE SEAMAN-POE Monument Co.

ADDRESS 3893 Imperial Ave.,
San Diego, CA 92113

NAME OF DECEASED

OWNER F-40258

ADDRESS

MORTUARY

LOT ____ GR ____ ROW ____ SEC ____ BLK DIV ____		
OPENING/CLOSING TIME ____ DAY DATE ____		
VAULT/LINER ____ SIZE ____		
REC. FEE/REMOVAL/FOUNDATION Memorial Install. January 1985	$260	00
TOTAL	260	00
PAID RECEIPT NUMBER		
BALANCE		

1/16/85 - Carroll, Opal M. $115.

1/24/85 - Takeshita, Ikuyo $145.

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 B.Lang

W.O. NO. E 4854

INVOICE NO. 028783

Acct. 000253

FY-593 (4-82)

E-4854

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/11/85

DATE: 03/11/85
TIME: 204431
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/SQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028783	02/12/85	000253	SEAMAN/POE MONUMENT CO					03/06/85	CK	6016	260.00	260.00	0.00
			100	072		77183	000072				260.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 260.00

E-4854

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE February 12, 19 85

CHARGE CONTI & SONS MEMORIAL CO.

ADDRESS P.O. Box 94
San Diego, CA 92112

NAME OF DECEASED #FH-25603192

OWNER

ADDRESS

MORTUARY

LOT ____ GR ____ ROW ____ SEC ____ BLK DIV ____		
OPENING/CLOSING TIME ____ DAY DATE ____		
VAULT/LINER ____ SIZE ____		
REC. FEE/REMOVAL/FOUNDATION MEMORIAL INSTALLATIONS FOR January 1985	$345.	00
TOTAL	345	00
PAID RECEIPT NUMBER		
BALANCE		

1/3/85 - Hansen, Howard C. $115.

1/3/85 - Cochran, Margarte $115.

1/22/85 - Long, Delmar J. $115.

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 B. Lang

W.O. NO. E 4855

INVOICE NO. 028784

004821

PY-893 (4-82)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32291

DATE _____ 19 ____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. Inv. 028784
Act # 004821
W.O. E-4855

UNPAID BALANCE AFTER THIS PAYMENT _____

AC-212 (REV. 9-61)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

ISSUED BY _____

CREDIT 35% SALES CARE	67007 77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 5020	
TOTAL PAID $		

E-14855

F4855 028784 02/12/85 004821 CONTI AND SON MEMORIAL CO 02/26/85 CK 4207 345.00 345.00 0.00
100 072 77183 000072 345.00 PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-13 1985

CHARGE Edward Kulas - Son

ADDRESS 402-63rd St. Sp 246, SDCa 92114

NAME OF DECEASED Anna N. Lantz

OWNER

ADDRESS

MORTUARY Pac. Beach (Dorothy)

✓

LOT 2044 GR ____ ROW ____ SEC 3 ~~BLK~~ DIV 8	Preneed		
OPENING/ CLOSING TIME -GRADESIDE- 2:00 DAY DATE TUES 2-19-85	295	00	
VAULT/LINER Bell SIZE	14 245	70 00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	589	70	
PAID RECEIPT NUMBER 2-19-85 32279	589	70	
BALANCE	0		

Mortuary to bring check

no services

PAID
FEB 19 1985
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 Lang

W.O. NO. E 4856

INVOICE NO.

PY-593 (4-82)

E-4856

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Anna Nagot Lantz	Female	May 27, 1894	Feb 12, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Edward Kulas - Son 402 63rd St., Sp 246 San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 14 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 19-1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Pearce, M.D. [signature]
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32279

DATE 02-19 19 85

FROM Edward Kubas ADDRESS 402 [illegible]

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Anna N. Lanty [illegible]

LOT 2044 GRAVE ROW SECTION 3 DIVISION BLOCK

INVOICE NO. Chick

W.O. E-4856

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 80% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	245
BOXES	100 77182	245
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	19
TOTAL PAID $		[illegible]

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-15 19 85

CHARGE Public Admin. (Mr. Womack)

ADDRESS

NAME OF DECEASED Alfred H. Kinzel

OWNER

ADDRESS

MORTUARY Rogers

LOT ____ GR ____ ROW ____ SEC ____ BLK DIV	350	00
OPENING/ CLOSING TIME ____ DAY DATE	295	00
	19	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER		
BALANCE		

VOID

Went to La Vista

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 Lang

W.O. NO. E 4857

INVOICE NO. ____

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-15 19 85

CHARGE Leona Blackmon - Daughter

ADDRESS 8232 Melrose Lane, El Cajon 92021

NAME OF DECEASED Fred W. Woodell

OWNER

ADDRESS

MORTUARY Glen Abbey

LOT 120 GR ROW SEC 100F BLK ~~DIV~~ 20 -CHAPEL-	Prepaid	
OPENING/CLOSING TIME 2:00 DAY DATE THURS 2-21-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 2-19-85 32272	589	70
BALANCE	-0-	

PAID

FEB 19 1985

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 Lang

W.O. NO. E 4858

INVOICE NO.

PY-593 (4-82)

E-4858

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Frederick William Woodend	Male	August 24, 1890	February 15, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Leona Blackman-Daughter 8232 Melrose Lane El Cajon, California 92021

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Glen Abbey Mortuary	F-1371

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

* FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: FEB 20 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Parrish, M.D. KH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON Feb. 21, 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32272

DATE 2-19 19 15

FROM John E. Blackman ADDRESS 8832 Wilcox Ave. [illegible]

[illegible] and 70/100 DOLLARS ($ [illegible])

IN full PAYMENT OF Fred W. Woodend [illegible]

LOT 120 GRAVE ROW SECTION 100F DIVISION BLOCK 20

INVOICE NO. Check

W.O. E-4858

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-15 19 85

CHARGE Linda Pace 263-0179

ADDRESS 415 Woodman St SD. 92114

NAME OF DECEASED Leroy Bradford

OWNER

ADDRESS

MORTUARY Hagedale

LOT 110 GR 1 ROW SEC 1 ~~BLK~~ DIV 12	250	00
OPENING/CLOSING TIME 2:00 (CHAPEL) DAY DATE Tues 2-19-85	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 2-15-85 32271	200	00
BALANCE	739	70

VA Benefit 2-20-85 32280 589.70

150.00

Va - Burial benefit +

Bronze marker request 2/20/85

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 Linda Pace ORDER TAKEN BY Lang

W.O. NO. E 4859 INVOICE NO. 029006 012211

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-15 1985

CHARGE Linda Pace 263-0179

ADDRESS 415 Woodman St. SD. 92114

NAME OF DECEASED Leroy Bradford

OWNER

ADDRESS

MORTUARY Hagedale

LOT 110 GR 1 ROW SEC 1 ~~BLK~~ DIV 13	250	00
OPENING/CLOSING TIME 2:00 DAY DATE Tues 2-19-85	95	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 2-15-85 32271	200	00
BALANCE	739	70

VA Benefit 2-20-85 32280 589.70

150 00

In T.C

PAID

JUN 4 1985

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Va - Burial benefit

Bronze marker applied for 4/85

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 Linda Pace

ORDER TAKEN BY Dana

W.O. NO. E 4859

INVOICE NO. 029006

01211

PY-393 (4-82)

E_4859

Form Approved
OMB No. 76-R0009

VETERANS ADMINISTRATION

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

(DO NOT WRITE IN THIS SPACE) VA DATE STAMP

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Leroy Bradford

2A. SOCIAL SECURITY NO. OF VETERAN: 434 28 0400

2B. VA FILE NO.: C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.: San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8. PLACE OF DEATH
24 Feb 1921	Powhatan, Louisiana	10 Feb 1985	National City, CA

9. MARITAL STATUS: ☐ NEVER MARRIED ☐ MARRIED ☒ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)? ☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)	12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)	13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
None	Lee Bradford	Martha Bradford

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
29Oct1942		38 331 141	12Jan1946		Cpl. 2919th Eng. Dump Trk. Co. U.S. Army

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - INFORMATION RELATING TO CLAIM FOR BURIAL BENEFITS (AND PLOT/INTERMENT IF PAID BY CLAIMANT FOR BURIAL BENEFITS)

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. DATE OF BURIAL: 19 Feb 1985

17. PLACE OF BURIAL: Mt. Hope Cemetery

18A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "No," complete Items 19 and 20)

18B. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT? ☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS (Check one) ☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL ☐ DUE FUNERAL DIRECTOR ☐ NONE ☒ DUE CEMETERY OWNER

20. IF PLOT INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT: $

22. AMOUNT PAID: $

23. WHOSE FUNDS WERE USED?	24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	24B. AMOUNT OF REIMBURSEMENT	24C. SOURCE OF REIMBURSEMENT
	☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)	$	

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?	25B. AMOUNT	25C. SOURCE	26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)			☐ YES ☒ NO (Before answering read and comply with instruction 10)

VA FORM MAR 1979 **21-530**

SUPERSEDES VA FORM 21-530, OCT 1977, WHICH WILL NOT BE USED.

PART III - CLAIM FOR PLOT/INTERMENT ALLOWANCE ONLY

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLEY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?	27B. PLACE OF BURIAL
☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	Mt. Hope Cemetery

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 939.70	2/15/85	2/15/85	☐ YES ☒ NO (If "No," complete Item 30B)	$ 150.00

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
Barbara Lang	Acting Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

Mt. Hope Cemetery, 3751 Market St., San Diego, CA 92102

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Linda M. Pace	Linda M. Pace

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

704 Euclid Ave. No. 19
San Diego, CA 92114

38. DATE	39. RELATIONSHIP TO VETERAN
Feb. 18, 1985	Daughter

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

U.S. Government Printing Office: 1979—281-429/1230

E-4859

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LEROY BRADFORD	Male	Feb. 24, 1921	Feb. 10, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
~~SAN~~ National City	San Diego	Linda M. Pace - Daughter 415 Woodman Street San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 15 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 19 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32280

DATE 2-20 19 85

FROM George Bradford ADDRESS 415 Woolman St. SB 92114

[illegible] 70/100 — DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 110 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. [illegible]

W.O. E-4859

UNPAID BALANCE AFTER THIS PAYMENT $150.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32271

DATE 2-15 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE 1 ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4859

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32566

DATE 6-4 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 110 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. [illegible]

Inv # 029006

W.O. E-4859

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 30% SALES CARR	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-61)

E4859

SAN DIEGO
CITY TREAS.
JUN 7 '85
PAID 3

Inv F02906

Recorded in Soldiers Discharge Book # 3
Folio 378 Records of Natchitoches Parish, La.
Julia Sharp, Deputy Clerk

E-4859

Army of the United States

Honorable Discharge

This is to certify that

LEROY BRADFORD 38 331 141 Corporal

2919th Engineer Dump Truck Company

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at Separation Center
Camp Fannin Texas

Date 12 January 1946

D A LIND
Major AC

jfo

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL	2. ARMY SERIAL NO.	3. GRADE	4. ARM OR SERVICE	5. COMPONENT
BRADFORD LEROY	38 331 141	CPL	CE	AUS

6. ORGANIZATION	7. DATE OF SEPARATION	8. PLACE OF SEPARATION
2919th Engr Dump Truck Co	12 Jan 46	Separation Center Camp Fannin Texas

9. PERMANENT ADDRESS FOR MAILING PURPOSES	10. DATE OF BIRTH	11. PLACE OF BIRTH
Hanna Red River Pa La	24 Feb 21	Powhatan La

12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT	13. COLOR EYES	14. COLOR HAIR	15. HEIGHT	16. WEIGHT	17. NO. DEPEND.
See 9	Brown	Black	5'8"	165 LBS.	1

18. RACE			19. MARITAL STATUS			20. U.S. CITIZEN		21. CIVILIAN OCCUPATION AND NO.
WHITE	NEGRO	OTHER (specify)	SINGLE	MARRIED	OTHER (specify)	YES	NO	
	X		X			X		Farm Hand General 3-16.10

MILITARY HISTORY

22. DATE OF INDUCTION	23. DATE OF ENLISTMENT	24. DATE OF ENTRY INTO ACTIVE SERVICE	25. PLACE OF ENTRY INTO SERVICE
29 Oct 42	- -	29 Oct 42	Ind Sta Shreveport La

SELECTIVE SERVICE DATA	26. REGISTERED YES	26. REGISTERED NO	27. LOCAL B. B. BOARD NO.	28. COUNTY AND STATE	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE
	X		1	Natchitoches La	Powhatan Natchitoches La

30. MILITARY OCCUPATIONAL SPECIALTY AND NO.	31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.)
Squad Leader 345	Marksman Rifle 28 Nov 42

32. BATTLES AND CAMPAIGNS

None

FOR CONVENIENCE, A CERTIFICATE OF ELIGIBILITY NO. No Certificate Issued HAS BEEN ISSUED BY THE VETERANS ADMINISTRATION TO BE USED FOR THE FUTURE PROCUREMENT OF ANY GUARANTY OR INSURANCE BENEFIT UNDER TITLE III OF THE SERVICEMEN'S READJUSTMENT ACT OF 1944, AS AMENDED, THAT MAY BE AVAILABLE TO THE PERSON FROM WHOM THIS SEPARATION PAPER WAS ISSUED. 12-8-5 Veteran eligible under P.L. 550.

33. DECORATIONS AND CITATIONS

American Theater Campaign Medal Asiatic-Pacific Campaign Medal
Good Conduct Medal World War II Victory Medal

34. WOUNDS RECEIVED IN ACTION

None

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN		
SMALLPOX	TYPHOID	TETANUS	OTHER (specify)	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
10Apr45	14Mar45	2Feb45	Typhus 5Nov45	11 Dec 43	AP	31 Dec 43
				15 Dec 45	US	31 Dec 45

37. TOTAL LENGTH OF SERVICE						38. HIGHEST GRADE HELD
CONTINENTAL SERVICE			FOREIGN SERVICE			
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS	
1	1	23	2	0	21	Cpl

APPLICATION FOR READJUSTMENT ALLOWANCE
PUBLIC LAW NO. 346
MADE THROUGH
STATE Louisiana
DATE 3-16-46

39. PRIOR SERVICE

None

40. REASON AND AUTHORITY FOR SEPARATION

Convenience of the Govt (RR 1-1 Demobilization) AR 615-365 15 Dec 44

41. SERVICE SCHOOLS ATTENDED

None

42. EDUCATION (Years)	Grammar	High School	College
	8	0	0

PAY DATA VOU # 9555

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS	MONTHS	DAYS	TOTAL	THIS PAYMENT			
3	2	14	$ 300	$ 100	None	$ 8.70	187.64 O'KEETON Capt FD

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE			49. HOW PAID		50. Effective Date of Allotment Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO		
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V. A.				Continue	Continue Only	Discontinue
X			X		31 Jan 46	28 Feb 46	$ 3 30			X

54. RIGHT THUMB PRINT

55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)

Lapel Button Issued

ASR Score (2 Sep 45) - 56

56. SIGNATURE OF PERSON BEING SEPARATED

Leroy Bradford

57. PERSONNEL OFFICER (Type name, grade and organization - signature)

H J BRYAN 1st Lt AC Mil Pers Officer

WD AGO FORM 53-55
1 November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-19 19 85

CHARGE Preneed - Sec.

ADDRESS

NAME OF DECEASED Addie L. Dietrich

OWNER

ADDRESS Matthews McWayne

MORTUARY McWayne - Hemet (714) 658-9497

LOT 2512 GR ROW SEC BLK DIV 10	Preneed	
OPENING/CLOSING TIME 11:00 -GRAVESIDE- DAY DATE Fri 2-22-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 2-22-85 32287	35	00
BALANCE	-0	

Preneed - C-4568

Services - C-7236

PAID

FEB 22 1985

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 Lang

W.O. NO. E 4860

INVOICE NO.

PY-593 (4-82)

E-4860

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Addie Lena Dietrich	Female	April 3, 1892	Feb. 18, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Hemet	Riverside	Pre-arrangement Record

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
McWane Family Funeral Home	998

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: #831296		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: 2-19-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald P. Hattis, M.D., By: V. M.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 22 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32287

DATE 2-22- 19 85

FROM McWan Funeral Home ADDRESS 23430 San Jacinto St Hemet Ca
Thirty Five DOLLARS ($ 35.00)

IN Check PAYMENT OF Services for Mrs. Addie J. Pietrica

LOT 25 B GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4860

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY J. Bragg

CREDIT 20% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	
TOTAL PAID $		35 00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32521

DATE 5/21/85 19

FROM Flora Norwood ADDRESS 5540 Santa Margarita SD 92114

One Hundred Eighty five 00/100 DOLLARS ($ 185.00)

IN full PAYMENT OF Lettuce L.T. Marker With Border

Name of Cornelius Norwood -

LOT 31 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO.

W.O. E-4860

UNPAID BALANCE AFTER THIS PAYMENT

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAY 24 1985

ISSUED BY

CREDIT	67007	
85% SALES CARE	77184	
85% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	185 00
SALES TAX	60101 9020	
TOTAL PAID $		185 00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-19 19 85

CHARGE Jackson Hill III

ADDRESS 320 W. Mtn View # C Glendora Ca 91740

NAME OF DECEASED Ethel Hill

OWNER RO 447258

ADDRESS

MORTUARY Ragsdale

✓

LOT 46 GR 8 ROW SEC 1 BLK DIV 11 Prepaid

OPENING/CLOSING TIME 11:00 CHURCH DAY DATE Wed 2-20-85 275 00

VAULT/LINER Bell SIZE 245 70 00

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 589 70

PAID RECEIPT NUMBER 2-19-85 32276 589 70

BALANCE ~~0~~

— Set up at Monument —

PAID
FEB 19 1985
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 Lang

W.O. NO. E 4861

INVOICE NO.

PY-593 (4-82)

E_.4.861

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ethel Mae Hill	Female	June 12, 1918	Feb. 14, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Johnnie Walker - Sister 3668 Beta Street San Diego, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 20 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 20 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32276

DATE 2-19 19 5

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 46 GRAVE 8 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. check

W.O. F-4861

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-19 19 85

CHARGE Paul + Maxine Anderson

ADDRESS 611 Fulmar St. SD. Ca 92114

NAME OF DECEASED Barbara Dugger Anderson

OWNER

ADDRESS

MORTUARY Rapsdale

LOT 1257 GR ROW SEC ~~BLK~~ DIV 10	495	00
OPENING/CLOSING TIME 2:00 - CHURCH - DAY DATE THurs. 2-21-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 2-19-85 32273	1084	70
BALANCE	-0-	

8 - 10 Chairs

PAID
FEB 19 1985
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 Paul E Anderso ORDER TAKEN BY Lang

W.O. NO. E 4862 INVOICE NO.

PY-593 (4-82)

E-4862

LOT OWNER

ANDERSON, Paul & Maxine, 6111 Fulmar St.,SD.CA 92114

NAME ADDRESS

LOT 1257 GR. ROW SEC BLK DIV 10

PR-961 (REV. 1-83) TAYLOR SYSTEM OF CEMETERY RECORDING

E- 4862

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Barbara Dugger Anderson	Female	Sept. 22, 1921	Feb. 17, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	lk Courtland Anderson - Son 6111 Fulmar St. San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 20 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rogers, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 21 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32273

DATE 2-19 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 1257 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4862

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 6-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32650

DATE 7-10 19 85

FROM Cortland Anderson ADDRESS [illegible]

[illegible] DOLLARS ($ 15 [illegible])

IN full PAYMENT OF [illegible]

LOT 1257 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. [illegible]

W.O. E-4862

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUL 15 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-19 19 85

CHARGE Charles A Hoffland 91356

ADDRESS 4804 Brandenberg Pl Tarzana Ca

NAME OF DECEASED Phyllis B. H Johnston ⊗

OWNER

ADDRESS

MORTUARY Merkley Mitchell

LOT 113 GR 2 ROW SEC 4 BLK DIV 6	Pioneer		
OPENING/CLOSING TIME upon delivery DAY DATE TUES 2-26-85	95	00	
VAULT/LINER Asph SIZE	95	40	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	225	40	
PAID RECEIPT NUMBER 2-26-85 32296	225	40	
BALANCE	0		

Interment order required

Center of grave

PAID
FEB 26 1985
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 Lang

W.O. NO. E 4863

INVOICE NO.

PY-593 (4-82)

E – 4863

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PHYLLIS BARBARA JOHNSTON	FEMALE	MAR 31, 1915	FEB 17, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CORONADO	SAN DIEGO	CHARLES HOFFLUND, BROTHER 4804 BRANDENBURGH PLACE TARZANA, CA 91356

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY	F-119

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED GREENWOOD CREMATORY, SAN DIEGO, CA	DATE CREMATED FEB 21 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Charles A Merrick
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY, SAN DIEGO, CA		COUNTY SAN DIEGO
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED FEB 19 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 26 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

E-4863

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date 2/19/85

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 Deceased Phyllis JOHNSTON Age 69 Sex Female
in the following described interment space.

Grave _____ Lot _____ Block _____ Lawn _____ 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 and direct and authorize the above named cemetery to inter the remains as indicated above.

Further, the undersigned assume all liability for mistaken identity, or incorrect identification and do hereby agree to hold said Cemetery, its officers, agents and employees harmless, and to indemnify them, including a reasonable attorney's fee, for the defense of all claims, suits or causes of action, arising out of our act of identification or the interment of the deceased.

INTERMENT RIGHT OWNER MUST SIGN IF NOT A RELATIVE:

I hereby certify that I am the owner of the interment right to the above described interment space, and I authorize its use for the interment of the herein named deceased.

Signature _____ (Interment Right Owner)

Signature [signature] (Person Signing Interment Order) Relationship Brother

Address 4804 Brandenburg Place, Tarzana, CA 91356 Tel. No. 213-836-6430
(Street / City / State / Zip)

OFFICE USE ONLY

Order Taken By _____

Location checked and verified _____ OK'd By _____ Date _____

Index Card _____ Plat Book _____ Plat Card _____ Recorded By _____

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32296

DATE 02-26 19 85

FROM Markley Mitchell ADDRESS 3655 Fifth Ave. S.D. Ca. 92103

two hundred twenty five and 00/100 DOLLARS ($ 225.00)

IN full PAYMENT OF Jennifer E. H. Jarnston Jewell

LOT 112 GRAVE 2 ROW SECTION 4 DIVISION BLOCK 6

INVOICE NO. check

W.O. E-4863

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	15
BOXES	100 77182	10
REMOVALS FOUNDATIONS	100 77183	2
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 2-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-19 19 85

CHARGE June E. Bishop

ADDRESS 5690 Yorkshire Dr Mesa, Ca 92041

NAME OF DECEASED Pruneda Lot

OWNER

ADDRESS

MORTUARY

LOT 1588 GR ROW SEC 1 ~~BLK~~ DIV 8	495	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 2-19-85 32275	495	00
BALANCE	-0-	

PAID

FEB 19 1985

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 Lang

W.O. NO. E 4864

INVOICE NO.

FY-593 (4-82) #11053

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32275

DATE 2-19 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 1577 GRAVE ROW SECTION 1 DIVISION BLOCK 7

INVOICE NO. [illegible]

W.O. E-4864

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-20 19 85

CHARGE Public Admin (Ms Womack)

ADDRESS

NAME OF DECEASED Melvina Frances Webster

OWNER

ADDRESS

MORTUARY El Cajon Mort (Steve)

LOT 28 GR 2 ROW SEC 17 BLK DIV 7	Prepaid	
OPENING/CLOSING TIME 11:00 DAY DATE Mon 2-25-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER		
BALANCE		

Prepaid D-7269

Bell PA

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 Steve

ORDER TAKEN BY Lang

W.O. NO. E 4865

INVOICE NO. 029597 000952

PY-593 (4-82)

E-4865

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Melvina Frances Webster	Female	Aug. 23, 1888	Feb. 19, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
		Public Guardian 5201-A Ruffin Rd. San Diego, CA 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Mortuary	F 1022

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Not Applicable	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Not Applicable		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Not Applicable		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Not Applicable		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED 2-21-85
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) FEB 25 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4865

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/02/85

DATE: 04/02/85
TIME: 235936
PAGE: 10

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
029597	03/13/85	000952	COUNTY OF SAN DIEGO					03/28/85	CK	125830	35.00	35.00	0.00
	E-4865		100	072		77183	000072				35.00		PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-20 19 85

CHARGE Karen Rhiner -278-7306

ADDRESS 2649 Elysee St SD Ca 92123

NAME OF DECEASED Pre need services for

OWNER Marie A. Gustafson

ADDRESS

MORTUARY

LOT 2116 GR ROW SEC ~~BLK~~ DIV 10		
OPENING/ CLOSING TIME DAY DATE	95	00
VAULT/LINER Asr SIZE Tax	3 90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 2-26 85 32298	225	40
BALANCE	-0-	

PAID
FEB 26 1985
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the services.

No interest will be paid on the prepaid amount set forth on this order form.

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 Lang

W.O. NO. E 4866

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32298

E_4866

DATE 2-6 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

[illegible]

LOT 2116 GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4866

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

MEMO

02/20/85

E-4866

Karen Rhiner
2649 Elyssee St.
San Diego, CA 92123

Dear Ms. Rhiner:

In regards to the preneed services for Marie A. Gustafson I have enclosed an interment order for your signature.

Please return it along with your check for $225.40. As we discussed, the $225.40 is not guaranteed if a rate increase occurs before need of service.

I also enclosed a copy of the work order for you to keep.

If I can be of any further assistance, please don't hesitate to call.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-20 19 85

CHARGE Jackson A & Guy Seaberry

ADDRESS 644 S 47th St. SD. Ca. 92113

NAME OF DECEASED Transfer from

OWNER Elda Arthur

ADDRESS 143 Ellen Lane. Oceanside Ca

MORTUARY 757-2594 92054

LOT 3420 GR ____ ROW ____ SEC ____ ~~SEK~~ DIV 10 —

OPENING/ CLOSING TIME ____ DAY DATE ____

VAULT/LINER ____ SIZE ____

REC. FEE/REMOVAL/FOUNDATION ____ 35 00

TOTAL 35 00

PAID RECEIPT NUMBER 2-20-85 32281 35 00

BALANCE ~~0~~

PAID
FEB 20 1985
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 Lang

W.O. NO. E 4867

INVOICE NO. ____

PY-593 (4-82) #11151

E-4867

Memo From . . . . JAMES A. MARCH

Transfer:

Lot 3420, Division 10, Mt. Hope

From:

Elda Arthur
143 Ellen Lane
Oceanside, CA 92054
757-2594

To:

Jackson A. and Ivy Seaberry
644 S. 47th St
San Diego, CA 92113

E_4867

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

8000

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
BYREL	BOONE	ARTHUR, JR.	MARCH 10, 1981	0851

3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR: MONTHS, DAYS / IF UNDER 24 HOURS: HOURS, MINUTES)
MALE	WHITE	AMERICAN	FEBRUARY 20, 1910	71

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
WEST VIRGINIA	BYREL BOONE ARTHUR, SR. - WEST VIRGINIA	KATHERN LEONA KEENAN - WEST VIRGINIA

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	234-18-9363	MARRIED	ELDA MAZZI

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
FIREFIGHTER	37	U.S. MARINE CORPS	CIVIL SERVICE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
143 ELLEN LANE		OCEANSIDE

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
SAN DIEGO	CALIFORNIA	ELDA ARTHUR (Wife) 143 ELLEN LANE OCEANSIDE, CA 92045

21A. PLACE OF DEATH	21B. COUNTY	
TRI-CITY HOSPITAL	SAN DIEGO	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	**21D. CITY OR TOWN**	
4002 VISTA WAY	OCEANSIDE	

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	CARDIOPULMONARY ARREST	ONE HOUR
DUE TO, OR AS A CONSEQUENCE OF (B)	ARTERIOSCLEROTIC HEART DIS.	THREE YEARS
DUE TO, OR AS A CONSEQUENCE OF (C)	CORONARY ATHEROSCLEROSIS	UNK.

24. WAS DEATH REPORTED TO CORONER?	25. WAS AUTOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
YES	NO	NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO — DATE:

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. OR YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. OR YR.)	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
3-27-78	19-81	Dixon A Lee MD	3/10/81	A17761

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Dixon Lee, MD 3923 Waring Road Oceanside, CA

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
CREMATION	03/12/81	GREENWOOD CREMATORY - SAN DIEGO	NOT EMBALMED

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
HUMPHREY CHULA VISTA MORTUARY	Ronald L. Parrish M.D.	MAR 11 1981

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (10-78)

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.

SAN DIEGO DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HWY., SAN DIEGO, CA 92101

Ronald L. Parrish M.D.

FEE PAID: $3.00

DATED: MAR 11 1981

E_4867

February 2, 1985

March Associates
644 Floyd Ave.,
Chula Vista, Ca.

Gentlemen:

This will attest to the fact that my husband, Byrel B. Arthur, (dec. March 1981) was the sole owner of Lot 3420, Division 10, Mount Hope Cemetery, San Diego, California, and that upon his death, the above mentioned property reverted to me.

Therefore, I am the sole owner and legally entitled to dispose of it.

Elda Arthur

Elda Arthur
143 Ellen Lane
Oceanside, Ca.
92054

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-4867 **DEED**

11/10/1966
2738

OWNERSHIP AND INTERMENT PRIVILEGES

TO Byrel B. Arthur for the sum of $ 185.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3420 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-3791

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

R.W. Dehne
Cemetery Manager

Eric Quarles
Public Works Director

FORM PW-584

POWER OF ATTORNEY

E-4867

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Elda Arthur

_____, the undersigned

(jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

_____

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 3420
Division 10
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 29th day of January, 19 85.

X Elda Arthur

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On this 29th day of January, in the year 19 85, before me, the undersigned, a Notary Public in and for said State, personally appeared *** Elda Mazzi Arthur*****

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed it.

WITNESS my hand and official seal.

Ruth S. Gower

Notary Public in and for said State.

OFFICIAL SEAL
RUTH S. GOWER
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Exp. Oct. 28, 1988

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32281

DATE 2-20 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 13420 GRAVE ROW SECTION DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4867

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 22 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-21 19 85

CHARGE Thomas & June Arey

ADDRESS PO Box 468 Valley Ctr, Ca 92250

NAME OF DECEASED Pierced Lot

OWNER

ADDRESS

MORTUARY

LOT 11 GR 1 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 2-21-85 32282	200	00
BALANCE	295	00

4-4-85 32391 180.00

+ 195.00

5-3-85 32477 195.00

-0-

Due 5-21-85

PAID
MAY 3 1985
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 June Arey ORDER TAKEN BY Lang

W.O. NO. E 4868 INVOICE NO.

PY-593 (4-82) #11147

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32477

DATE 5-3 19 85

FROM June Arp ADDRESS PO Box 468 Saltville, Va 9[illegible]

One hundred ninety five and [illegible] DOLLARS ($ 195.[illegible])

IN full PAYMENT OF Prepaid lot

LOT 11 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4868

UNPAID BALANCE AFTER THIS PAYMENT V

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 15 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	39.00
20% SALES OF LOTS	100 77184	156.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32391

DATE 4-4-85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 11 GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4868

UNPAID BALANCE AFTER THIS PAYMENT 195

AC-512 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT	67007	
30% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32282

E- 4868

DATE 2-21 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 11 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. [illegible]

W.O. E-4868

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 28 1985
007260

ISSUED BY [illegible]

CREDIT	67007	
30% SALES CARE	77184	
50% SALES OF LOTS	100 77184	160 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-21 19 85

CHARGE Shirley H. Condra 584-0151

ADDRESS 5318 Canterbury Dr. SD 92116

NAME OF DECEASED Olive Pearl Nileman

OWNER

ADDRESS

MORTUARY Cypress View (Jerry Turner)

LOT GR 49 ROW 9 SEC 6 BLK DIV 7	Preneed	
OPENING/CLOSING TIME Upon family arrival AM DAY DATE FRI 3-1-85	95	00
VAULT/LINER Asph SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 2-2585 32295	225	40
BALANCE	-0-	

Notify family when flashes arrive

Family Notified 2/28

PAID
FEB 25 1985
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 Lang

W.O. NO. E 4869

INVOICE NO.

PY-593 (4-82)

E-4869

533

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Cypress View/Bonham Bros.

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Olive Pearl Hileman	Female	Dec.15, 1891	Feb. 21, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Shirley Condra - Cousin 5618 Canterbury Drive San Diego, CA. 92116

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED 2/26/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Nancy M. Smull
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 25 1985 MAR 1 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Camras, M.D. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

COPY 1

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32295

DATE 2-25- 19 85

FROM Shirley H. Condra ADDRESS 5318 Canterbury Dr.

Two Hundred Five DOLLARS ($ 205.00)

IN Check PAYMENT OF Services for Pearl Hileman

LOT 49 GRAVE 49 ROW 9 SECTION 6 DIVISION 7 BLOCK

INVOICE NO.

W.O. E-4869

UNPAID BALANCE AFTER THIS PAYMENT

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY J. Brand

CREDIT 30% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	95.	00
BOXES	100 77182	90.	00
REMOVALS FOUNDATIONS	100 77183	35.	00
SALES TAX	60101 9020	5.	00
TOTAL PAID $		225.	00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-21 19 85

CHARGE Vivian L. Hasty

ADDRESS 1200 Grand Ave Spvalley Ca 92077

NAME OF DECEASED Margaret I. Sherman

OWNER

ADDRESS

MORTUARY Hubbards - CV.

LOT 4463 GR ROW SEC BLK DIV 10 Reused

OPENING/CLOSING TIME 2:00 – DELIVERY ONLY – DAY DATE Mon 2-25-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER 2-21-85 32283 35 00

BALANCE 0

PAID
FEB 21 1985
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 Lang

W.O. NO. E 4870

INVOICE NO.

PY-593 (4-82)

E-4870

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARGARET IONE SHERMAN	Female	Mar. 24, 1897	Feb. 21, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Vivian L. Hasty - Daughter 1200 Grand Ave. Sp. 38 Spring Valley, Ca. 92077

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Hubbard Mortuary	474

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery San Diego, Ca.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: FEB 22 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Camel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: FEB 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32283

DATE 2-21 19 85

FROM Vivian Hasty ADDRESS 1200 Grand Ave. Sp Valley 92
Thirty five and 00/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Margaret D. Sherman Service

LOT 4463 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4870

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-21 19 85

CHARGE Lucinia Hudspeth

ADDRESS 718 So 39th St. SD, Ca 92113

NAME OF DECEASED Clories Hudspeth

OWNER

ADDRESS

MORTUARY Ragsdale

(DIP)

LOT 37 GR 2 ROW SEC 16 BLK 7 DIV		247	50
OPENING/CLOSING TIME 2:00 DAY DATE Mon 2-25-85 -CHAPEL-		295	00
VAULT/LINER Bell SIZE		345	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		827	20
PAID RECEIPT NUMBER 2-21-85 32284		837	20
BALANCE		0	

PAID

FEB 21 1985

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 Dyrell Hudspeth ORDER TAKEN BY Lang

W.O. NO. E 4871 INVOICE NO.

PY-593 (4-82)

E-4871

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLOIES HUDSPETH	Male	Aug. 18, 1940	Feb. 19, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Tyrell Hudspeth - Son 718 So. 39th Street San Diego, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 22 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 25 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Harold L. Ramos, M.D. M.P.H. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32284

DATE 2-21 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 37 GRAVE [illegible] ROW [illegible] SECTION 16 DIVISION [illegible] BLOCK 7

INVOICE NO. [illegible]

W.O. E-4871

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 5-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-22 19 85

CHARGE Frances Stone - Daughter

ADDRESS 5118 Cubari Pl. San Jose 95135

NAME OF DECEASED Eudora Bundy Ferry

OWNER

ADDRESS

MORTUARY Oak Hill mem Pk (William Ray)

LOT 3 GR 2 ROW SEC 2 ~~BLK~~ DIV 1		
OPENING/CLOSING TIME AM DAY DATE TUES. 4-2-85	95	00
VAULT/LINER Ash SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 3-5-85 32311	225	40
BALANCE		

Interment order required requested again 3-21-85

Head of grave

PAID
MAR - 5 1985
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 Lang

W.O. NO. E 4872

INVOICE NO.

PY-593 (4-82)

E_4872

Oak Hill
Funeral Home and Memorial Park

• 300 CURTNER AVENUE, SAN JOSE, CALIFORNIA 95125
• P.O. BOX 224, SAN JOSE, CALIFORNIA 95103
TELEPHONE (408) 297-2447

January 31, 1985

Mount Hope Cemetery
3756 Market Street
San Diego, California 92101

Gentlemen:

At the request of Mrs. Frances Stone, 5118 Cribari Place, San Jose, California 94135, we are shipping to you prepaid the cremated remains of the late Eudora Bundy Ferry to be interred in your cemetery.

Enclosed please find a receipt which we would appreciate your signing upon receipt of the cremated remains and returning in the enclosed envelope.

Thanking you in advance for your attention to this matter, we remain

Very truly yours,

OAK HILL MEMORIAL PARK & MORTUARY

William E. Ray

William E. Ray
General Manager

WER:je
Encl.

E_4872

OAK HILL MEMORIAL PARK
OAK HILL IMPROVEMENT CO.
SAN JOSE, CALIFORNIA

RECEIPT FOR CREMATED REMAINS

RECEIVED THE CREMATED REMAINS OF Eudora Bundy Ferry

NO. 19843 DATE 02-07-85

X Barbara Lang

KINDLY SIGN AND RETURN.

MEMO from

MT. HOPE CEMETERY

3751 Market Street
San Diego, CA 92102
264-3151

02/22/1985

Oak Hill Funeral Home
300 Curtner Ave.
San Jose, CA 95125

Dear Mr. Ray:

As per our conversation I am sending you a statement (attached) for the burial of the cremains of Eudora Bundy Ferry. However, I have not received the interment order form I sent to you, therefore, I do not know the location for the burial.

I would appreciate the receipt of the interment order with your payment.

Thank you for your attention in this matter.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
02/22/85	E-4872

TO: Oak Hill Funeral Home
300 Curtner Ave
San Jose, CA 95125

DESCRIPTION OF CHARGE	AMOUNT
Eudora Bundy Ferry service	
Opening/Closing	$ 95.00
Ash Vault	90.00
Tax on vault	5.40
Recording fee	35.00
Total Due	$225.40

FORM PR-955 (10/64)

E_4872

May 10, 1984

Oakhill Funeral Home
Paulette
300 Curtner Avenue
San Jose, CA 95125

Dear Paulette:

As per our telephone conversation, the following information is available.

Lots owned by J.H. Ferry available for a set of ashes:

LOT	GRAVE	SECTION	DIVISION	BURIED
3	2	2	1	Mabel F. Halbert
4	1	2	1	Marshall W. Ferry
4	2	2	1	Mary H. Ferry

On the above locations you could add a new single marker or replace the old marker with both names on a new marker. It would be up to the monument maker if they could add a name to the existing marker.

Cost for services through June 30, 1984 would be:

Opening/Closing	$ 75.00
Ash vault	85.00
Tax on vault	5.10
Recording fee	35.00
Total cost	$200.10

These costs are not guaranteed on a preneed due to labor and inflation.

It I can be of any further assistance please let me know.

Sincerely,

Barbara Lang

Barbara Lang
Administrative Aide

from **MT. HOPE CEMETERY**

3751 Market Street
San Diego, CA 92102
264-3151

MEMO E_4872

Jan. 31. 1985

Bill Rae
Oak Hill Funeral Home
300 Curtner Ave.
San Jose, CA 95125

Dear Bill:

Please forgive the delay in sending this form, I was out ill with the flu. I hope it was not to much of an inconvenience for you.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

E_4872

MOUNT HOPE CEMETERY

_____ 19___

The undersigned hereby requests and authorizes the interment of the remains of _____ in Lot____ Gr____ Row____ Sec.____ Block____ Division____ 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.

_____

_____

Signature of relative or legal representative

_____

Address & relationship to deceased or authority to sign authorization

_____

Witness

_____

Witness

E-4872 MOUNT HOPE CEMETERY

March 21 19 85

The undersigned hereby requests and authorizes the interment of the ~~remains~~ Cremains of

Eudora Bundy Ferry in Lot 3 Gr 2 Row ____ Sec. 2

~~Block~~ Division / 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.

Frances Stone	Daughter
X Frances Stone	5118 Cribari Place, San Jose, CA 95135
Signature of relative or legal representative	Address & relationship to deceased or authority to sign authorization

X Mary M. Majors
Witness

Witness

E-4872

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EUDORA BUNDY FERRY	Female	Dec. 4, 1883	Jan. 24, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Jose	Santa Clara	Frances Stone - Daughter 5118 Cribari Place San Jose, CA 95135

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Oak Hill Funeral Home	991

TYPE OF PERMIT CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED ----		COUNTY -----
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Oak Hill Memorial Park/San Jose, CA	DATE CREMATED 1-28-85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY [signature]
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery/San Diego, CA		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION ----		-----
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ ----- DATE SIGNED -----
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS ----		----
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED JAN 24 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 2 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

COPY 1

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32311

DATE _____ 19____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

_____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. E-4872

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-213 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY _____

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-22 19 85

CHARGE Joanna Pendarvis-2637301

ADDRESS 7194 Jacmar Ave SD, Ca 92114

NAME OF DECEASED Moses Pendarvis

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 163 GR 5 ROW SEC 2 BLK DIV 12	495	00
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE Mon 2-25-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 2-22-85 32288	500	—
BALANCE	584	70

30 day note 3-21-85 32351 584.70

PAID
MAR 21 1985
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 Joanna Pendarvis ORDER TAKEN BY Lang

W.O. NO. E 4873

INVOICE NO. 029402
012436

PY-593 (4-82)

Number E-4873

Dated 2-22-85

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 58 40 .

Name Joanne Pendarvis

Address 7194 Jacmar Ave
S.D. Ca. 92114

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Joanna Pendarvis (NAME) (PROPERTY OWNED BY YOU) 7194 Jacmar (ADDRESS)

FORM PW-1573 (REV. 9-67)

E-4873

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MOSES PENDARVIS, JR.	Male	Nov. 2, 1947	Feb. 18, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Joanna Pendarvis - Wife 7194 Jackmar Ave. San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED FEB 22 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32288

DATE 2-22 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 163 GRAVE 5 ROW SECTION 2 DIVISION BLOCK

INVOICE NO. Check

W.O. E-4873

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	[illegible]
30% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32351

DATE 3-21 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN _____ PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW _____ SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4873

UNPAID BALANCE AFTER THIS PAYMENT _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY TREAS.
MAR 25 '85
PAID

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-1 4873

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 03/26/85

DATE: 03/26/85
TIME: 220153
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
029602	03/13/85	012436	JOANNE PENDARVIS					03/21/85	CA		584.70	584.70	0.00
			100	072		77181	000072				290.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			60101			9020					14.70		

E-1 4873

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 584.70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-22- 1985

CHARGE Alice P. Rhea

ADDRESS 1724 Burton St SDCa. 92111

NAME OF DECEASED Benjamin Frank Ross

OWNER

ADDRESS

MORTUARY Featheringill

LOT 132 GR 3 ROW SEC 14 BLK DIV 7	Prenced	
OPENING/CLOSING TIME 11100 GRAVESIDE DAY DATE MON. 2-25-85	295.	00
VAULT/LINER Bell SIZE	14" 245.	70 00
REC. FEE/REMOVAL/FOUNDATION	35.	00
TOTAL	589.	70
PAID RECEIPT NUMBER		
BALANCE		

Bill Mortuary

Prenced C-9174

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 Jonell

W.O. NO. E 4874

INVOICE NO. 029598
008622

PY-593 (4-82)

E_4874

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Benjamin Franklin Ross	Male	5/3/1897	2/21/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Alice P. Rhea, Daug. 1724 Burton Street, San Diego, CA 92111

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Featheringill Mortuary	1083

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. *SCIENTIFIC USE*
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION *OTHER THAN IN A CEMETERY*
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND *DISPOSITION OTHER THAN IN A CEMETERY*

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: FEB 22 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: FEB 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32394

DATE 04-15 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 13 GRAVE 3 ROW SECTION 14 DIVISION BLOCK 7

INVOICE NO. [illegible]

W.O. E-4874

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY OF SAN DIEGO
CITY TREAS.
APR 10 '85
PAID #13

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-4874

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/11/85

DATE: 04/11/85
TIME: 212736
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
029598	03/13/85	008022	FEATHERINGILL MORTUARY					04/05/85	CK	3641	589.70	589.70	0.00
			100	072		77181	000072				295.00		PAID IN FULL
		E-4874	100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			60101			9020					14.70		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-22 19 85

CHARGE Peter Remy - 283-4259

ADDRESS 4145 Iowa St #12 SD Ca. 92104

NAME OF DECEASED Preneed lot

OWNER

ADDRESS

MORTUARY

LOT 19	GR 5	ROW	SEC 16	BLK DIV 7		495	00
OPENING/ CLOSING TIME		DAY DATE					
VAULT/LINER		SIZE					
REC. FEE/REMOVAL/FOUNDATION							
					TOTAL	495	00
PAID RECEIPT NUMBER	222-85	32289				495	00
					BALANCE	0	

PAID
FEB 22 1985
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 Peter Remy

ORDER TAKEN BY Lang

W.O. NO. E 4875

INVOICE NO.

PY-593 (4-82) #11054

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32289

DATE 2-22 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 19 GRAVE 5 ROW SECTION [illegible] DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4875

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
30% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-22 19 85

CHARGE Esther Wright

ADDRESS 693 Pidgeon St. SD. Ca 92114

NAME OF DECEASED Robert Anthony Wright

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 73 GR 6 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/CLOSING TIME 12:30 -CHAPEL- DAY DATE Mon 2-25-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 2-22-85 32290	100	00
BALANCE	839	70

30 day note 3-1-85 32305 400.00

439.70

3-11-85 32322 100.00

339.70

3-28-85 32370 339.70

0

PAID
MAR 28 1985
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 Esther Wright ORDER TAKEN BY Lang

W.O. NO. E 4876 INVOICE NO. 030121 012550

PY-593 (4-82)

Number E-4876

Dated 2-22-85

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 839.70 .

Name Marilyn L. Blake

Address 259 Parkbrook Pl

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Marilyn L Blake — 259 Parkbrook Pl. SD 92114

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E-4876

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Robert Anthony Wright	Male	March 14,1961	February 17,1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Vacaville	Solano	Esther M. Wright- Mother 693 Pedgeon Street San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson & Ragsdale Mortuary	F-1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery- San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED N/A	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ N/A
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY N/A
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		N/A
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 20 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Edward P. Lopez, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32290

DATE [illegible] 19[illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4876

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-61)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32305

DATE 3-1 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 73 GRAVE 6 ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4876

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32322

DATE 3-11 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 100)

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4876

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	100 00
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100 00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32370

DATE 3-28- 19 85

FROM Esther Wright ADDRESS 693 Pedgion St. Sh. Ca. 92114

Three hundred and thirty-nine 70/100 DOLLARS ($ 339.70)

IN Cash PAYMENT OF Robert Anthony Wright Serv

Full

LOT 73 GRAVE 6 ROW SECTION 1 DIVISION BLOCK 13

INVOICE NO. Acct 012550

Inv. 0361218 70

W.O. E-4876

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE

SAN DIEGO CITY TREAS. APR 10 '85 PAID #13

ISSUED BY J. Bragg

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		339.70

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32371

DATE 3-28- 19 85

FROM Esther Wright ADDRESS 693 Edgeview St. Sp. Cn. 92114
Fifteen Ninety DOLLARS ($ 15.90)

IN Cash PAYMENT OF Flower Cup for Robert Anthony Wright

LOT 73 GRAVE 6 ROW SECTION 1 DIVISION BLOCK 6

INVOICE NO.

W.O. E-4876

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY J. Braggs

CREDIT 20% SALES CARE	67007 77184		
40% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	15	00
SALES TAX	60101 9020		90
TOTAL PAID $		15.	90

AC-212 (REV. 9-81)

E-4876

E-4876

030121	03/28/85	012550	ESTHER WRIGHT			03/28/85 CA	339.70	339.70	0.00
			100 072	77181	000072		45.00		PAID IN FULL
			100 072	77182	000072		245.00		
			100 072	77183	000072		35.00		
		E-4876	60101	9020			14.70		

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 2,784.10

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-22 19 85

CHARGE Betty + Bob Hildebrand

ADDRESS 4109 Vista Grande Dr. SD. Ca 92115

NAME OF DECEASED Victor C. Hildebrand

OWNER and pruned for Bernard

ADDRESS Franklin Hildebrand

MORTUARY Rogers

LOT 110 GR 10 ROW SEC 1 BLK DIV 11	990	00
OPENING/CLOSING TIME 10:00 CHAPEL DAY DATE THUR 2-28-85	295	00
	14	79
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1579	70
PAID RECEIPT NUMBER 2-22-85 32292	1579	70
BALANCE	0	

PAID
FEB 22 1985
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 Lang

W.O. NO. E 4877

INVOICE NO.

PY-593 (4-82) #11013

E-4877

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUTH E[illegible] HILDEBRAND	female	March 14, 1908	Feb. 22, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Robert Hildebrand - Son 4109 Vista Grande Drive San Diego, CA 92115

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary	69

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [XX] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery-3751 Market St. - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED FEB 26 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald La Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 28 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32292

DATE _____ 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. E-4877

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-213 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY _____

CREDIT	67007	
35% SALES CARE	77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 8020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-25 19 85

CHARGE Beverly Stone

ADDRESS 1210 Petrie Dr El Cajon, Ca 92020

NAME OF DECEASED William R. Stone

OWNER

ADDRESS

MORTUARY El Cajon

LOT 17 GR 10 ROW SEC MAS BLK DIV O	650	00
OPENING/CLOSING TIME 11:00 - GRAVESIDE - DAY DATE Wed 2-27-85	295	00
VAULT/LINER SIZE	19 330	80 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1329	80
PAID RECEIPT NUMBER 2-25-85 32293	1329	80
BALANCE	-0-	

8 chairs – 10 chairs

In from tree

✓ w/ Jim

PAID
FEB 25 1985
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 Beverly J Stone ORDER TAKEN BY Lang

W.O. NO. E 4878 INVOICE NO.

PY-593 (4-82)

E - 4878

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Wilbur Redpath Stone	Male	Sept. 15, 1914	Feb. 24, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Beverly Stone - Daughter 1210 Petree St. #282 El Cajon, CA 92020

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Mortuary	F 1022

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Not Applicable	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Not Applicable		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION Not Applicable		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS Not Applicable		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: FEB 26 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rogers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 27 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32293

DATE 02-25 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 17 GRAVE 10 ROW SECTION [illegible] DIVISION BLOCK

INVOICE NO. Check

W.O. E-4878

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
FEB 28 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	[illegible]
25% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	330
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-25 1985

CHARGE Dorothy M. Hamilton

ADDRESS 2545 Imperial Ave SD 92102

NAME OF DECEASED Elizabeth Freeny

OWNER

ADDRESS

MORTUARY Ragsdale (Narvella)

LOT 100 GR 1 ROW SEC 3 ~~BLK~~ DIV 12		360	00
OPENING/ CLOSING TIME -CHAPEL- 2:00 DAY DATE Thur 2-28-85		295	00
VAULT/LINER Bell SIZE		14 / 245	70 / 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	939	70
PAID RECEIPT NUMBER 32301		939	70
	BALANCE	0	

PAID
FEB 28 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

We select Mortuary to bring 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

ORDER TAKEN BY Lang

W.O. NO. E 4879

INVOICE NO.

PY-593 (4-82)

E-4879

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELIZABETH FREENY	Female	August 12, 1905	February 15, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Dorothy M. Hamilton - Daughter 2545 Imperial Avenue San Diego, California 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1325

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED FEB 25 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON FEB 28 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature]

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32301

DATE 02-21 19 16

FROM Anderson Kapstale ADDRESS 5050 Federal Blvd. S 92102

Nine hundred thirty nine and 70/100 DOLLARS ($ 139.70)

IN full PAYMENT OF Elizabeth Greeny Service

LOT 100 GRAVE 1 ROW SECTION 3 DIVISION BLOCK

INVOICE NO. check

W.O. E-4879

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	[illegible]
25% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-26-1985

CHARGE Carrol Dean Knight

ADDRESS 1551 Mare Ave. Chula Vista, Ca. 92011 426-7373

NAME OF DECEASED Opal Marie Carrol

OWNER

ADDRESS

MORTUARY (Conrad-Lemon Grave)

LOT 576 GR ROW SEC BLK DIV 10 $15.90

OPENING/CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL $15.90

PAID RECEIPT NUMBER CHECK #4064

BALANCE 0

Flower Cup

See W.O. 4679

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 4880

INVOICE NO.

PY-593 (4-82)

Est. of

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-26 1985

CHARGE Wanda Thomas 262-4547

ADDRESS 633 Escuela St SD, Ca 92102

NAME OF DECEASED Wanda Webster

~~OWNER~~ atty Est Hard & Fasher

ADDRESS ~~#6~~ 2645-1st Ave 233-7251

MORTUARY Ragsdale

LOT 956 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10	495	00
OPENING/ CLOSING TIME -CHURCH- 10:00 DAY DATE FRI 3-1-85	295	00
	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER		
BALANCE		

Bill Atty —

Creditors Claim

Sent 3-14-85

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 Wanda Thomas ORDER TAKEN BY Lang

W.O. NO. E 4881 INVOICE NO. 029604 012438

PY-593 (4-82)

E-4881

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
Atty Harold Lasher 2645 - 1st Ave. San Diego, CA 92101	233-7251	FILED FOR APPROVAL (DATE) (DEPUTY) DUPLICATE MAILED (DATE) (DEPUTY) PRESENTED TO COURT FOR APPROVAL (DATE) (DEPUTY)
ATTORNEY FOR: Wanda Webster (Deceased)		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
ESTATE OF: Wanda Webster DECEDENT		
CREDITOR'S CLAIM*		CASE NUMBER

THIS CLAIM MUST BE PRESENTED TO THE PERSONAL REPRESENTATIVE OR FILED IN THE OFFICE OF THE CLERK OF THE COURT IN DUPLICATE WITHIN FOUR MONTHS AFTER THE DATE OF FIRST ISSUANCE OF LETTERS OR AS PROVIDED IN PROBATE CODE 700.

DECLARATION OF CLAIMANT

1. Total amount of the claim is: $ 1084.70

2. Claimant (Name) Mt. Hope Cemetery
   a. ☒ An individual.
   b. ☐ An individual doing business under the fictitious name of:
   c. ☐ A partnership.
   d. ☐ A corporation.

3. The claimant's address is: 3751 Market St., San Diego, CA 92102

4. I am authorized to make the claim which is justly due or may become due. To my knowledge there are no offsets or payments which have not been credited. I declare under penalty of perjury under the laws of the State of California that this creditor's claim, including any attachments, is true and correct.
   Dated: 03/14/85

5. Barbara Lang, Acting Cemetery Manager (TYPE NAME AND TITLE) Barbara L. Lang (SIGNATURE)

(ITEMS 6 — 9 TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE)

6. a. Date of first issuance of letters: b. Date of death:

7. This claim was presented on (Date):

8. Claim is ☐ allowed for: $ ☐ Rejected for: $

9. Estimated value of estate:

....
(TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE) (SIGNATURE OF PERSONAL REPRESENTATIVE)

10. ☐ Approved for: $ ☐ Rejected for: $

Dated: .....
(Signature of ☐ Judge ☐ Commissioner)

11. Total number of pages attached ..... *(Continued on Reverse Side)*

*See reverse side for instructions before completing. No attachment permitted less than on a full page (California Rule of Court 201 (b)).

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered, or the debt incurred. The item or service should be described in detail, and the amount claimed for each item indicated. If any debt was incurred after the date of death, except funeral claims, it must not be included as an item on this claim form.

If the claim is based upon a note or other written instrument, a copy of such note or instrument must be attached. If secured by mortgage, deed of trust or other lien on property that is of record, it is sufficient to state the date, book and page and county where recorded.

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
03/01/85	Wanda Webster Service	
	Lot 956 Divn 10	$495.00
	Opening/Closing	295.00
	Concrete Bell Liner	245.00
	Tax on liner	14.70
	Recording Fee	35.00
	TOTAL	$ 1084.70

CREDITOR'S CLAIM

PR-17 (Rev 10-84)

E-4881

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Wanda Webster	Female	Sept. 14, 1915	Feb. 25, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Georgia Thomas - Sister 6823 Tyree Street Dallas, Texas 73209

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED FEB 28 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Camras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 1 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-27 1985

CHARGE E. Sylvia Ulman

ADDRESS 629 Midway St. La Jolla 92037

NAME OF DECEASED Halma, Rebecca P.

OWNER

ADDRESS

MORTUARY Humphreys

		Amend
LOT 0 GR 3 ROW SEC 3 ~~BLK~~ DIV 1	218	50
OPENING/CLOSING TIME 2:00 -graveside- DAY DATE Thurs. 2-28-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	808	20
PAID RECEIPT NUMBER		
BALANCE		

30 day

Disinter 2 sets of ashes upon delivery after full-size burial

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 E. Sylvia Ulman ORDER TAKEN BY Lang

W.O. NO. E 4882 INVOICE NO. 029603 012437

PY-593 (4-82)

Number E-4882

Dated 27 Feb. 1985 San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 808.20.

Name E. SYLVIA ULMAN

Address 629 MIDWAY ST.
LA JOLLA, CA. 92037

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

E. Sylvia Ulman 629 Midway St.,
NAME (PROPERTY OWNED BY YOU) ADDRESS

La Jolla, Calif. 92037

FORM PW-1573 (REV. 9-67)

E-4882

MOUNT HOPE CEMETERY

6-26 1968

The undersigned hereby requests and authorizes the interment of the remains of Rebecca P. Halma in Lot O Gr 3 Row ____ Sec. 3 ~~Block~~ Division 1 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.

Rebecca P Halma 4420 Maryland St San Diego Ca

Signature of relative or legal representative

R. W. Dehne
Witness

Witness

Address & relationship to deceased or authority to sign authorization

Wife of Frederick F. Halma

E_4882

MOUNT HOPE CEMETERY

10-13 19 80

The undersigned hereby requests and authorizes the interment of the remains of Rebecca Halma in Lot O Gr 3 Row _____ Sec. 3
~~Block~~
Division 1 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.

1176 Casiano Road
Los Angeles CA. 90049
(213) 476-4035

Holmes Halma
Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization
Son of F.F. & Reb. Halma
Brother of Harold Halma.

R.C. Dehne
Witness

Witness

I hereby hold Mt. Hope Cemetery not liable for the disinterment & reinterment of the Ashes of Frederick F. & Harold Halma, when above burial is made.

E_4882 MOUNT HOPE CEMETERY

1-8 1957

The undersigned hereby requests and authorizes the interment of the remains of Rebecca P. Halsma in Lot O Gr 3 Row ____ Sec. 3 ~~Block~~ Division 1 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.

X Mrs. Rachel M. Traggardh

X 2753 Columbia St. San Diego 1 Calif

Signature of relative or legal representative.

Address & relationship to deceased or authority to sign authorization.

Witness

Witness

E 4882

PALMA Family

From Humphries

Lot O, Gr-3, Sec 3, Div 1

FAMILY WISHES TO
DISINTER (2) ASHES
TO PERMIT STANDARD
INTERMENT... USE
FACTOR OF 2.3 X ASH opening
TO determine ~~Additional~~ Charges
(218.50) OR DOUBLE Depth
Fee ($297.10) WHICHever

E-4882

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
REBECCA CORNELIA HALMA	Female	12/26/1888	02/26/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Holmes Halma (Son) 1176 Casiano Road Los Angeles, Ca. 90049

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary	F-964

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery San Diego, Ca.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: FEB 27 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remus, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: FEB 28 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4882

E-4882

029603 03/13/85 012437	E. SYLVIA ULMAN			04/12/85 CK #8		808.20	808.20	0.00
	100	072	77181	000072		295.00		
	100	072	77182	000072		245.00		
	100	072	77183	000072		35.00		
	100	072	77184	000072		218.50		
	60101		9020			14.70		
							PAID IN FULL	

E-4882

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-28 19 85

CHARGE Lynn Willmarth

ADDRESS 160 Beloit Ave LA. Ca. 90049

NAME OF DECEASED Robert J. Willmarth

OWNER

ADDRESS 213- Bernard Johnson - 395-9988

MORTUARY Gates Kingsley Gates

LOT 1 GR 2 ROW SEC 5 BLK DIV 3	Prepaid	
OPENING/CLOSING TIME ~~graveside~~ 1230 DAY DATE Mon 3-4-85	295	00
VAULT/LINER Bell SIZE	245 (14)	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 3-4-85 32308	589	70
BALANCE	~~0~~	

PAID
MAR - 4 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Waiting to bring 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

ORDER TAKEN BY Lang

W.O. NO. E 4883

INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

E_4883

Nov 25 1975

The undersigned hereby requests and authorizes the interment of the remains of

Robert J. Willmarth in Lot 1 Gr 2 Row _____ Sec. 5

Division 3 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.

[signature] 90 LYFORD DR. #9

GRANDSON OF ADALIN STORY Ripley TIBURON, CA 94920

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Next of kin to original lot-owner

[signature]
Witness

[signature]
Witness

E-4883

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROBERT JAMES WILLMARTH	MALE	NOV 2[illegible] 1983	FEB 27 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
LOS ANGELES	LOS ANGELES	LYNN WILLMARTH (WIFE) 160 BELOIT AVENUE, LOS ANGELES, CA. 90049

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
GATES, KINGSLEY & GATES	F451

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY. SAN DIEGO CALIFORNIA.		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.** n/a		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED MAR 1 [illegible]	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 4 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32308

DATE 03-04 19 85

FROM Janet R. Fargo ADDRESS 61 Seminole Dr. Santa Barbara Ca

[illegible] hundred eighty nine and 00/100 - DOLLARS ($ 589.00)

IN full PAYMENT OF Roberts Wellmarth Services

LOT 1 GRAVE 3 ROW SECTION 5 DIVISION BLOCK 3

INVOICE NO. Check

W.O. E-4883

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 2-28 19 85

CHARGE Nellie Crews - 262-9848

ADDRESS 3778 Harding Ave SD 92113

NAME OF DECEASED Theodore Roosevelt Johnson

OWNER

ADDRESS

MORTUARY Hagedale

✓ (DIP)

* LOT 32 GR 1 ROW SEC 14 BLK DIV 1		247	50
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE Tues 3-5-85		295	00
VAULT/LINER Bell SIZE		245	88
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		837	20
PAID RECEIPT NUMBER 2-28-85 32300		837	20
BALANCE		~~0~~	

Renewed Lot - C-7401

* Allows for double deep privileges

PAID
FEB 28 1985
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 Nellie Crews ORDER TAKEN BY Lang

W.O. NO. E 4884 INVOICE NO.

PY-593 (4-82)

E-4884

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Theodore Roosevelt Johnson	Male	August 15,1914	Feb. 27, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Stanley Johnson - Brother 1691 E. 122nd St. Los Angeles, CA 90059

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS: NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED MAR 1 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 5 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32300

DATE 02-2 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 32 GRAVE 1 ROW SECTION 14 DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4884

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-1- 19 85

CHARGE Connie Howie

ADDRESS 3845 Madison Ave SD Ca 92116

NAME OF DECEASED Rowland C. Howie

OWNER

ADDRESS

MORTUARY Lewis Colonial / Benbaugh

LOT 36 GR ROW 3 SEC 7 BLK DIV 7	495	00
OPENING/CLOSING TIME 1:30 DAY DATE Tues 3-5-85	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 3-4-85 32306	1084	70
BALANCE	0	

PAID
MAR - 4 1985
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 Lester D. Dickerson ORDER TAKEN BY Lang

W.O. NO. E 4885 INVOICE NO.

PY-593 (4-82)

E-4885

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROLAND C. HOWIE	MALE	SEPT 25, 1905	FEB 28, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Connie Howie - wife 3845 Madison Ave. San Diego, CA 92116

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lewis Colonial/Benbough Mortuary	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	*NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED*: Mount Hope Cemetery - San Diego, CA	*COUNTY*: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED: ▶ SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED
SCIENTIFIC *USE*	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: MAR 4 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): MAR 5 1985	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32306

DATE 3-4- 19 85

FROM Connie Howie ADDRESS 3845 Madison Ave. Sp
One Thousand Eighty Four 5/100 DOLLARS ($ 1084.76)

IN Cash PAYMENT OF Services for Rowland C. Howie

LOT 36 GRAVE ROW 3 SECTION 7 DIVISION BLOCK 7

INVOICE NO.

W.O. E-4885

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY J. Bragg

CREDIT 20% SALES CARE	67007 77184	99.00
80% SALES OF LOTS	100 77184	396.00
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.00
TOTAL PAID $		1084.76

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-1 19 85

CHARGE Gladys May Watt Exam.

ADDRESS 2300 E. Valley Pkwy #150 Ca 92027

NAME OF DECEASED Transfer of Property

OWNER per attached Deed

ADDRESS (Howard L. Watt)

MORTUARY

LOT 6 GR 7 & 8 ROW SEC MAS BLK DIV R		
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION Transfer	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 3-1-85 32304	35	00
BALANCE	~~-0-~~	

PAID
MAR - 1 1985
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 Gladys May Watt ORDER TAKEN BY Lang

W.O. NO. E 4886 INVOICE NO.

PY-593 (4-82) #11057

OFFICIAL RECEIPT

WHITE . . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32304

DATE [illegible] 19__

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 6 GRAVE 7 & 8 ROW ____ SECTION MAS DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4886

UNPAID BALANCE AFTER THIS PAYMENT ____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

Return to: 6028 1704

E-4886

HANDLEY MASON CORNISH
CORNISH & CORNISH
Attorneys at Law
7755 Fay Avenue, Suite E
La Jolla, California 92037
Telephone: (714) 454-2162

FILED
9-2-77
ROBERT D. ZUMWALT, Clerk
BY ..... DEPUTY

Attorney for Petitioner

Judgment Entered HH 9-2-77
Book 1115 Page 288

SUPERIOR COURT OF CALIFORNIA, STATE OF CALIFORNIA

Estate of LAURA ETTA WILLIS Deceased.	Case No. 113148 JUDGMENT OF FINAL DISTRIBUTION ON WAIVER OF ACCOUNTING AND FOR ALLOWANCE OF COMMISSIONS AND ATTORNEYS' FEES FOR ORDINARY SERVICES, AND JUDGMENT OF FINAL DISTRIBUTION

MICHAEL J. ROGERS, as Administrator of the estate of LAURA ETTA WILLIS, deceased, having filed his Final Report and Petition of Administrator of the Estate for Final Distribution on Waiver of Accounting and for Allowance of Compensation to Administrator and Attorneys' Fees, and the report and petition coming on regularly for hearing, the Court finds:

1. Notice of hearing of the Petition has been regularly given as prescribed by law.

2. All acts and transactions of the Administrator of the Estate of LAURA ETTA WILLIS, deceased should be approved, and all allegations of the petition for its settlement and for final distribution are true.

3. LAURA ETTA WILLIS died intestate on September 15, 1976, in San Diego County, California, and was at the time

of her death a resident thereof.

4. On October 26, 1976, MICHAEL J. ROGERS was appointed Administrator of Decedent's estate and qualified as such on that date and since then has been and now is the Administrator of Decedent's estate.

5. Notice to creditors has been published for the period and in the manner prescribed by law. Within thirty (30) days after completion of publication of notice to creditors, an affidavit was filed with the clerk of this court showing due publication of notice to creditors in the manner and form required by law. More than four (4) months have elapsed since the first publication of notice to creditors. The time for filing or presenting claims has expired, and the estate is now in a condition to be closed.

6. No claims have been filed or presented against the estate.

7. All debts of decedent and of the estate and all expenses of administration have been paid, except closing expenses and commissions of petitioner as Administrator and attorneys' fees.

8. A written report of the inheritance tax referee appointed in the proceeding is on file, and an order fixing the inheritance tax due the State of California has been made by this Court. The tax has been paid in full as evidenced by the receipts of the County Treasurer of the County of San Diego.

9. No personal property taxes are due or payable in this estate.

10. No federal estate tax return has been filed for

this estate because the estate was not sufficient to require such a return, and no federal tax is due or payable in the estate.

11. No California or Federal Income tax is due or payable in the estate.

12. The estimated expenses of closing the estate are $100.00 and the Administrator should be authorized to withhold that sum from distribution.

13. All assets of the estate are decedent's separate property. GLADYS MAY WATT, daughter of the decedent, is the person entitled to succeed to the entire estate of the decedent subject to the payment of amounts ordered herein. A full, true and correct statement of all assets remaining in the estate are as follows:

(1) Improved real property commonly known as 4416 Ohio Street, San Diego, CA 92116, and legally described as :

South 15 ft. of Lot 29; the North 5 ft. of Lot 28; and the South 10 ft. of the North 15 ft. of the East 100 ft. of Lot 28 in Block 64 of University Heights in City of San Diego, County of San Diego, State of California, according to amended map thereof made by G.A. d'Hemecourt in Book 8, Page 36 et seq. of Lis Pendens in the office of the County Recorder of said county.

(2) Funds on deposit at Bank of America, Savings Account No. 9959-00260 $6,384.67

(3) Funds on deposit at Bank of America, checking Account No. 0095-7-01111 $390.32

14. The Administrator and the Attorneys are each entitled to statutory compensation as hereinafter set forth.

15. No request for special notice is on file herein.

... ...

IT IS ORDERED THAT:

1. The administration of the estate is brought to a close.

2. The petition and report of the Administrator is settled, allowed and approved as filed.

3. All acts and transactions of the administrator relating to the matters set forth in the petition and report are confirmed and approved.

4. The administrator is authorized and directed to retain $100.00 from distribution at this time to defray closing expenses and any unexpended portion of such reserve for closing shall be distributed to GLADYS MAY WATT who is entitled to distribution of the entire estate.

5. The Administrator is authorized and directed to pay to himself $1,018.07 as statutory commissions for services rendered in administration of this estate and to pay CORNISH & CORNISH, his attorneys, $1,018.07 as statutory fees for their services rendered in the administration of this estate.

6. Notice to creditors has been given as required by law.

7. The California inheritance taxes due and payable by the estate have been paid and are chargeable to GLADYS MAY WATT who is entitled to distribution of the entire estate.

8. Decedent died intestate, leaving surviving her as her only heirs, GLADYS MAY WATT, a daughter who is entitled to the entire estate, and MICHAEL J. ROGERS a grandson.

9. The property described below subject to payment of amounts ordered herein, is to be distributed to GLADYS MAY

WATT.

(1) Improved real property commonly known as 4416 Ohio Street, San Diego, CA 92116, and legally described as:

South 15 ft. of Lot 29; the North 5 ft. of Lot 28; and the South 10 ft. of the North 15 ft. of the East 100 ft. of Lot 28 in Block 64 of University Heights in City of San Diego, County of San Diego, State of California, according to amended map thereof made by G.A. d'Hemecourt in Book 8, Page 36 et seq. of Lis Pendens in the office of the County Recorder of said County.

(2) Funds on deposit at Bank of America, Savings Account No. 9959-00260 $6,384.67

(3) Funds on deposit at Bank of America, checking Account No. 0095-7-01111 $390.32

10. Any other property of the estate not now known or discovered that may belong to the estate or in which the decedent or the estate may have an interest shall be distributed to GLADYS MAY WATT.

Dated: SEP 2 1977.

GILBERT HARELSON

Judge of the Superior Court

The foregoing instrument is a full, true and correct copy of the original on file in this office.

Attest SEP 7 1977 19

ROBERT D. ZUMWALT, County Clerk and Clerk of the Superior Court of the State of California, in and for the County of San Diego.

By Deputy

77-371872

FILE/PAGE NO.
BOOK 1977
RECORDED REQUEST OF

ATTORNEY

SEP 12 4 16 PM '77

OFFICIAL RECORDS
SAN DIEGO COUNTY, CALIF.
HARLEY E. BLOOM
RECORDER

$7.00

E-4886

LOT OWNER

Howard S. &

WATT, Gladys May, 2300 E. Valley Pkwy #150,

NAME ADDRESS

Escondido, CA

LOT 6 GR. 7&8 ROW _____ SEC MAS BLK _____ DIV R 92027

Transferred from Laura E. Willis WO E-4886

02/09/1987 WO E-6447 - PRENEED TRUST DEPOSIT

$484.80 = (2) Open/Close Cremains $210.,

(2) Ash Vaults $80., (2) Handling Fee $120.,

(2) Tax on Vaults $4.80., (2) Recording Fee $70/

PR-961 (REV. 1-83) TAYLOR SYSTEM OF CEMETERY RECORDING

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-4 19 85

CHARGE Diane Hollister

ADDRESS

NAME OF DECEASED Edward Tiemann

OWNER

ADDRESS

MORTUARY Featherngill

LOT 3545 GR ROW SEC BLK DIV 10	Prepaid	
OPENING/CLOSING TIME 1:30 -CHAPEL- DAY DATE Wed 3-6-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER		
BALANCE		

Bice mortuary

Prepaid D-8453

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 Lang

W.O. NO. E 4887

INVOICE NO. 029599
008622

PY-593 (4-82)

E-4887

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDWARD LOUIS TIEMANN	Male	July 9, 1912	Mar. 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Mrs. Diane Hollister, dau. 5871 Dugan Avenue La Mesa, California

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 4 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 6 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald E. Powers M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32395

DATE 04-05 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 3545 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. 029599

[illegible]

W.O. E-4887

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

SAN DIEGO CITY TREAS.
APR 10 '85
PAID #13

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-4887

029599	03/13/85	008622	FEATHERINGILL MORTUARY			04/05/85	CK	3641	589.70	589.70	0.00
			100	072	77181	000072			295.00		PAID IN FULL
			100	072	77182	000072			245.00		
			100	072	77183	000072			35.00		
			60101		9020				14.70		

E-4887

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-4 19 85

CHARGE Alice Strohmeyer

ADDRESS 3940 Larga Guerra Pl. Bonita 92002

NAME OF DECEASED Carmen Aranda

OWNER

ADDRESS

MORTUARY Berge Roberts

LOT 5 GR 11 ROW 30 SEC MAS BLK/DIV U	Preneed	
OPENING/CLOSING TIME 10:00 DAY DATE Wed 3-6-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 3-4-85 32307	589	70
BALANCE		

Preneed A-883
1949

PAID
MAR - 4 1985
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 Lang

W.O. NO. E 4888

INVOICE NO.

PY-593 (4-82)

E-4888

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CARMEN C. ARANDA	Female	January 8, 1902	FOUND March 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Mrs. Alice Strohmeyer-Daughter 3940 Bardaguera Place Bonita, CA 92002

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
BERGE-ROBERTS MORTUARY	F-284

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

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BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	***This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.***		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 05 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 6 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Combs, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32307

E 4888

DATE 3-4-85

FROM Mary Nunez ADDRESS 1742 Gamma St NC. 92154

Five Hundred Eighty Nine & 70/100 DOLLARS ($ 589.70)

IN Cash PAYMENT OF Services for Carmen Aranda

LOT 5 GRAVE 11 ROW 30 SECTION MAS DIVISION BLOCK LL

INVOICE NO.

E W.O. 4888

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY J. Bracy

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	305.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-4 19 85

CHARGE Frances Fisk Ph# 818-845-0727

ADDRESS 1401 North Catalina St. Burbank CA. 91505

NAME OF DECEASED Gladys D. Fisk

OWNER

ADDRESS

MORTUARY Cypress View / Jerry Turner

LOT 2 GR 8 ROW SEC MAS BLK (DIV) E Graveside

OPENING/CLOSING TIME 1:00 PM DAY DATE WED. 3-6-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

Graveside		
	295.	00
	115.	00
	135.	00
TOTAL	589.	00
BALANCE		

PAID RECEIPT NUMBER

Will bring check upon arrival

Bill mortuary

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 Jerry

ORDER TAKEN BY Jonell

W.O. NO. E 4889

INVOICE NO. 029601
000419

PY-593 (4-82)

E-4889

E-4889

029601 03/13/85 000419	CYPRESS VIEW MORTUARY			03/28/85 CK	071175	589.70	589.70	0.00
E-4889	100	072	77181	000072		295.00		PAID IN FULL
	100	072	77182	000072		245.00		
	100	072	77183	000072		35.00		
	60101		9020			14.70		

E_4889 MOUNT HOPE CEMETERY

March 31 1970

The undersigned hereby requests and authorizes the interment of the remains of GLADYS D. FISK in Lot 2 Gr 8 Row _____ Sec. Masonic ~~Block~~ Division E 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.

Gladys D. Fisk
Signature of relative or legal representative

398 Thorn St. San Diego 92103
Grand-daughter
Address & relationship to lot owner and/or authority to sign authorization

Witness

R. W. Mehne
Witness

E_4889

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Gladys Dondore Fisk	Female	July 15,1898	March 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Burbank	Los Angeles	Frances Fisk - Son 1401 No. Catalina Street Burbank, CA. 91505

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $4.90 / DATE PERMIT ISSUED: MAR 06 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Bonnah, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 6 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-5 19 85

CHARGE Guadalupe Arnold

ADDRESS 1210 E. Division St NC Ca 92050

NAME OF DECEASED Pre-Need Liners

OWNER

ADDRESS

MORTUARY

LOT 13 GR 9 ROW SEC 8 BLK DIV 5			
OPENING/CLOSING TIME	DAY DATE	29	40
VAULT/LINER (2)	SIZE	490	00
REC. FEE/REMOVAL/FOUNDATION			
	TOTAL	519	40
PAID RECEIPT NUMBER 3-5 85 32309		519	40
	BALANCE	~~10~~	

PAID
MAR - 5 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 Guadalupe Arnold ORDER TAKEN BY Lang

W.O. NO. E 4890 INVOICE NO. 0

PY-593 (4-82)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32309

DATE 3-5 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF (2) [illegible] (Not guaranteed)

LOT 13 GRAVE 9 ROW SECTION DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4890

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	49
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-5 19 85

CHARGE Charles D Smith

ADDRESS 1704 Granada Ave SD 92102

NAME OF DECEASED Preneed lots (2)

OWNER

ADDRESS

MORTUARY

LOT 137	GR 9 & 10	ROW	SEC	X	~~BLK~~ DIV 12		700	00
OPENING/ CLOSING TIME		DAY DATE						
VAULT/LINER		SIZE						
REC. FEE/REMOVAL/FOUNDATION								
						TOTAL	~~700~~	00
PAID RECEIPT NUMBER								
						BALANCE		

No payment on contract

Card sent 7-16-85

" " 11-26-85

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 Lang

W.O. NO. E 4891

INVOICE NO.

PY-593 (4-82)

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
03-05-1985	E-4891

TO:

Mrs. Charles G. Smith
1704 Granada Ave.
San Diego, CA 92102

DESCRIPTION OF CHARGE	AMOUNT
Purchase of (2) Preneed Lots Lot 137, Graves 9 & 10 Section 1, Division 12 - $350.00 each.	$700.00

If you have any questions please don't hesitate to call.

Barbara Lang

Barbara Lang
Acting Cemetery Manager

FORM PR-955 (10/64)

2 lots for $350.00

E_4891

in Div. 13

Lot-139 or 138 - Div. 13

Charles L. Smith

1704 Granada Ave.

SD. 92102

Barbara I sold

two (2) lots over the

phone to the above

name and address

She said send her the

Bill & She will mail

you the $700.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-5 19 85

CHARGE B. W. Nash

ADDRESS 638 So Gregory St. SD 92113

NAME OF DECEASED Charlene Nash

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 4308 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME -CHURCH- 2:00 DAY DATE Fri 3-8-85	295	00
VAULT/LINER Bell SIZE 14	245	10 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 3-5-85 32310	1084	70
BALANCE	-0-	

PAID
MAR - 5 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY By B W Nash ORDER TAKEN BY Lang

W.O. NO. E 4892 INVOICE NO.

PY-593 (4-82)

E_4892

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CHARLENE FLORENCE NASH	Female	March 8, 1919	March 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	B. W. Nash - Husband 638 So. Gregory Street San Diego, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY:
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: MAR 5 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: MAR 8 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4892

№ 32310

DATE 03-15 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4892

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 8 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-5 19 85

CHARGE B. W. Nash -239-4847

ADDRESS 638 So. Gregory St SD Ca. 92113

NAME OF DECEASED Prepaid lot

OWNER

ADDRESS

MORTUARY

LOT 4307 GR ROW SEC BLK DIV 10		495	00
OPENING/CLOSING TIME			
VAULT/LINER SIZE			
REC. FEE/REMOVAL/FOUNDATION			
	TOTAL	495	00
PAID RECEIPT NUMBER 8-14-85 32727 ✓		50	00
	BALANCE	445	00

PAID
MAY 7 1987
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Hold til 9-27-85 32805 ✓ 50.00

6-30-85 395.00

12-6-85 32935 ✓ 50.00

345.00

03-06-86 33169 ✓ 50 00

$295 00

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT. (over)
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 4893

INVOICE NO. #11406 legal typed

PY-593 (4-82)

	Bal Fwd		$295.00
4-4-86	33251	✓	50.00
			245.00
4-25-86	33307	✓	50.00
			$195.00
6-10-86	33443	✓	50.00
			145.00
7-28-86	33587	✓	50.00
			$95.00
05-07-87	34540		95.00
			-0-

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 33443

Date: 6-16, 19__

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-4893

Unpaid Balance after this Payment _____

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 12 1986

ISSUED BY _____

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
TOTAL PAID	$	

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33307

Date: 04-25, 19__

From: Booker Nash Address: 631 S. Irving St. Lot 7 Nutty and [illegible]

Dollars ($ 50.00)

In Cut Payment of Pre-need Lot

Lot 4307 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-4893

Unpaid Balance after this Payment $195.00

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
APR 30 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	50.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	50.00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33251

Date: _____, 19__

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division _____ Block _____

Invoice No. _____

Acct. No. _____

W.O. E 4893

Unpaid Balance after this Payment _____

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
APR 10 1986

ISSUED BY _____

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33169

Date: 03-06, 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 50.00)

In [illegible] Payment of [illegible]

Lot 4307 Grave [illegible] Row Section Division Block

Invoice No.

Acct. No.

W.O. E-4893

Unpaid Balance after this Payment $[illegible]

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 7 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	50.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	50.00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32935

Date: 12-6, 19

From: Booker W. Nash Address: 638 S Gregory, Sd Ca 92113

fifty and no/100 Dollars ($ 50.00)

In part Payment of Preneed lot

Lot 4307 Grave Row Section Division Block 11

Invoice No.

Acct. No.

W.O. E-4893

Unpaid Balance after this Payment $345.00

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
DEC 10 1985

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	10	00
80% Sales of Lots	100 77184	40	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	50	00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32805

DATE 9-27 19 85

FROM Booker W. Nash ADDRESS 6381 S. Bryant, Sn Ca 92115

Fifty and no/100 DOLLARS ($ 50.00)

IN part PAYMENT OF [illegible] deed lot

LOT 4317 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4893

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 01 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		50.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32727

DATE 8-14 19 85

FROM Booker W. Nash ADDRESS 638 So. Gregory St. [illegible]

Sixty and no/100 DOLLARS ($ 4.50)

IN Cart PAYMENT OF Pre-need lot

LOT 4207 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4893

UNPAID BALANCE AFTER THIS PAYMENT $4450

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 19 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	10
80% SALES OF LOTS	100 77184	40
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		51

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33587

Date: 7-28, 19[illegible]

From: Booker W. Nash Address: 631 S. Gregory [illegible]

Fifty and [illegible] Dollars ($ 50.00)

In Cash Payment of Pre-need Lot

Lot 4307 Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-4893

Unpaid Balance after this Payment 3.95

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUL 30 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	50.00
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	50.00

AC-212 (Rev. 8-85)

№ 34540

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 05-07, 19

From: Booker W. Nash Address: 638 S. Gregory Sd Ca 92113

Ninety five and no/100 Dollars ($ 95.00)

In full Payment of Preneed Lot

Lot 4307 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No. 7893

W.O. E 4893

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184	9.00
80% Sales of Lots	100 77184	86.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	95.00

AC-212 (Rev. 11-86)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-6- 1985

CHARGE Public Admin. - Mrs Wright

ADDRESS

NAME OF DECEASED Olson, Eva

OWNER

ADDRESS

MORTUARY Carroll's Mortuary

LOT 130 GR 1 ROW SEC 4 BLK DIV 7

OPENING/ CLOSING TIME	DAY DATE	295. 00
VAULT/LINER	SIZE	14. 70 / 245. 00
REC. FEE/REMOVAL/FOUNDATION		135. 00
	TOTAL	589. 70
PAID RECEIPT NUMBER		
	BALANCE	

Son requested scattered ashes to sea

Son's Ph# 466-2420

void VOID

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 Ponell

W.O. NO. E 4894

INVOICE NO.

FY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-6 1985

CHARGE Robert Ray Ivey Jr.

ADDRESS 368 Los Reyes Dr. SD 92114

NAME OF DECEASED Richard Earl Ivey

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 3860 GR ROW SEC ~~BLK~~ DIV 10	495	00
OPENING/ CLOSING TIME -CHAPEL- 2:00 DAY DATE Mon. 3-11-85	295	00
VAULT/LINER SIZE	19 330	80 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1174	80
PAID RECEIPT NUMBER 3-6-85 32313	1174	80
BALANCE	-0-	

PAID
MAR - 6 1985
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 Robert Ray Ivey Jr

ORDER TAKEN BY Lang

W.O. NO. E 4895

INVOICE NO.

FY-593 (4-82)

E-4.895

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Richard Earl Ivey	Male	Dec. 22, 1922	March 5, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
National City	San Diego	Robert R. Ivey - Nephew 368 Los Reyes Drive San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the *remains of the above named decedent under provisions of the Health and Safety Code*, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 7 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 11 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32313

DATE 03 [illegible] 19 ___

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ ___)

IN [illegible] PAYMENT OF [illegible]

LOT 3860 GRAVE ___ ROW ___ SECTION ___ DIVISION BLOCK ___

INVOICE NO. [illegible]

W.O. E-4895

UNPAID BALANCE AFTER THIS PAYMENT ___

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 #020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-6 19 85

CHARGE Golia Sharpe

ADDRESS 320 N 30th St SDCa. 92102

NAME OF DECEASED Keishawna Ethridge

OWNER

ADDRESS

MORTUARY Featherengill

LOT 684 GR ROW SEC 1 BLK DIV 7	90	00
OPENING/CLOSING TIME 1:00 DAY DATE Fri 3-8-85	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	220	00
PAID RECEIPT NUMBER 3-6-85 32314	220	00
BALANCE	-0-	

2' baby grave

PAID
MAR - 6 1985
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 Lang

W.O. NO. E 4896

INVOICE NO.

PY-593 (4-82)

E_4896

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KEISHAWNA DANAY ETHRIDGE	Female	Feb. 26, 1985	March 5, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San .Diego	Andrea L. Ethridge, mother 320 N. 30th St. San Diego, California

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 7 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 8 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature] Ramos, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32314

DATE 3-6 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($)

IN [illegible] PAYMENT OF [illegible]

LOT 684 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4896

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 5-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-7 1985

CHARGE Public Admin (Carol Wright)

ADDRESS 565-5494

NAME OF DECEASED George Smith ⊗

OWNER

ADDRESS

MORTUARY Telophase

LOT 64 GR 17 ROW SEC 2 ~~BLK~~ DIV 7	—	—
OPENING/ CLOSING TIME upon delivery DAY DATE Mon 4-1-85	95	00
VAULT/LINER Ash SIZE	5 / 90	40 / 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER		
BALANCE		

Bill PA

Creditors Claim

Interment order required

No services Head of grave

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 Lang

W.O. NO. E 4897

INVOICE NO. 030463

000952

PY-593 (4-82)

Sister of George

Marge Hestness
Route 4
Box #3
Iowa City, Iowa
52248

E-4897

PERMIT FOR DISPOSITION OF HUMAN REMAINS

2029

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
George Alfred Smith	Male	8-3-1918	2-28-1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Marjorie Hestness (Sister) Rt.4 Box 3 Iowa City, Iowa 52240

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
THE TELOPHASE SOCIETY	1272 DDF

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY: -------
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: CREMAR CREMATORY-ANAHEIM, CA	DATE CREMATED: 3-9-85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ Mark A. Warren
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mount Hope Cemetery 3751 Market St. San Diego, CA		COUNTY: San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		-------
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ PER AUTHORIZATION BY: Lou M. Monroe; DATE SIGNED: March 7, 1985
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: MAR 07 1985; SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Powers, M.D. KH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 1 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

6/21/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32604

DATE 6-20 19 85

FROM County of S.D. ADDRESS 5201-A Ruffin Rd SD 92[illegible]

One hundred twenty five and 50/100 DOLLARS ($ 125)

IN full PAYMENT OF George Smith Service

LOT 64 GRAVE 17 ROW SECTION 3 DIVISION BLOCK 7

INVOICE NO. Check

Inv # 630463

W.O. E-4897

UNPAID BALANCE AFTER THIS PAYMENT ✓

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E_ 4897

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
County of San Diego Public Administrator		FILED FOR APPROVAL (DATE) (DEPUTY)
ATTORNEY FOR:		DUPLICATE MAILED (DATE) (DEPUTY)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
ESTATE OF: George Smith DECEDENT		PRESENTED TO COURT FOR APPROVAL (DATE) (DEPUTY)
CREDITOR'S CLAIM*		CASE NUMBER

THIS CLAIM MUST BE PRESENTED TO THE PERSONAL REPRESENTATIVE OR FILED IN THE OFFICE OF THE CLERK OF THE COURT IN DUPLICATE WITHIN FOUR MONTHS AFTER THE DATE OF FIRST ISSUANCE OF LETTERS OR AS PROVIDED IN PROBATE CODE 700.

DECLARATION OF CLAIMANT

1. Total amount of the claim is: $ 225.40

2. Claimant (Name) MT. Hope Cemetery
   a. ☒ An individual.
   b. ☐ An individual doing business under the fictitious name of:
   c. ☐ A partnership.
   d. ☐ A corporation.

3. The claimant's address is: 3751 Market St., San Diego, CA 92102

4. I am authorized to make the claim which is justly due or may become due. To my knowledge there are no offsets or payments which have not been credited. I declare under penalty of perjury under the laws of the State of California that this creditor's claim, including any attachments, is true and correct.
   Dated: 4/16/85

5. Barbara Lang, Acting Cemetery Manager (TYPE NAME AND TITLE) Barbara Lang (SIGNATURE)

(ITEMS 6 — 9 TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE)

6. a. Date of first issuance of letters: b. Date of death:

7. This claim was presented on (Date):

8. Claim is ☐ allowed for: $ ☐ Rejected for: $

9. Estimated value of estate:

(TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE) (SIGNATURE OF PERSONAL REPRESENTATIVE)

10. ☐ Approved for: $ ☐ Rejected for: $

Dated: (Signature of ☐ Judge ☐ Commissioner)

11. Total number of pages attached ..... *(Continued on Reverse Side)*

*See reverse side for instructions before completing. No attachment permitted less than on a full page (California Rule of Court 201 [b]).

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered, or the debt incurred. The item or service should be described in detail, and the amount claimed for each item indicated. If any debt was incurred after the date of death, except funeral claims, it must not be included as an item on this claim form.

If the claim is based upon a note or other written instrument, a copy of such note or instrument must be attached. If secured by mortgage, deed of trust or other lien on property that is of record, it is sufficient to state the date, book and page and county where recorded.

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
04/01/85	George Smith Service	
	Lot 64, Grave 17 Section 2 Division 7	
	Opening/Closing	$ 95.00
	Ash Vault	90.00
	Tax on Vault	5.40
	Recording Fee	35.00
	TOTAL	**$ 225.40**

CREDITOR'S CLAIM

E-4897

E-4897

ACROJU RSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 000952 INVOICE: 030463 INV DATE: 04 10 85
NAME: COUNTY OF SAN DIEGO
1) PUBLIC ADMINISTRATOR 2) 5201-A RUFFIN RD
3) 4)
CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY:
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-4897 DAYS DUE: 030 INV TYPE: GE TYPE CHG: NOTICES: Y
TREAS-REF: Y ENCLOSURES: Y PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _
TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 225.40

DESCRIPTION OF CHARGE	AMOUNT
GEORGE SMITH SERVICE	
LOT 64 GR 17 SEC 2 DIV 7	
OPENING/CLOSING	95.00
ASH VAULT	90.00
TAX ON VAULT	5.40
RECORDING FEE	35.00
CREDITORS CLAIM ENCLOSED	
TOTAL DUE	225.40

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
#2
THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

PAID
JUN 20 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-7 19 85

CHARGE Ilene Gradney - 213-671-2978

ADDRESS 205 Regent Circle Inglewood, Ca 90305

NAME OF DECEASED Franklin Todd

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 5075 GR ROW SEC BLK DIV 10	650	00
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE Fri 3-8-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1239	70
PAID RECEIPT NUMBER 3-7-85 32315	1239	70
BALANCE	-0-	

PAID
MAR - 7 1985
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 Ilene Gradney ORDER TAKEN BY Lang

W.O. NO. E 4898 INVOICE NO.

PY-593 (4-82)

E_4898

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANKLIN - TODD	Male	Sept. 1, 1952	Found March 5, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Eartis L. Wright - Sister 5469 Roswell Street San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED MAR 7 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 8 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . . TO CUSTOMER
CANARY . . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32315

DATE _____ 19 ____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. _____

W.O. E-4898

UNPAID BALANCE AFTER THIS PAYMENT _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY _____

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-7 19 85

CHARGE Lucille Mendoza

ADDRESS 100 E 3rd Nat City Ca 92050

NAME OF DECEASED Eunice Vargas

OWNER

ADDRESS

MORTUARY Heath

LOT 3230	GR	ROW	SEC	~~BLK~~ DIV 10	495	00
OPENING/ CLOSING TIME -CHAPEL- 11:00			DAY DATE	Mon 3-11-85	295	00
VAULT/LINER Bell			SIZE		24 14	70 00
REC. FEE/REMOVAL/FOUNDATION					35	00
				TOTAL	1084	70
PAID RECEIPT NUMBER 3-8-85 32317					1084	70
				BALANCE	~~0~~	

PAID
MAR - 8 1985
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 Lucille Mendoza ORDER TAKEN BY Lang

W.O. NO. E 4899 INVOICE NO.

PY-593 (4-82)

E-4899

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EUNICE MENDOZA VARGAS	FEMALE	MARCH 20, 1933	MARCH 6, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	David B. Jimenez - Son 100 East 3rd Street National City, CA 92050

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	*ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION* N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 — DATE PERMIT ISSUED MAR 11 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Conrad, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (DATE) MAR 11 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32317

DATE 03-01 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 3230 GRAVE [illegible] ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4899

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-8 19 85

CHARGE Robert Lee Washington

ADDRESS 5133 Solola Ave SD. 92114

NAME OF DECEASED Transfer from

OWNER Mabel Porter

ADDRESS

MORTUARY Referred from Ragsdale

LOT 2731 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10

OPENING/ CLOSING TIME ____ DAY DATE ____

VAULT/LINER ____ SIZE ____

REC. FEE/REMOVAL/FOUNDATION ____ 35 00

Transfer fee TOTAL 35 00

PAID RECEIPT NUMBER 3-8-85 32316 35 00

BALANCE 0

PAID

MAR - 8 1985

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 Lang

W.O. NO. E 4900 INVOICE NO. ____

PY-593 (4-82)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32316

DATE _____ 19 ____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

_____

LOT 1721 GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. E-4900

UNPAID BALANCE AFTER THIS PAYMENT _____

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY _____

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

E - 4900

QUITCLAIM DEED

UNMARRIED PERSON

Know All Men by These Presents:

THAT Mable Porter and

unmarried, GRANTOR,

for and in consideration of the sum of Three Hundred and 00/100----------

DOLLARS ($ 300.00),

in hand paid by Robert Lee Washington

, GRANTEE,

the receipt of which is hereby acknowledged, do hereby grant, convey, sell and quitclaim unto the said GRANTEE, and unto his heirs and assigns forever, all my right, title, interest and claim in and to the following lands lying in San Diego County, California

Lot 2731, Division 10 in Mt. Hope Cementary, 3751 Market St., San Diego, CA.

To have and to hold the same unto the said GRANTEE, and unto his heirs and assigns, forever, with all appurtenances thereunto belonging.

WITNESS my hand and seal on this 27th day of June, 19 84

Mabel Porter [SEAL.]

MABEL PORTER

[SEAL.]

ACKNOWLEDGMENT

STATE OF ARKANSAS, } ss.
County of HOWARD }

_____ } ss.
_____ }

On this day personally appeared before the undersigned, a Notary Public [*or*, _____ _____] within and for the County and State aforesaid, duly qualified, commissioned and acting, Mabel Porter and _____ to me well known as the Grantor in the foregoing Deed, and stated that S he had executed the same for the consideration and purposes therein mentioned and set forth.

WITNESS my hand and official seal on this 27th day of June, 1984

Peter R. Darling
Notary Public.

My commission expires:

12-21-91
(SEAL)

QUITCLAIM DEED

UNMARRIED PERSON

TO

This instrument was prepared by:
Peter R. Darling
Attorney at Law
P. O Box 1597
437 N. Main
Nashville, Arkansas 71852

Filed for record on the _____ day of _____, 19____, at _____ o'clock _____ M.

_____ Clerk.

By _____ D. C.

NOTE:—A wise man will have his deed recorded.

CERTIFICATE OF RECORD

THE STATE OF ARKANSAS, } ss.
County of _____ }

_____ } ss.
_____ }

I, _____, Circuit Clerk and Ex-Officio Recorder of the County aforesaid, do hereby certify that the annexed and foregoing instrument of writing was filed for record in my office on the _____ day of _____ A. D. 19____, at _____ o'clock _____ M., and the same is now duly recorded, with the acknowledgments and certificates thereon, in "Record Book _____," Page _____

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Court, this _____ day of _____, 19____

_____
Circuit Clerk and Ex-Officio Recorder.

By _____ D. C.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-8 19 85

CHARGE Patricia J Robbins

ADDRESS 517 Tyrone St El Cajon 92020

NAME OF DECEASED Helen S. Robbins

OWNER

ADDRESS

MORTUARY Erickson-Anderson

LOT 3 GR 2 ROW SEC 8 ~~BLK~~ DIV 3	Preneed		
OPENING/ CLOSING TIME grandside 2:00 DAY DATE Mon 3-11-85	295	00	
VAULT/LINER Bell SIZE	14 245	70 00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	589	70	
PAID RECEIPT NUMBER 3-11-85 32323	589	70	
BALANCE	-0-		

Need 12 chairs

PAID
MAR 11 1985
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 Lang

W.O. NO. E 4901

INVOICE NO.

PY-593 (4-82)

E-4901

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Helen Sue Robbins	Female	April 26,1902	March 7, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Mesa	San Diego	Patricia J. Robbins (Daug) 517 Tyrone Street El Cajon, CA 92020

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Erickson-Anderson Mortuary	296

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that *this permit gives no right of unrestricted access to property not owned by me.***		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED 3-11-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Record MD
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 11 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32323

DATE 3-11 19__

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT ____ GRAVE ____ ROW ____ SECTION ____ DIVISION ____ BLOCK ____

INVOICE NO. ____

W.O. E-4901

UNPAID BALANCE
AFTER THIS PAYMENT ____

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY ____

CREDIT	67007	
50% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32462

DATE 4-30 19 85

FROM Alan E House ADDRESS [illegible]

One hundred fifteen and [illegible] DOLLARS ($ 115.00)

IN full PAYMENT OF Marker installation for Helen Robbins.

LOT 3 GRAVE 2 ROW SECTION 6 DIVISION BLOCK 3

INVOICE NO. [illegible]

W.O. E-4901

UNPAID BALANCE AFTER THIS PAYMENT /

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 2 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	115
SALES TAX	60101 9020	
TOTAL PAID $		115

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-8 19 85

CHARGE Shawella Norris

ADDRESS 6264 Akins Ave SD, Ca 92114

NAME OF DECEASED Danika Burrows

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 1941 GR ROW SEC 1 BLK DIV 7	90	00
OPENING/CLOSING TIME -CHAPEL- 2:00 DAY DATE Tues. 3-12-85	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	220	00
PAID RECEIPT NUMBER 3-11-85 32320	220	00
BALANCE	-0-	

Baby

3mo

6 days

PAID

MAR 11 1985

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 Shawella Norris ORDER TAKEN BY Lary

W.O. NO. E 4902 INVOICE NO.

PY-593 (4-82)

E-4902

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TAMIKA MONIQUE BARROWS	Female	Nov. 28,1984	March 6, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Sharvella Norris - Mother 6864 Akins Avenue San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 12 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) MAR 12 1985		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos M.D. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4902

No 32320

DATE _____ 19 ____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT 1941 GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. E-4902

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 3-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY _____

CREDIT	67007	
25% SALES CARE	77184	
65% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-11 19 85

CHARGE Doris Castro

ADDRESS 4653 Blackfoot SD Ca.

NAME OF DECEASED Medora Villemare

OWNER

ADDRESS

MORTUARY Clairemont

(DIP)

LOT 46 GR 9 ROW SEC 16 ~~BLK~~ DIV 7 Preneed

OPENING/ CLOSING TIME - graveside 11:00 DAY DATE TUES 3-12-85 295 00

VAULT/LINER Bell SIZE 14 70 245 00

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 589 70

PAID RECEIPT NUMBER 3-12-85 32324 589 70

BALANCE 0

1st Burial 1974

Preneed D-5044

PAID

MAR 12 1985

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 Lang

W.O. NO. E 4903

INVOICE NO.

PY-593 (4-82)

E_4903 MOUNT HOPE CEMETERY

March 11 19 85

The undersigned hereby requests and authorizes the interment of the remains of Medora Villemure in Lot 46 Gr 9 ~~Section~~ ~~Row~~ ~~#~~ Sec. ~~#~~ 16 Block Division 7 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.

Daughter

Georgette C Soffietto
Signature of relative or legal representative

2669 Pruce St San Diego
Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E-4903

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Medora Villemure	Female	March 9,1895	March 9, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Doris Castro-Daughter 4653 Blackfoot Ave San Diego, California

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mortuary	F-1126

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, Market St., San Diego, Calif		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED MAR 11 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 12 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32324

DATE 5-12 19 [illegible]

FROM [illegible] Castro ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 46 GRAVE 9 [illegible] ROW SECTION 16 DIVISION BLOCK 7

INVOICE NO. [illegible]

W.O. E-4903

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-315 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-11 19 85

CHARGE Cline C. Cromwell

ADDRESS 1036 Oliver Ave SD Ca 92109

NAME OF DECEASED Transfer of Property

OWNER from Lloyd E. Rainwater

ADDRESS

MORTUARY

142 x 34

LOT 145 GR 2 ROW SEC 4 BLK DIV 7

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION Transfer	70	00
TOTAL	70	00
PAID RECEIPT NUMBER 3-14-85 32329	70	00
See WO 4905 BALANCE	0	

Need quitclaim deed and original deed -

Issue new Deeds

PAID
MAR 14 1985
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 Lang

W.O. NO. E 4904

INVOICE NO.

PY-593 (4-82)

E-4904

FORM NO. S-280-AF
(Order by Number)

This Space Reserved for Filing Stamp

QUIT CLAIM DEED

INDIVIDUAL FORM

THIS INDENTURE, Made this 12th day of March, A. D. 19 85

between Thelma L. Rainwater and/or Lloyd E. Rainwater

(deceased) of the first part,

and Pacific Beach Mortuary

of the second part.

Witnesseth, that said part y of the first part, in consideration of the sum of

One Hundred Eighty dollars and no/100 - - - - DOLLARS

to in hand paid, the receipt of which is hereby acknowledged, do hereby quit claim, grant, bargain, sell and convey unto the said part y of the second part all their right, title, interest, estate and every claim and demand, both at law and in equity, in and to all the following described property situate in San Diego County, State of California, to-wit:

Lot 142 - Grave 3 - Section 4 - Division 7
Lot 145 - Grave 2 - Section 4 - Division 7
Mount Hope Cemetery, San Diego, California

together with all and singular the hereditaments and appurtenances thereunto belonging.

To Have and to Hold the above described premises unto the said Pacific Beach Mortuary

its heirs and assigns forever, so that neither, the said parties

of the first part

or any person in their name and behalf, shall or will hereafter claim or demand any right or title to the said premises or any part thereof; but they and everyone of them shall by these presents be excluded and forever barred.

In Witness Whereof, the said part y of the first part ha s hereunto set her hand on the day and year first above written.

Thelma L. Rainwater

STATE OF OKLAHOMA
COUNTY OF Cleveland } SS:

INDIVIDUAL ACKNOWLEDGMENT
Oklahoma Form

Before me, the undersigned, a Notary Public in and for said County and State, on this 12th day of March, 1985, personally appeared Thelma L. Rainwater

to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as a free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

My commission expires 1/25/89

Shirley J Arrington Notary Public.

INDIVIDUAL ACKNOWLEDGMENT (Oklahoma Form)

STATE OF_____, County of_____, ss:

Before me the undersigned, a Notary Public, in and for said County and State, on this_____day of_____, 19____,

personally appeared_____

to me known to be the identical person_____who executed the within and foregoing instrument and acknowledged to me that_____

executed the same as_____free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

My commission expires_____ _____Notary Public.

INDIVIDUAL ACKNOWLEDGMENT (Oklahoma Form)

STATE OF_____, County of_____, ss:

Before me the undersigned, a Notary Public, in and for said County and State, on this_____day of_____, 19____,

personally appeared_____

to me known to be the identical person_____who executed the within and foregoing instrument and acknowledged to me that_____

executed the same as_____free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

My commission expires_____ _____Notary Public.

CORPORATION ACKNOWLEDGMENT (Oklahoma Form)

STATE OF_____, County of_____, ss:

On this_____day of_____, A. D., 19_____, before me, the undersigned, a Notary Public in and for the county and state aforesaid, personally appeared_____

to me known to be the identical person_____who signed the name of the maker thereof to the within and foregoing instrument as its _____President and acknowledged to me that_____executed the same as_____free and voluntary act and deed, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and seal the day and year last above written.

My commission expires_____ _____Notary Public.

When instrument is executed by a corporation, the corporate name must be shown and instrument signed by its President or Vice-President and attested by its Secretary or Assistant Secretary and the Corporate Seal affixed.

FORM NO. S-280-AF
(Order by Number)

QUIT CLAIM DEED
(Individual Form)

FROM

TO

STATE OF_____
County } SS.

This instrument was filed for record on the _____day of_____, 19____, at_____o'clock____M., and recorded in Book_____of_____at page_____Fee $_____

By_____ Deputy.

_____ County Clerk.

RETURN TO

Stock and For Sale by Southwestern Stationery and Bank Supply Co., Inc. Ponca City, Okla.

NOTARY ACKNOWLEDGMENT OF SIGNATURE BY MARK (Oklahoma Form)

STATE OF_____, County of_____, ss:

Before me_____, a Notary Public in and for said County and State on this_____

day of_____, 19_____, personally appeared_____

_____

to me known to be the identical person_____who executed the within and foregoing instrument by_____mark in my presence and in the presence of

_____

as witnesses and acknowledged to me that_____executed the same as_____free and voluntary act and deed for the uses and purposes therein set forth.

In Witness Whereof, I have hereunto set my hand and official seal the day and year last above written.

My commission expires_____ _____Notary Public.

NOTE—The signature by mark of a lessor who cannot write his name must be witnessed by two witnesses, one of whom must write lessor's name.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-11 19 85

CHARGE Clive C. Cromwell

ADDRESS 1036 Olivet Ave SD. Ca 92109

NAME OF DECEASED Dr Lincoln W. Cromwell

OWNER

ADDRESS

MORTUARY Pacific Beach (Dorothy)

LOT 145 GR 2 ROW SEC 4 BLK DIV 7			
OPENING/CLOSING TIME 10:00 DAY DATE THURS 3-14-85		295	00
VAULT/LINER Bell SIZE		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		589	70
PAID RECEIPT NUMBER 3-14-85 32329		589	70
BALANCE		-0-	

Record after transfer of property

Interment to be required

PAID

MAR 14 1985

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 Clive C. Cromwell ORDER TAKEN BY Lang

W.O. NO. E 4905 INVOICE NO.

PY-593 (4-82)

E-4905 MOUNT HOPE CEMETERY

March 7 1985

The undersigned hereby requests and authorizes the interment of the remains of Lincoln V. Cromwell in Lot 145 Gr 2 ~~Row~~ Div. 7 Sec. 4 Division 7 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.

X Clive C. Cromwell - SON

X 1036 OLIVER AVE. SAN DIEGO CA. 92109

Signature of relative or legal representative.

Address & relationship to deceased or authority to sign authorization.

Max L. Brudershein
Witness

Witness

E-4905

3/8/85

Lincoln Cromwell

Dr. Lincoln William Cromwell, 74, for many years a general practitioner and geriatric specialist in Pacific Beach, died Monday in Sharp Knollwood Convalescent Hospital.

Dr. Cromwell retired in 1982 and moved to Soap Lake, Wash. He was returning to San Diego when he became ill in Lancaster and was taken to Sharp Knollwood.

He was born in Quebec, Canada. He completed his pre-medical studies at UCLA and in 1938 graduated from McGill Medical School in Montreal.

He served as a captain in the medical corps of the Royal Canadian Army during World War II. Dr. Cromwell began practice in Pacific Beach in 1946. In 1963, he opened an office in Elsinore.

He is survived by a daughter and four sons, Leah Higgins of Pacific Beach, Clive C. and Dean D. Cromwell of La Jolla; Spencer L. Cromwell of Auburn, Wash., and Kent H. Cromwell of Reno, Nev., and eight grandchildren.

Services will be at 1:30 p.m. today in the Pacific Beach Mortuary, followed by burial in Mount Hope Cemetery.

E-4905

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lincoln William Cromwell	Male	8-21-1910	3-4-1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Clive C. Cromwell - Son 1036 Oliver Ave. San Diego, CA

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St., San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 6 - 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 14 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32329

DATE 3-14 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 145, 142 GRAVE 2, 3 ROW SECTION 4 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4904
E-4905

UNPAID BALANCE AFTER THIS PAYMENT X

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 20 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-11 19 85

CHARGE Piere D. Waleski

ADDRESS 4170 Hilltop Dr SDCa 92102

NAME OF DECEASED Maudie Greene

OWNER

ADDRESS

MORTUARY Cypress View (Mike)

LOT 144 GR 9 ROW SEC 2 BLK DIV 12	Prepaid	
OPENING/CLOSING TIME DIRECT BURIAL — 10-AM DAY DATE WED. 3-13-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 3/3-85 32327	35	00
BALANCE	-0-	

Prepaid E-1562

Son to be present at burial

PAID
MAR 13 1985
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 Lang

W.O. NO. E 4906

INVOICE NO.

PY-593 (4-82)

E_49.06

- PERMIT FOR DISPOSITION OF HUMAN REMAINS -

Found

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Maudie Mae Greene	Female	April 11, 1903	March 10, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Piero Wasleski - Son 4170 Hilltop Drive San Diego, CA. 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

XX
- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: MAR 13 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: MAR 13 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32327

DATE _____ 19____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

_____

LOT _____ GRAVE _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

_____

W.O. E-4906

_____

_____

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 9-81)

CITY AUDITOR
MAR 20 1985

NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE.

007930

ISSUED BY _____

CREDIT	67007	
25% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-11 1985

CHARGE John Charleston - 263-9326

ADDRESS 5449 Bayview Hts. SD. 92105

NAME OF DECEASED Preneed lot

OWNER

ADDRESS

MORTUARY

✓ LOT 154 GR 8 ROW SEC 1 ~~BLK~~ DIV 12	350	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	350	00
PAID RECEIPT NUMBER 3-11-85 32319	40	00
BALANCE	310	00
3-26-85 32361	100.00	
	210.00	
4-18-85 32426	50.00	
	160 00	
4-29-85 32455	30.00	
	130.00	
7-5-85 32637	50.00	
	80.00	

PAID
OCT 14 1985
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.

(over)

AUTHORIZED IN PERSON PHONE BY John Charleston ORDER TAKEN BY Lang

W.O. NO. E 4907 INVOICE NO.

PY-593 (4-82) #11203

8-6-85 32704 $80.00
40.00
$40.00

10-14-85 32843 40.00

— 0 —

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32843

DATE 10-14 19 [illegible]

FROM John Whelton ADDRESS [illegible]

[illegible] DOLLARS ($ 41 [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 154 GRAVE 1 ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4907

UNPAID BALANCE AFTER THIS PAYMENT /

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
OCT 21 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184	40	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		40	00

AC-312 (REV. 6-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32704

DATE 8-6 19 85

FROM Jean Charleston ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 154 GRAVE [illegible] ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4907

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 7 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184		
25% SALES OF LOTS	100 77184	41	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		41	00

AC-312 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32637

DATE 7-5 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 154 GRAVE [illegible] ROW SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4907

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	22	00
80% SALES OF LOTS	100 77184	28	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		[illegible]	[illegible]

AC-212 (REV. 3-61)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32455

DATE 4-27 19 15

FROM John Charleston ADDRESS 5449 Bayview Ave [illegible]

Forty and [illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 154 GRAVE 1 ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4907

UNPAID BALANCE AFTER THIS PAYMENT $ [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAY 2 1985
DCR 92316

ISSUED BY

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-213 (REV. 6-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32426

DATE 4-11 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 154 GRAVE [illegible] ROW SECTION [illegible] DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4907 - 4907

UNPAID BALANCE AFTER THIS PAYMENT $161

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 22 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67002 77184	[illegible]
30% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32361

DATE 03-26 19 85

FROM John Charleston ADDRESS [illegible]

One hundred and [illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 154 GRAVE 1" ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4907

E-4907

UNPAID BALANCE AFTER THIS PAYMENT $ 210.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 29 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	100
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32319

DATE 3-11 19__

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 40)

IN [illegible] PAYMENT OF [illegible]

LOT K4 GRAVE [illegible] ROW [illegible] SECTION 1 DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-44907

E-4407

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-513 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY [illegible]

CREDIT 35% SALES CARE	67007 77184		
35% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $			

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-11 19 85

CHARGE Robert W. Fassler

ADDRESS 812 Annapa Ct. SD Ca 92109

NAME OF DECEASED Anna M. Fassler

OWNER

ADDRESS

MORTUARY Lewis Memorial

(DIP)

LOT 41 GR 5 ROW SEC L BLK DIV 11 Prepaid

OPENING/CLOSING TIME - CHAPEL - 11:00 DAY DATE THurs 3-14-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER 3-11-85 32321 35 00

BALANCE

Prepaid D-9352

Set up at Monument.

PAID
MAR 11 1985
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 Lang

W.O. NO. E 4908

INVOICE NO.

PY-593 (4-82)

E-4908

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANNA MARGARET FASSLER	FEMALE	MARCH 5, 1895	MARCH 10, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	Robert W. Fassler - son 812 Anacapa Ct. San Diego, CA 92109

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/BENBOUGH MORTUARY	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED MAR 12 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Maria D. M. Fassler, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 14 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32321

DATE 3-11 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 41 GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4908

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 3-81)

545 – 5856

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-11 19 85

CHARGE Public Admin (Frank Bittner)

ADDRESS Indigent Burial

NAME OF DECEASED Jose Andrade

Case # 11125

OWNER

ADDRESS 281-7055

MORTUARY Mayer Mort. (John Mayer)

(DIP)

LOT 98 GR 243 ROW SEC 4 BLK 7 DIV		55	00
OPENING/CLOSING TIME 11:00 – DIRECT – DAY DATE TUES 3-12-85		90	00
VAULT/LINER SIZE		—	
REC. FEE/REMOVAL/FOUNDATION			
TOTAL		145	00
PAID RECEIPT NUMBER			
BALANCE			

Bill PA

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 Lang

W.O. NO. E 4909

INVOICE NO. 029596
000952

PV-593 (4-82)

E-4909

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Jose Andrade	Male	Unk	Dec.19,1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego/	Public Administrator 5201-A Ruffin Rd. San Diego, Ca. 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary	1424

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St, San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 11 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 12 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E_4909

CITY TREASURER
SAN DIEGO, CALIFORNIA

Jw 029596

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32429

DATE 4-17- 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

[illegible]

W.O. E-11909

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

SAN DIEGO
CITY TREAS.
APR 24 '85
PAID #3

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

04- 398458 E-4909 REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

VOI NUMBER	AUTHORITY	DESCRIPTION	INVOICE AMOUNT	COMM CODE	DISCOUNT AMOUNT	NET AMOUNT
	BS07-23-74	IB JOSE ANDRADE, ADULT				145.00
		NOT NEGOTIABLE				

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
(619) 236-3882

00647

TOTAL 145.00

E-4909

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 04/25/85

DATE: 04/25/85
TIME: 215120
PAGE: 3

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
029596	03/13/85	000952	COUNTY OF SAN DIEGO					04/14/85	CK	E-4909	145.00	145.00	0.00
E-4909			100	072		77181	000072				90.00		PAID IN FULL
			100	072		77184	000072				55.00		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-11 19 85

CHARGE Safari Messengale 283-3716

ADDRESS 3827 Chamoune apt A SD 92105

NAME OF DECEASED Sheila DeVon Messengale

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 2 GR 3 ROW SEC 3 BLK DIV 12		400	00
OPENING/CLOSING TIME 11:00 DAY DATE Wed 3-13-85	-CHAPEL-	285	00
VAULT/LINER Bell SIZE		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		989	70
PAID RECEIPT NUMBER 3-12-85 32325		989	70
BALANCE		-0-	

PAID
MAR 12 1985
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 Thelma Messengale ORDER TAKEN BY Lang

W.O. NO. E 4910 INVOICE NO.

PY-593 (4-82)

E-4910

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SHEILA DEVON MASSENGALE	FEMALE	JUNE 15, 1962	MARCH 7, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	THELMA JOYCE MASSENGALE 3827 CHAMOUNE AVE. APT. A SAN DIEGO, CALIFORNIA 92105

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
ANDERSON-RAGSDALE MORTUARY	1329

TYPE OF PERMIT CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY; 3751 MARKET STREET; SAN DIEGO, CA.		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	*NAME AND ADDRESS OF FACILITY RECEIVING REMAINS* N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED MAR 12 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Gerald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 13 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32325

DATE 3-12 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 3 GRAVE 3 [illegible] ROW SECTION 3 DIVISION BLOCK

INVOICE NO. cash

W.O. E-4910

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 14 1985

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-4910

PLEASE SEND REPLY TO OFFICE CHECKED:
☒ P.O. Box X1011 San Diego, CA 92112
☐ 315 4TH AVENUE CHULA VISTA, CA 92010
☐ 250 S. MAGNOLIA AVENUE EL CAJON, CA 92020

OFFICE OF
THE DISTRICT ATTORNEY
COUNTY OF SAN DIEGO
EDWIN L. MILLER, JR.
DISTRICT ATTORNEY

WILLIAM H. KENNEDY
RICHARD D. HUFFMAN
WAYNE A. BURGESS

PLEASE SEND REPLY TO OFFICE CHECKED:
☐ P.O. BOX 11188 SAN DIEGO, CA 92111
☐ 325 S. MELROSE VISTA, CA 92083
☐ 600 E. VALLEY PARKWAY ESCONDIDO, CA 92025

May 13, 1985 . Mount Hope Cemetary

Funeral/Burial Verification

Re: Claimant Thelma Marsh Claim No. N/A

The above person has filed a claim with the California Victims of Violent Crimes Program under Government Code Section 13959 et seq., for the funeral/burial expenses of Sheila Massengale (SSA#) 554-15-8321 on 3-7-85.

In order for us to verify the funeral/burial expenses, please send us a copy of the itemized statement and please complete the lower portion of this letter. A stamped, self-addressed envelope is enclosed for your use. Also enclosed you will find an authorization for the release of this information

Your prompt attention and cooperation in this matter will be appreciated.

Sincerely,

Sandra Aguirre

(619) 236-3233
Sandra Aguirre
Victim/Witness Assistance

Enc.

Funeral Costs $	Burial Costs $ 589.70	Plot Cost $400.00
Clergy/Religious Donations $	Payments By Claimant $ 989.70	V.A. $
Insurance $	Social Security $	Other $
By Whom	Balance Owing $ -0-	
Expecting Further Payments From Other Sources No Yes If Yes, Who		Amount $

Signed Barbara Lang Phone # 264-3151

Title Admin. Aide II Date 5/31/85

AUTHORIZATION TO OBTAIN INFORMATION

E-4910

STATE BOARD OF CONTROL
STATE OF CALIFORNIA

IN THE MATTER OF:

VICTIM: Sheila Devon Massengale APPLICANT: Thelma Marsh

Pursuant to Section 13959 et seq., California Government Code – Aid to Victims of Violent Crimes.

I HEREBY VOLUNTARILY CONSENT AND AUTHORIZE the Board of Control or their representatives to examine all medical and employment records, including but not limited to all governmental or private unemployment and disability insurance benefits, hospital/medical benefits, including diagnosis, prognosis, or evaluations.

I further authorize the examination of all Federal and State tax data, and other information concerning the financial status of the victim, his/her family or dependents, including all governmental or private benefits received and waive all legal privileges pertaining to such as would otherwise apply.

I understand this authorization is granted for a period of one year, for the purpose of pursuing a claim under the Victims of Violent Crime Program, pursuant to California Government Code Section 13959 et seq. I further authorize the use of a photo copy of this release and it is as valid as the original.

ENTER NAME, ADDRESS, AND TELEPHONE NUMBER OF CLAIMANT'S REPRESENTATIVE IF OTHER THAN APPLICANT

NAME	NAME OF FIRM OR ORGANIZATION	PHONE NUMBER
SANDRA AGUIRRE	VICTIM/WITNESS ASSISTANCE	(619) 236-3233

ADDRESS: P.O. BOX X-1011 (STREET) SAN DIEGO (CITY) CA (STATE) 92112-4192 (ZIP CODE)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT

DATED AT [illegible] CALIFORNIA, THIS ____ DAY OF ____, 1

APPLICANT'S SIGNATURE	ADDRESS STREET	CITY	STATE	ZIP CODE
▶ Thelma Marsh	3827 Chamoune #A	San Diego	CA	92105

SOCIAL SECURITY NUMBER	DATE OF BIRTH	MEDICAL OR MEDICARE NUMBER	PHONE NUMBER
547-31-8552	7/10/44	None	(619) 283-3716

E-4910 file

STATE BOARD OF CONTROL—VICTIM OF CRIME VERIFICATION UNIT

STATE OF CALIFORNIA

FUNERAL/BURIAL VERIFICATION
(8/83)

Please reply to:

- ☐ 30 Van Ness Avenue, Third Floor • San Francisco, CA 94102-6074 (415) 557-2936
- ☐ 107 South Broadway, Room 7118 • Los Angeles, CA 90012-4638 (213) 620-2764
- ☒ 1008 Second Street, Lower Level • Sacramento, CA 95814-3278 (916) 323-7081

Date 10/15/85

Mt. Hope Cemetary
3751 Market St
San Diego CA 92102

Deceased Victim: Shelia Devon Massengale
Date of Death: 3/7/85
Our Claimant: Thelma Marsh
Our Claim No.: 90534V

A Victim of Violent Crime claim has been filed for unreimbursed funeral/burial expenses. In order for us to process this claim please send a copy of the itemized statement and complete the lower portion of this form.

A release of information authorization is enclosed. Also provided is a self-addressed envelope for your convenience.

Thank you for your cooperation in this matter.

Sincerely,

L Poston
Claims Specialist
(916) 324-6722

GOVERNMENT CODE SECTION 13962(b) states in part"....All pertinent information deemed by the Board shall be returned to the Board within 10 business days...."

Enclosure

Funeral Costs $	Burial Costs $ 989.70	Headstone Costs $	Name & Address of Insurance
Soc. Sec. Benefit $	Veterans Benefits $	Insurance $	
Other Payments $	From Whom?		Phone ( ) / Policy No.
Paid by Claimant $ 989.70	Balance Owing $ -0-		Name of Policyholder
Plot []single []double	Further payments expected? []yes []no $ -0- From Whom?		SIGNED BY
Who is legally responsible for the bill?			TITLE Cemetery Manager
Comments			PHONE (619) 264-3151 / DATE 11/4/85

E-4910

AUTHORIZATION TO OBTAIN INFORMATION

STATE BOARD OF CONTROL
STATE OF CALIFORNIA

IN THE MATTER OF:

VICTIM: SHELIA DEVON MASSENGALE APPLICANT: THLEMA MARSH

Pursuant to Section 13959 et seq., California Government Code – Aid to Victims of Violent Crimes.

I HEREBY VOLUNTARILY CONSENT AND AUTHORIZE the Board of Control or their representatives to examine all medical and employment records, including but not limited to all governmental or private unemployment and disability insurance benefits, hospital/medical benefits, including diagnosis, prognosis, or evaluations.

I further authorize the examination of all Federal and State tax data, and other information concerning the financial status of the victim, his/her family or dependents, including all governmental or private benefits received and waive all legal privileges pertaining to such as would otherwise apply.

I understand this authorization is granted for a period of one year, for the purpose of pursuing a claim under the Victims of Violent Crime Program, pursuant to California Government Code Section 13959 et seq. I further authorize the use of a photo copy of this release and it is as valid as the original.

ENTER NAME, ADDRESS, AND TELEPHONE NUMBER OF CLAIMANT'S REPRESENTATIVE IF OTHER THAN APPLICANT

NAME	NAME OF FIRM OR ORGANIZATION	PHONE NUMBER
DONALD KOTTLER	LAW OFFICES OF DONALD KOTTLER	(213) 387-2266

ADDRESS STREET	CITY	STATE	ZIP CODE
3071 WILSHIRE BOULEVARD, 7TH FLOOR,	LOS ANGELES,	CALIFORNIA	90010

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT

DATED AT SAN Diego, CALIFORNIA, THIS 19 DAY OF July, 1985

APPLICANT'S SIGNATURE	ADDRESS STREET CITY STATE ZIP CODE
Thelma Marsh	3827 Chamoune Ave SAN Diego CA 92105

SOCIAL SECURITY NUMBER	DATE OF BIRTH	MEDICAL OR MEDICARE NUMBER	PHONE NUMBER
547-31-8552	7-10-44		(619) 283-3716

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32957

Date: _____, 19____

From: _____ Address: _____

_____ Dollars ($_____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-4910

Unpaid Balance after this Payment _____

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

AC 212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 18 1985

ISSUED BY _____

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-12 19 85

CHARGE Carlene Carrington

ADDRESS 4966 Federal Blvd SD 92102

NAME OF DECEASED Robert Mullen

OWNER

ADDRESS

MORTUARY Ragsdale

(DIP)

LOT 278 GR 3 ROW SEC 14 BLK DIV 7	Prepaid	
OPENING/CLOSING TIME 11:00 -CHECK- DAY DATE Fri 3-15-85	295	00
VAULT/LINER # SIZE	—	—
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	330	00
PAID RECEIPT NUMBER 3-25-85 32360	295	00
BALANCE	35	00

Lot Burial 1964

Vault coming from Whited to be set by Whited (Fiberglass Vault) per Tom E. Whited

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 B Lang

W.O. NO. E 4911

INVOICE NO. 030466
005665

PY-593 (4-82)

E-4911

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Robert (NMN) Mullens	Male	July 24, 1910	Found March 10, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Earlene Carrington - Daughter 4966 Federal Blvd. San Diego, CA 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3851 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that *this permit gives no right of unrestricted access to property not owned by me.***		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 — DATE PERMIT ISSUED MAR 13 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Cameron, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 15 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32360

DATE 03 25 19 15

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION 14 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4911

UNPAID BALANCE AFTER THIS PAYMENT $35.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 29 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-61)

E-4911

030466 04/10/85 005665 ANDERSON-RAGSDALE MORTUARY 04/16/85 CK 4599 35.00 35.00 0.00
100 072 77183 000072 35.00 PAID IN FULL

E-4911

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 1,094.70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-12 1985

CHARGE

ADDRESS

NAME OF DECEASED

OWNER

ADDRESS

MORTUARY Ragsdale (Skip)

(DIP)

LOT 23 GR 1 ROW SEC 1 ~~BLK~~ DIV 7		Preneed	
OPENING/ CLOSING TIME	DAY DATE	295	00
VAULT/LINER	SIZE		
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL		
PAID RECEIPT NUMBER			
	BALANCE		

Interment order

1st Annual 1985

not needed yet.

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 Lang

W.O. NO. E 4912

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-14 19 85

CHARGE James H. Laymon apt #223

ADDRESS 4260-44th St. S.D. Ca. 92115

NAME OF DECEASED Preneed lot + services

OWNER

ADDRESS Go Ruby Anglin #563-6789

MORTUARY

LOT 57 GR 5 ROW SEC 3 ~~BLK~~ DIV 5	495	00
OPENING/CLOSING TIME DAY DATE	295	00
VAULT/LINER Bell SIZE tax	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 3-21-85 32350	1084	70
BALANCE	-0-	

PAID
MAR 21 1985
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

~~The prices set forth for the above Pre-Need Services~~ (opening & closing of grave, liner or vault, and recording fee) ~~are not guaranteed prices. At the time of~~ burial, when the above pre-need services are utili[illegible] an additional payment, if applicable, will be requi[illegible] to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 see attached ORDER TAKEN BY B. Lang

W.O. NO. E 4913 INVOICE NO.

PY-593 (4-82) #11035

E_4913

San Diego, Calif
March 18 1985

Mt Hope Cemetery
3751 Market St
San Diego, CA 92102

Getting Secretary
Barbara Long:

Enclosed is James Haymon's check in the amount of 1084.70 for grave 5 lot 57 Sec 3 Div 5 and the charges for opening & closing the grave, the Bell Liner, tax and the recording fee

It is understood that the price of the grave will not increase but the other items are subject to increase if & when general increases become effective. He is delighted with the "whole package deal" & most thankful.

Please note that his supply of checks are previous to that branch bank moving to 4166 El Cajon Blvd but as I understand it the bank automatically accepts the old checks the new bank used his checkbook to check his balance, but how the bank works it is something beyond me.

Also please note the home address on the check is still proper for bank purposes. Ruby Angle # 563-6789

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-14 19 85

CHARGE James H. Laymon apt # 223

ADDRESS 4260-44th St. S.D. Ca. 92115

NAME OF DECEASED Preneed Lot + Services

OWNER

ADDRESS Go Ruby Anglin #563-6789

MORTUARY

LOT 57 GR 5 ROW SEC 3 ~~BLK~~ DIV 5	495	00
OPENING/CLOSING TIME DAY DATE	295	00
VAULT/LINER Bell SIZE tax	14 70	
	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER		
BALANCE		

~~The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utili[illegible] an additional payment, if applicable, will be requi[illegible] to reflect the current cost of providing the service.~~

No interest will be paid on the prepaid amount set forth on this order form.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON / PHONE BY X James H Laymon ORDER TAKEN BY B. Lang

W.O. NO. E 4913 INVOICE NO.

PY-593 (4-82)

MEMO from

MT. HOPE CEMETERY
3751 Market Street
San Diego, CA 92102
264-3151

E_4913

March 14, 1985

James H. Laymon
4260-44th St.
Apt. #223
San Diego, CA 92115

Dear Mr. Laymon:

Attached is the order to purchase the lot next to Ida M. Laymon. When purchased on a preneed basis the lot price is guaranteed against any rate increases. The other fees for Opening/Closing, Bell Liner and Recording Fee are subject to change. If a rate increase were to occur the difference in cost would be due at time of service only.

I have enclosed (2) copies of the order. One is for you to keep, the other please sign and return. You may indicate if you wish to just buy the lot at this time or pay for the lot and services.

If you have any questions, please call.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32350

E-4913

DATE 3-21 19 85

FROM James H. Laymon ADDRESS 4260-44th St. S.D. Ca. 92115

Ch. thousand eight four and 70/100 DOLLARS ($ 1,814.70)

IN full PAYMENT OF Preneed lot - guaranteed

Preneed Services - not guaranteed

LOT 57 GRAVE 5 ROW SECTION 3 DIVISION BLOCK 5

INVOICE NO. check

W.O. E-4913

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 26 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99
20% SALES OF LOTS	100 77184	396
OPENINGS	100 77181	395
BOXES	100 77182	245
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	14
TOTAL PAID $		1,814

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-14 19 85

CHARGE Ruther Ash - 262-6502

ADDRESS 1201 Kelton Rd. SD. Ca. 92114

NAME OF DECEASED Pierced Ear

OWNER

ADDRESS

MORTUARY

LOT 146 GR 9 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	350	00
PAID RECEIPT NUMBER 3-14-85 32230	100	00
BALANCE	250	00
4-15-85 32415	100	00
6/17/85- 32596 -	150	00
	0000	

PAID
JUN 17 1985
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 Ruther Ash ORDER TAKEN BY Lang

W.O. NO. E 4914 INVOICE NO.

PY-593 (4-82) #11165

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32596

DATE 6/17/85 19

FROM Ruth Ash ADDRESS 1201 Kelton Rd - SD - 92114

One Hundred fifty DOLLARS ($ 150.00)

IN full PAYMENT OF 1st - On Pre-need -

LOT 146 GRAVE 9 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO.

W.O. E-4914

UNPAID BALANCE AFTER THIS PAYMENT 0

-Cash-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 21 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	30.00
80% SALES OF LOTS	100 77184	120.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		150.00

MC-211 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32330

DATE 3-14 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 146 GRAVE 9 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4914

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 20 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32415

DATE 04-15 19 85

FROM Keith & Ash ADDRESS 1201 Kelton Rd. [illegible]

One hundred and [illegible] DOLLARS ($ [illegible])

IN Cart PAYMENT OF Pre-need lot

LOT 146 GRAVE 9 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4914

UNPAID BALANCE AFTER THIS PAYMENT $ [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	[illegible]
40% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11973

E-4914

DEED

DUPLICATE

OWNERSHIP AND INTERMENT PRIVILEGES

TO RUTHER ASH for the sum of $ 350.00 (DOLLARS)

LEGAL DESCRIPTION (LOT 146; GR. 9; SEC. 1; DIV. 12)

AS DESCRIBED ON PURCHASE ORDER NUMBER E-4914

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Flat Marker Only- 2" x 1"

Wendy To Teague
Cemetery Manager

J. T. Geoffs
Property Director

PY-584 (Rev. 12-92)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 03/14/ 19 85

CHARGE Conti & Sons

ADDRESS PO Box 94
San Diego, CA 92112

NAME OF DECEASED

OWNER #FH-25603192

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION February 1985 ~~Memorial Install.~~ 1070 00

TOTAL 1070 00

PAID RECEIPT NUMBER

BALANCE

2/4 -	Brown, Walter	$115.
"	Harper, Mary/Theo	75.
"	Oliver, Rolland/Sus	115
"	Estey, Ada	115
2/11 -	Fay, Ora Lee	115
"	Williams, Michael	75
2/25 -	Billings, Grace K.	115
"	Lund, Edith M.	115
"	Daniel, Ethel C.	115
"	Daniel, Fannie F.	115

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 B. Lang

W.O. NO. E 4915

INVOICE NO. 029779

PY-593 (4-82)

Acct.#004821

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32362

DATE 03-26 19 85

FROM Conte & Sons ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF Memorial installations for February 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. [illegible]

[illegible]

W.O. E-4915

UNPAID BALANCE AFTER THIS PAYMENT ✓

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

SAN DIEGO CITY TREAS.
MAR 28 '85
PAID #3

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-4915

029779 03/20/85 004821 CONTI AND SON MEMORIAL CO 03/28/85 CK 4311 1,070.00 1,070.00 0.00
100 072 77183 000072 1,070.00 PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,220.00

E-4915

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3/14/ 19 85

CHARGE Clemens Granite Co.

ADDRESS 10527 Prospect Ave.
Santee, CA 92071

NAME OF DECEASED

OWNER #F-91479

ADDRESS

MORTUARY

LOT ____ GR ____ ROW ____ SEC ____ BLK DIV ____		
OPENING/ CLOSING TIME ____ DAY DATE ____		
VAULT/LINER ____ SIZE ____		
REC. FEE/REMOVAL/FOUNDATION February 1985 Memorial Install	115	00
TOTAL	115	00
PAID RECEIPT NUMBER ____		
BALANCE		

2/13 Mitchell, Ferroll $115

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 B. Lang

W.O. NO. E 4916

INVOICE NO. 029781

Acct #006490

PY-593 (4-82)

E_4916

Sm 029781

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32441

DATE 4-[illegible] 19[illegible]

FROM Clemens Granite ADDRESS [illegible]

[illegible] Sixteen and [illegible] DOLLARS ($ 115.[illegible])

IN full PAYMENT OF Memorial installation for [illegible]

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. [illegible]

[illegible]

W.O. E-4916

check

UNPAID BALANCE AFTER THIS PAYMENT ✓

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN SAME SPACE

SAN DIEGO
CITY TREAS.
APR 24 '85
PAID #3

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-4916

029781 03/20/85 006490 CLEMENS GRANITE COMPANY 04/24/85 CK 12981 115.00 115.00 0.00
E-4916 100 072 77183 000072 115.00 PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 260.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3/14 19 85

CHARGE SEAMAN-POE Monument Co.

ADDRESS 3893 Imperial Avenue
San Diego, CA 92113

NAME OF DECEASED

OWNER #F-40258

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV		
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION February 1985 Memorial Install	1265	00
TOTAL		
PAID RECEIPT NUMBER		
BALANCE	1265	00

2/1/85 Hartigan, Brian 115.
" Fonville, Ina M. 115.
" Smith, Nora 115.
" Say, Katherine 115.
2/7/85 Muse, Edmon Lee 115.
" Noskey, Georian 115.
" Kingen, Myrtle 115.
2/21 Baker, Wesley W 115.
" Fellows, Mildred 115.
" " Ralph Henry 115.
" Goodman, Ralph 115.

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 B. Lang

W.O. NO. E 4917

INVOICE NO. 029780

PY-593 (4-82)

Acct. #000253

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32380

DATE 04-01 19 85

FROM Seaman-Poe ADDRESS 3893 [illegible]

[illegible] hundred sixty five [illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible] installations for February

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. [illegible]

Inv. 029780

W.O. E-4917

UNPAID BALANCE AFTER THIS PAYMENT _____

NOT VALID FOR PURPOSES [illegible] UNLESS STAMPED 'PAID' IN THIS SPACE

SAN DIEGO CITY TREAS.
APR 10 '85
PAID #13

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-4917

029780 03/20/85 000253 SEAMAN/ POE MONUMENT CO
E-4917 100 072 77183 000072 04/01/85 CK 6052 1,265.00 1,265.00 1,265.00 0.00
1,265.00 PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-14 19 85

CHARGE Juvena Warren

ADDRESS 328 Sampson St. SD. 92113

NAME OF DECEASED Rasheda Warren

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 1085 GR ~~ROW~~ SEC 1 ~~BLK~~ DIV 9	90	00
OPENING/CLOSING TIME graveside 2:00 DAY DATE Wed. 3-19-85	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	220	00
PAID RECEIPT NUMBER 3-14-85 32331	220	00
BALANCE	-0-	

Baby

PAID
MAR 14 1985
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 Juvena Warren ORDER TAKEN BY Lang

W.O. NO. E 4918 INVOICE NO.

PY-593 (4-82)

E-4918

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RASHEDA RENEE WARREN	Female	Jan. 24, 1985	March 12, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Steven Warren - Father 328 S. Sampton St. San Diego, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market St. San Diego, CA.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 15 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 19 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32331

DATE 3-14 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 1085 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4918

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 20 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3/15 19 85

CHARGE James W. Battle, Jr. (Son in Law)

ADDRESS 16660 Martincoit Rd. Poway 92064

NAME OF DECEASED Jewell Audrey Anthony

OWNER Same

ADDRESS

MORTUARY Anderson / Ragsdale

LOT 2805 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME 11 Am CHURCH DAY DATE Monday 3-18-85	295	00
VAULT/LINER Bell SIZE 7x	14	70
	295	00
REC. FEE/REMOVAL/FOUNDATION	31	00
TOTAL	1084	70
PAID RECEIPT NUMBER 32333 3/15/85	1084	70
BALANCE	-0-	

Flush Bronzes only

PAID
MAR 15 1985
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 James W. Battle ORDER TAKEN BY

W.O. NO. E 4919 INVOICE NO.

PY-593 (4-82)

E-4919

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Jewell Audrey Smith Jewell Audrey Anthony	Female	Oct. 31, 1925	March 13, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Poway	San Diego	Danna V. Battle - Daughter 16660 Martincoit Road Poway, CA 92064

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. *COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.*

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery; 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ *DATE SIGNED*
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED MAR 15 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Camras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 18 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32333

DATE 3-15- 85

FROM James W. Battle, Jr. ADDRESS 16660 Montecito N. Poway

One Thousand eighty four 70/100 DOLLARS ($ 1084.70)

IN full PAYMENT OF Interment Services

Jennie A. Anthony

LOT 2805 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4919

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 20 1985

ISSUED BY

CREDIT 20% SALES CARE	87007 77184	99 00
80% SALES OF LOTS	100 77184	396 00
OPENINGS	100 77181	245 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	25 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		1084 70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-15 19 85

CHARGE John T. Williams

ADDRESS 714 Winston Dr. SD, Ca 92114

NAME OF DECEASED Margaret P. Tolson

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 110 GR 2 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE Tues. 3-19-85	225	00
VAULT/LINER SIZE	330	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1029	80
PAID RECEIPT NUMBER 3-15-85/32335	1029	80
BALANCE	-0-	

PAID
MAR 15 1985
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 John T. Williams ORDER TAKEN BY Lang

W.O. NO. E 4920 INVOICE NO.

PY-593 (4-82)

E-4920

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARGARET PRISCILLA TOLSON	Female	April 14, 1922	March 12, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Antonio,	Texas	Paula Thomas - Granddaughter 714 Winston Drive San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 15 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 19 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32335

DATE 3-15 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4920

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 20 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-18 19 85

CHARGE Margaret C. Withrow

ADDRESS 2 Agua Ct Broomfield, Colo. 80020

NAME OF DECEASED Maud L. Pardee

OWNER

ADDRESS

MORTUARY Lewis Colonial

(DIP)

LOT 88 GR 5 ROW SEC 1 ~~BLK~~ DIV 11	Preneed	
OPENING/CLOSING TIME 2:00 -CHAPEL- DAY DATE Tues 3-19-85	295	00
VAULT/LINER Bell SIZE	IF 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 3-18-85 32336	589	70
BALANCE	Ø	

Notify when marker set

1st buried 1979

Preneed E-235

PAID
MAR 18 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER SETS FORTH CONDITIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY Margaret C. Withrow ORDER TAKEN BY Lang

W.O. NO. E 4921 INVOICE NO.

PY-593 (4-82)

E-4921

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Maud Lucile Pardee	Female	Sept. 8, 1905	March 14, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Montpelier	Idaho	Margaret C. Withrow - Daughter 2 Aqua Court Broomfield, CO 80020

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/BENBOUGH MORTUARY	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☒ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY - San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00 DATE PERMIT ISSUED MAR 18 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) MAR 19 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2151

№ 32336

DATE 3-18 19 85

FROM Margaret C Withers ADDRESS 2 Agua Pt. Escondido Cal. 92025

Five hundred eighty nine and 70/100 — DOLLARS ($ 589.70)

IN full PAYMENT OF Pardee, Maud L. Trans

LOT 18 GRAVE 5 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Cash

W.O. E-4921

UNPAID BALANCE AFTER THIS PAYMENT X

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 20 1985

ISSUED BY J. Lang

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	275
BOXES	100 77182	245
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	14
TOTAL PAID $		589

AC-215 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-18 19 85

CHARGE Grace Burton

ADDRESS 555 E Memory Lane, Santa Ana Ca

NAME OF DECEASED Myrtle M. Burton

OWNER

ADDRESS

MORTUARY Featherington (DTP)

LOT 442 GR ROW SEC BLK DIV 10	Prepaid	
OPENING/CLOSING TIME 11:00 DAY DATE Tues 3-19-85	295	00
VAULT/LINER Bed SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	587	70
PAID RECEIPT NUMBER		
BALANCE		

Bell Mortuary

Prepaid D-5817

1st Burial

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 Lang

W.O. NO. E 4922

INVOICE NO. 030465
008622

PY-593 (A-82)

E_49.22

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MYRTLE MARIA BURTON	Female	July 27, 1901	Mar. 15, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Santa Ana	Orange	Grace M. Burton, sister 555 E. Memory Lane, Santa Ana, California

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. *SCIENTIFIC USE*
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION *OTHER THAN IN A CEMETERY*
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND *DISPOSITION OTHER THAN IN A CEMETERY*

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		*SIGNATURE OF APPLICANT* ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 19 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. RMS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 19 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

-E-4922



SAN DIEGO
CITY TREAS.
MAY 30 '85
PAID 3

5905305/30/85		569.70	INVS
5905305/30/85		35.00	INVS
		624.70	TL
05/30/85	5905 3	624.70-	CH
05/30/85	5905 3	.00	BA

IN 030570

030465

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32530

DATE 5-23 19 15

FROM Featherwell Mort. ADDRESS 6332 Pleasant Blvd. Sta 9-15

Five hundred eight, nine and 70/100 DOLLARS ($ 509.70)

IN full PAYMENT OF Myrtle M. Burton Service

LOT 442 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

Inv # 030465

W.O. E-4922

UNPAID BALANCE AFTER THIS PAYMENT X

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lane

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		509.70

AC-212 (REV. 9-61)

E-4922

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/03/85

DATE: 06/03/85
TIME: 222047
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY ON/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
030465	04/10/85	008622	FEATHERINGILL MORTUARY					05/30/85	CK	3745E4922	589.70	589.70	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			60101			9020					14.70		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-18 19 85

CHARGE Rev. Billy Clyde Boykins Sr

ADDRESS 2880-51st St SD Ca. 92105

NAME OF DECEASED Susan Boykins

OWNER

ADDRESS

MORTUARY Ragsdale 262-8740

LOT 712 GR ROW SEC BLK DIV 10	395	00
OPENING/CLOSING TIME 1:00 DAY DATE Thurs 3-21-85	295	00
VAULT/LINER Bell SIZE	245	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	984	70
PAID RECEIPT NUMBER 3-18-85 32337	395	00
BALANCE	589	70

Phoned E 4765 $100.00

04-12-85 32411 589.70

Mortuary to bring Check

PAID

APR 12 1985

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 Eugene T Boykins ORDER
PHONE BY TAKEN BY Lang

W.O. NO. E 4923 INVOICE NO. 030461
012719

PY-593 (4-82)

E_4923

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SUSAN BOYKINS	Female	Sept. 11, 1927	March 16, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Billy C. Boykins - Husband 2880 51st Street San Diego, CA 92105

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: MAR 19 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Somers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: MAR 21 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32337

DATE 3-18 19 85

FROM Rev. Kelly C. Jaykins ADDRESS [illegible] St. [illegible] Ca. 9-[illegible]

[illegible] Nineteenth [illegible] and [illegible] DOLLARS ($ [illegible])

IN Cart PAYMENT OF Susan Jaykins Service

LOT 712 GRAVE [illegible] ROW SECTION DIVISION BLOCK 10

INVOICE NO. Cash

W.O. E-4923

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 20 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	[illegible]
30% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 6-81)

SAN DIEGO
CITY TREAS.

APR 16 '85

PAID #13

E_4923

9871 04/16/85 569.70 INV5
04/16/85 9871 5 569.70- CA
04/16/85 9871 5 .00 BA

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32411

E-4923

DATE 4-12- 19 5

FROM Rev. Billy Clyde Boyklins ADDRESS 2880 51st St. S.D. Ca. 92105

Five Eighty Nine — Two DOLLARS ($ 589.70)

IN Cash PAYMENT OF Services for Mrs. Susan Boyklins

LOT 712 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. 030461

Acct 012769

W.O. E-4923

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Braggd

CREDIT 20% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-61)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32572

DATE 6-5 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 15.72)

IN [illegible] PAYMENT OF [illegible]

E-41

LOT 7122 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4923

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 10 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

E-4923

E-4923

030461	04/10/85	012719	REV. BILLY CLYDE BOYKINS, SR			04/12/85	CA	589.70	589.70	0.00
			100	072	77181	000072		295.00		PAID IN FULL
			100	072	77182	000072		245.00		
			100	072	77183	000072		35.00		
			50101		9020			14.70		

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,412.90

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-18 19 85

CHARGE Sep-Prenced

ADDRESS

NAME OF DECEASED Edna L. Ricketts

OWNER

ADDRESS

MORTUARY Merkley Mitchell

LOT 1082 GR ROW SEC BLK DIV 10	Prenced	
OPENING/CLOSING TIME A.M. DAY DATE Wed. 5-20-85	95	00
VAULT/LINER Asph SIZE	90	40
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 3-18-85 32340	225	40
BALANCE	Ø	

Top of grave

PAID

MAR 18 1985

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 Lang

W.O. NO. E 4924

INVOICE NO.

PY-593 (4-82)

E-4924

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDNA LEAH RICKETTS	FEMALE	MAY 30, 1891	MAR 12, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	THELMA CRITTENDEN, DAUGHTER 3646 COPLEY AVENUE SAN DIEGO, CA 92116

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY	F-119

TYPE OF PERMIT CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A			COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED GREENWOOD CREMATORY, SAN DIEGO, CA	DATE CREMATED MAR 13 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Charles A Merrick	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY, SAN DIEGO, CA			COUNTY SAN DIEGO
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A			
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 13 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E Bamond M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 20 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32340

DATE 3-11 19 85

FROM Merkley Mitchell ADDRESS 3655 Fifth Ave. S.D. Ca.

Five hundred twenty five and 40/100 DOLLARS ($ 5.40)

IN full PAYMENT OF Lawn Crypts Service

LOT 1012 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4924

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 20 1985

ISSUED BY

CREDIT 20% SALES CARE	57007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95
BOXES	100 77182	40
REMOVALS FOUNDATIONS	100 77183	25
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-18 19 85

CHARGE Elvesta Jarrett #320

ADDRESS 740 So. 36th St. SD Ca. 92113

NAME OF DECEASED Transfer from

OWNER Blanche Wangler

ADDRESS

MORTUARY

LOT 8 GR 11 ROW SEC 1 ~~BLK~~ DIV 11	—	—
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION Transfer fee	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 3-18-85 32341	35	00
BALANCE	0	

PAID
MAR 18 1985
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 Blanche Wangler
PHONE BY by Carmen A. March P.A.
ORDER TAKEN BY Lang

W.O. NO. E 4925

INVOICE NO.

PY-593 (4-82) #11153

E_ 4925

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Blanche Wangler, the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 8, Grave 11
Section 1, Division 11
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this FIRST day of September, 1984.

X Blanche Wangler

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On this First day of Sep, in the year 1984, before me, the undersigned, a Notary Public in and for said State, personally appeared Blanche Wangler,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed it.

WITNESS my hand and official seal.

Thomas M. Tomlinson
Notary Public in and for said State.

OFFICIAL SEAL
THOMAS M. TOMLINSON
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Dec. 4, 1987

Memo From . . . . JAMES A. MARCH

E_4925

Transfer:

Lot 8, Grave 11, Section 1, Division 11
Mt. Hope Cemetery

From:

Blanche Wangler
c/o Tom Tomlinson, Atty
231 4th Ave.
Chula Vista, CA 92010 426-9070

To:

Elvesta Jarrett
740 So. 36th St. #320
San Diego, CA 92113

E-4925

County of San Diego

Fiscal and Justice Agency

PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

5201 - A RUFFIN ROAD
SAN DIEGO, CA 92123
(714) 565-5494

W. E. THACKER
Public Administrator
Public Guardian

JEANNE McBRIDE
Ass't. Public Administrator

ALVIN C. FRERICHS
Accounting Officer

KAREN SHELL
Supervisor, Guardianship Div.

WILLIAM R. FOSTER
Supervisor, Decedent Div.

KEN GOURLEY
Real Property Officer

AFFIDAVIT

The Public Administrator has settled the Estate of Francis Martin Wangler, who expired in San Diego on May 13, 1979. At the time of his death, one of the assets in his estate was a burial plot described as follows:

Lot 8, Grave 11
Section 1, Division 1

Francis Wangler left a Will dated May 5, 1944 leaving everything to his wife, Blanche Hawbecker Wangler. In accordance with the terms of his Will we wish to transfer title to the burial plot to Blanche Hawbecker Wangler.

Judith A Evans
Judith A. Evans
Deputy Public Administrator

3-5-80
Dated

Verify Sect. 7

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32341

DATE _____ 19 ____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. E-4925

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-272 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 20 1985

ISSUED BY _____

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-19 19 85

CHARGE Verla J. Davis (Mother)

ADDRESS 3576 Nimitz Dr. La Mesa.

NAME OF DECEASED David Byron Davis

OWNER

ADDRESS

MORTUARY Conrad

D.I.P.	247	50
LOT 2213 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME -CHAPEL- 1:30 DAY DATE Thur. 3-21-85	295	00
TX	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1332	20
PAID RECEIPT NUMBER 32346 3-19-85	250	00
BALANCE	1082	20

X-Deep

Flush Marker Only

PAID

MAR 19 1985

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 Verla Jane Davis ORDER TAKEN BY

W.O. NO. E 4926 INVOICE NO. 030454 012712

PY-593 (4-82)

E-4926

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DAVID BYRON DAVIS	Male	Sept. 21, 1955	March 17, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Verla J. Davis - Mother 3576 Niblick Drive La Mesa, CA 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Conrad Lemon Grove Mortuary	F 941

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery - 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED MAR 19 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Lemons, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 21 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4926

No 32346

DATE 3-19 19 84

FROM VERLA J. DAVIS ADDRESS 3576 NIBLICK DR. LA MESA, CA.

TWO HUNDRED FIFTY NO/100 DOLLARS ($ 250.00)

IN PART PAYMENT OF Services for:
David Byron Davis

LOT 2213 GRAVE ROW SECTION DIVISION 6 BLOCK 10

INVOICE NO.

W.O. E-4926

UNPAID BALANCE AFTER THIS PAYMENT 1082.20

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 26 1985

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	251 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	50101 9020	
TOTAL PAID $		Rec 250 00

AC-211 (REV. 9-81)

E-4926

030454 04/10/85 012712 VERLA J. DAVIS ✓ 06/01/85 CK E-4926

100	072	77181	000072	382.20	1,082.20	0.00
100	072	77182	000072	156.70		PAID IN FULL
100	072	77183	000072	131.80		
100	072	77184	000072	18.83		
60101		9020		185.06		
67007		77184		7.91		
				79.90		

Mt. Hope

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 3,081.01

E4926

115472

E-4926

E-4926

DATE: 05/08/85
TIME: 203556
PAGE: 8

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/08/85

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PO BY	PAYM REF NO / BU/EQ	FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
								05/03/85	CK	R32346167		300.00	1,082.20	782.20
														PARTIAL PAYMENT
030454	04/10/25	012712	VERLA J. DAVIS			77161	000072					81.78		
			100	072		77162	000072					67.92		
			100	072		77163	000072					9.70		
			100	072		77164	000072					95.36		
			100	072		9020						4.08		
			6010 1			77164						41.16		
			6700 7											

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 300.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-20 19 85

CHARGE Virginia Coney

ADDRESS 3653 Logan Ave. SD Ca. 92113

NAME OF DECEASED Luther Cardwell Coney

OWNER

ADDRESS

MORTUARY Bagsdale

LOT 135 GR 8 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME 10:00 -CHURCH- DAY DATE Fri 3-22-85	295	00
VAULT/LINER Bell SIZE	14 245	TO 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 3-21-85 32349	934	70
BALANCE	150	00

VA Benefits

Res. 135-9-1-11 for 6 mo.

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 Virginia Coney ORDER TAKEN BY Lang

W.O. NO. E 4927 INVOICE NO. 030455 012713

PY-593 (4-82)

E-4-9-27

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LUTHER CARDWELL CONEY	Male	Jan. 20, 1931	Mar. 18, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Virginia Coney - Wife 3653 Logan Avenue San Diego, California 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St.; San Diego, California	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: MAR 21 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 22 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32349

DATE 3-21 19 85

FROM Virginia Coney ADDRESS 3653 [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 136 GRAVE [illegible] ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4927

UNPAID BALANCE AFTER THIS PAYMENT $ [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 26 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	67 00
80% SALES OF LOTS	100 77184	276 00
OPENINGS	100 77181	295 00
BOXES	100 77182	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32399

DATE 04-08 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 135 GRAVE 8 ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. Check 4927

W.O. E-4927

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32524

DATE 5-2 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($)

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] SECTION [illegible] DIVISION BLOCK

INVOICE NO.

W.O. E-4927

UNPAID BALANCE AFTER THIS PAYMENT

AC-213 (REV. 5-81)

CITY AUDITOR
MAY 31 1985

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

010081

ISSUED BY

CREDIT	67007	
25% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

E-4927

030455	04/10/85	012713	VIRGINIA CONEY E-4927	100 67007	072	77184 77184	000072	04/17/85 CK# 7784	150.00 120.00 30.00	150.00	0.00 PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-20 19 85

CHARGE Anne L. Holcomb 3520494

ADDRESS 444 Main St El Centro, Ca 92243

NAME OF DECEASED Pruned lot

OWNER

ADDRESS

MORTUARY

LOT 28 GR 3 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 3-20-85 32348	250	00
BALANCE	245	00
5-10-85 32499	245	00
	-0-	

PAID
MAY 10 1985
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 Anne L. Holcomb ORDER TAKEN BY Lang

W.O. NO. E 4928 INVOICE NO.

PY-593 (4-82) # 11156

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32499

DATE 5-10 19

FROM Anne L. [illegible] ADDRESS 444 Main St Ellentry [illegible]

[illegible] Hundred forty five and no/100 DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 28 GRAVE 3 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4928

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAY 15 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2151

№ 32348

DATE 3-20 19 85

FROM [illegible] ADDRESS 444 Main St. El Centro, Ca 92-[illegible]

[illegible] fifty and [illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible] lot

LOT 26 GRAVE 3 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. [illegible]

W.O. E-4928

UNPAID BALANCE AFTER THIS PAYMENT $ [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 26 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-21 19 85

CHARGE Clara K. Long

ADDRESS 3501-1st ave apt 5 SDCa 92103

NAME OF DECEASED Henry R. Long, Jr.

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 110 GR 4 ROW SEC 3 BLK DIV 12	Prneed	
OPENING/CLOSING TIME 11:00 DAY DATE Mon 3-25-85	295	00
VAULT/LINER Bell SIZE	245	70 05
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 3-25-85 32359	589	70
BALANCE	-0-	

Mortuary to bring check

PAID
MAR 25 1985
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 Lang

W.O. NO. E 4929

INVOICE NO.

PY-593 (4-82)

E-4929 MOUNT HOPE CEMETERY

March 21 19 85

The undersigned hereby requests and authorizes the interment of the remains of Henry R. Long, Jr in Lot 110 Gr 4 Row _____ Sec. 3 ~~Block~~ Division 12 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.

John E Wilbar
Signature of relative or legal representative

2095 Oriole St SD CA 92154
Address & relationship to deceased or authority to sign authorization

Barbara Long
Witness

no relationship

Witness

E-4929

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HENRY RUSSELL LONG, JR.	Male	Nov. 21, 1915	March 19, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Clara K. Long - Wife 3501 1st Avenue Apt. 5 San Diego, California 92103

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mnt. Hope Cemetery: 3751 Market Street; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED MAR 22 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Vanvas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32359

DATE 3-25 19 85

FROM Anderson-Kaspdale ADDRESS 5650 Federal Blvd. [illegible]
[illegible] Hundred Eighty nine and 77/100 — DOLLARS ($ 589.77)

IN full PAYMENT OF Henry L. Long, Jr. Service

LOT 100 GRAVE 4" ROW SECTION 3 DIVISION BLOCK 1

INVOICE NO. Check

W.O. E-4929

UNPAID BALANCE AFTER THIS PAYMENT X

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 29 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-22 19 85

CHARGE Ronald J. Settle

ADDRESS 6311 Falmouth Dr. La Mesa, 92041

NAME OF DECEASED Pneed for

OWNER Rosemary Settle

ADDRESS

MORTUARY

✓ LOT 104 GR 4 ROW SEC 1 BLK DIV 12	250	00
OPENING/CLOSING TIME DAY DATE	295	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 3-22-85 32352 BALANCE	939	70

PAID
MAR 22 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and recording fee) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 Ronald J. Settle ORDER TAKEN BY Tang

W.O. NO. E 4930 INVOICE NO.

PY-593 (4-82) #11036

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32352

DATE 3-22 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 104 GRAVE 4 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4930

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 26 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 5-81)

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 3741079

DESCRIPTION OF EXPENSE AND SPECIFIC CITY BENEFIT/PURPOSE

Refund of purchase of pre-need trust for Rose Mary Settle.

104-4-1-12 Lot

E-4930

ENCUMBRANCE DOCUMENT NUMBER

☐ COMPLETE

RESPONSIBLE DEPT. NO. 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

Refund

COMMENTS and/or SPECIAL INSTRUCTIONS:

PAYMENT DATE 03 / 30 / 95

FUND OVERRIDE ☐

PAYEE	SED	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
1	A								
	B	Rose Mary Settle	Refund		4		$869.70		
	C	1730 3rd Ave Apt. 407							
	D	San Diego CA 92101							

Paid

TOTAL AMOUNT $ 869.70

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	072		77181					295.00
		67007			77184					
		100	072		77184					280.00
		100	072		77182					245.00
		100	072		77183					35.00
		60101			78390					14.70

AUTHORITY FOR PAYMENT

RES/DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED.

JoAnn Waits

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY Jane Rauch PHONE 527-3400 DATE 3/15/1995 DEPT./ DIV. NAME R.E.A.D./ Mt. Hope Cemetery M.S. 72

AC-488 (REV. 5-86) 593525

DP 3741079

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-22 19 85

CHARGE Public Admin

ADDRESS 5201-A Ruffin

NAME OF DECEASED Baby Boy Boyd

OWNER

ADDRESS

MORTUARY Bagdale (Marella)

LOT GR 42 ROW P SEC MAS BLK DIV P	35	00
OPENING/CLOSING TIME 2:00 - DELIVERY DAY DATE Fri 3-22-85	38	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	73	00
PAID RECEIPT NUMBER		
BALANCE		

Bill PA

Baby

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 Lang

W.O. NO. E 4931

INVOICE NO. 030120
000952

PY-593 (4-82)

E-4931

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
— — Boyd	Male	March 14, 1985	March 14, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Tonya Boyd - Mother 2004 Bonita St. Lemon Grove, CA 92045

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 22 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 22 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

6/18/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32584

DATE 6-11 19 85

FROM County of S.D. ADDRESS 5201 Ruffin Rd SD Ca 92123

Seventy-three and no/100 DOLLARS ($ 73.00)

IN full PAYMENT OF Baby Boy Boyd Service

LOT GRAVE 42 ROW P SECTION MAS DIVISION BLOCK P

INVOICE NO. 030120

Acct # 000952

W.O. E-4931

UNPAID BALANCE AFTER THIS PAYMENT ✓

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		73.00

AC-212 (REV. 9-81)

04- 427085 E-4931 REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

INVOICE NUMBER	AUTHORITY	DESCRIPTION	INVOICE AMOUNT	COMM CODE	DISCOUNT AMOUNT	NET AMOUNT
	BS07-23-74	INV ATTACHED PLS PROCESS				73.00
		Baby Boy Boyd				
		Ref # E-4931				
		NOT NEGOTIABLE				
		Acct # 952				
		Attn: Barbara Lang				

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
(619) 236-3982

00943

TOTAL 73.00

ACR02U PSWD:

ACTION: A BY: BLL INVOICE DATA ENTRY PG 1

ACCOUNT: 000952 INVOICE: 030120 INV DATE: 03 28 85

NAME: COUNTY OF SAN DIEGO

1) PUBLIC ADMINISTRATOR 2) 5201-A RUFFIN RD

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY:

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-4931 DAYS DUE: 030 INV TYPE: CE TYPE CHG: NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: INVOICE TOTAL: 73.00

DESCRIPTION OF CHARGE	AMOUNT
BABY BOY BOYD SERVICE	
GRAVE 42 ROW P MAS SEC'DIV P	35.00
OPENING/CLOSING	38.00

E_4931

LATE CHARGE #1 - DAYS DUE: ___ TOTAL DUE 73.00

#2 AMOUNT: _____ AND/OR PCT CODE:

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

5/22/85
Ruth from PA Office called will be sending the check in a couple of weeks.

PAID
JUN 11 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-22 19 85

CHARGE LaVada Newton

ADDRESS 3543 Myrtle Ave SDCa 92104

NAME OF DECEASED Versia Walker

OWNER

ADDRESS

MORTUARY People's Mort. Los Angeles

LOT 94 GR 4 ROW SEC 2 BLK DIV 7	Preneed	
OPENING/CLOSING TIME 12:00 GRAVESIDE DAY DATE Wed. 3-27-85	295	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 3-26-85 32366	589	70
BALANCE	0	

Preneed - C-0127-1963

Montuary to bring check

PAID

MAR 26 1985

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 Lang

W.O. NO. E 4932

INVOICE NO.

PY-593 (4-82)

E. 4932

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Versia Walker	Female	Jan. 18, 1900	Mar. 21, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Hollywood	Los Angeles	Lavada A. Newton- Daughter 2543 1/2 Myrtle Avenue San Diego, Ca. 92104

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Peoples Funeral Home	F-741

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt Hope Cem. 3751 Market St. San Diego, Ca. 92102		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	*This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.*		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED MAR 26 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Mabel S. Platt
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 27 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32366

DATE 3-26- 19 85

FROM La Vada Newton ADDRESS 3543 Myrtle Ave SD. 92104

Five Hundred Eighty Nine DOLLARS ($ 589.70)

IN Check PAYMENT OF Services for Versia Walker

LOT 94 GRAVE 4 ROW SECTION 2 DIVISION BLOCK 7

INVOICE NO.

W.O. E-11932

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 29 1985

ISSUED BY J. Braggs

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	295	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		589.	70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 03-25 19 85

CHARGE Oregon L. Perkins

ADDRESS 3250 F St S.D. Ca.

NAME OF DECEASED Linda Perkins Ireland

OWNER

ADDRESS

MORTUARY Greenwood (Wayne Pollitt)

LOT 14 GR 1 ROW SEC 100 BLK DIV 6	Prepaid	
OPENING/CLOSING TIME 10:00 DAY DATE Tues 3-26-85	295	00
VAULT/LINER Bell SIZE X	106	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	436	00
PAID RECEIPT NUMBER 3-26-85 32365	436	00
BALANCE	-0-	

-CHAPEL-

Liner wholesaled Greenwood to pay Prepaid 1951

PAID
MAR 26 1985
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER [illegible] 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 Lang

W.O. NO. E 4933

INVOICE NO.

PY-593 (4-82)

E_4933

MOUNT HOPE CEMETERY

March 25 19 85

The undersigned hereby requests and authorizes the interment of the remains of Linda Perkins Ireland in Lot 14 Gr 1 Row _____ Sec. 100F 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.

X Virginia Perkins X 3250 "L" St. S.D.

Nephew

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

X Barbara Long
Witness

Witness

E-4933

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LindaaPerkins Ireland	Female	April 23, 1893	March 22, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Origen S. Perkins-Nephew (no address) Rhodelia, Kentucky 40161

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mount Hope Cemetery, 3751 Market Street, San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: NA		
ACKNOWLEDGMENT OF APPLICANT	***This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.***		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 — DATE PERMIT ISSUED: MAR 25 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powell, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 26 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . . TO CUSTOMER
CANARY . . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32365

DATE 03-26 19 ___

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 14 GRAVE [illegible] ROW ___ SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4933

UNPAID BALANCE AFTER THIS PAYMENT ___

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 29 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-25 19 85

CHARGE Ray Balsley - 469-6998

ADDRESS Bill Conservator below.

NAME OF DECEASED Ora L. Balsley

OWNER

ADDRESS

MORTUARY Lewis Colonial

(DIP)

LOT 65 GR 6 ROW SEC 3 BLK DIV 12 Pioneer

OPENING/CLOSING TIME 10:00 (CHAPEL) DAY DATE THur. 3-28-85 295 00

VAULT/LINER Bell SIZE 14 245 75 00

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 589 70

PAID RECEIPT NUMBER

BALANCE

1st burial 1978

Conservator

Mr. Thacker #443-0513

8260 Wintergarden Blvd

Lakeside, Ca. 92040

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 Lang

W.O. NO. E 4934

INVOICE NO. 030459 012717

PY-593 (4-82)

E_4934

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
IRA LEE BALSLEY	male	August 9, 1889	March 22, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Ray Balsley - brother 2162 Main St. Lemon Grove, CAx 92045

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/BENBOUGH MORTUARY	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/a	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/a	COUNTY:
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/a	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that *this permit gives no right of unrestricted access to property not owned by me.***	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/a	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: MAR 26 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: MAR 28 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-4934

030459	04/10/85	012717	CONSERVATOR-MR. THACKER			04/17/85	CK	139	589.70	589.70	0.00
			100	072	77181	000072			295.00		PAID IN FULL
	E-4934		100	072	77182	000072			245.00		
			100	072	77183	000072			35.00		
			60101		9020				14.70		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-25 19 85

CHARGE Frank Iorio

ADDRESS

NAME OF DECEASED Selma Iorio

OWNER

ADDRESS

MORTUARY Lewis-Colonial Mort.

LOT 6 GR 3 ROW Grave-Side SEC 11 ~~BLK~~ DIV 4	Prepaid	
OPENING/CLOSING TIME 10:00 DAY DATE FRI 3-29-85	295.	00
VAULT/LINER Bell SIZE	215. 14.	00 70
REC. FEE/REMOVAL/FOUNDATION	35.	00
TOTAL	589.	70
PAID RECEIPT NUMBER 3-26-85 32363	589	70
BALANCE	-0-	

Will bring Check
Carol will Call.
Prepaid - A7062 - 1954

PAID
MAR 26 1985
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 Jones

W.O. NO. E 4935

INVOICE NO.

PY-593 (4-82)

E - 4935

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SUNA NMN TORIO	FEMALE	APRIL 1, 1895	MARCH 24, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
CHULA VISTA	SAN DIEGO	KIMIE FUKAMIZU - daughter 223 Sierra Way Chula Vista, CA 92011

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/BENBOUGH MORTUARY	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY - SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 28 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 29 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers, M.D. MM SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32363

DATE 03-26 19 85

FROM Frank T. Torio ADDRESS 505 Oxford St. C.V. Ca. 92011

Five hundred eighty nine and 70/100 DOLLARS ($ 589.70)

IN full PAYMENT OF Luna Torio service

LOT 6 GRAVE 3 ROW SECTION 11 DIVISION ~~BLOCK~~ 7

INVOICE NO. Check

W.O. E-4935

UNPAID BALANCE AFTER THIS PAYMENT /

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 29 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32435

DATE 4-19 19 85

FROM Grant T. Yorio ADDRESS 5[illegible] Oxford St. Chula Vista Ca
Eighty one and 80/100 DOLLARS ($ 81.00)

IN full PAYMENT OF 12" apron with two (2) vases
for Luna Yorio

LOT 6 GRAVE 3 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-11935

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 25 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	11
SALES TAX	60101 9020	1
TOTAL PAID $		81

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-25 19 85

CHARGE Public Guardian, Karen Shel

ADDRESS 565-5643

NAME OF DECEASED Arthur G Harris

OWNER

ADDRESS

MORTUARY Mayer Mort - 281-7055 John

LOT 1580 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME 12:00 DAY DATE Wed. 3-27-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	1084	70
PAID RECEIPT NUMBER 4485 32387 BALANCE	1084	70

We select

Statement to PA

PAID
APR 4 1985
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 Shore

ORDER
TAKEN BY Lang

W.O. NO. E 4936

INVOICE NO.

PY-593 (4-82)

E_4936

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Arthur G. Harris	Male	Jan.22,1894	Mar.25,1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Public Guardian 5201-A Ruffin Rd. San Diego, Ca. 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Mayer Mortuary	1424

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery 3751 Market St. San Diego, Ca.		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 DATE PERMIT ISSUED MAR 26 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 27 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32387

DATE 4-4 19 85

FROM Public Guardian ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 7510 GRAVE [illegible] ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4936

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-25 19 85

CHARGE Bettye R. Hainsett

ADDRESS 8585 Grossdale Lane, SD. Ca. 92114

NAME OF DECEASED Pre need lot

OWNER

ADDRESS

MORTUARY

LOT 53 GR 9 ROW SEC 2 BLK DIV 11	495	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 3-25-85 32356	495	00
BALANCE	-0-	

PAID
MAR 25 1985
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 Lang

W.O. NO. E 4937

INVOICE NO.

PY-593 (4-82) #11001

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32356

E-4937

DATE 03-25 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 53 GRAVE 8+9 ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4737 +

E-4937

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 29 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-215 (REV. 9-81)

E_4937

Mt Hope Cemetery
Agreement Confirmation
05/18/2002

Agreement Number: E-4937-L

Agreement Date: 03/25/1985

Purchaser: Hansett, Bettye R
8585 Innsdale Lane
San Diego ,CA 92114

Purchaser Number: 94 /
Phone: 619-479-2813
Child Protection: N

Beneficiary:

Counselors: 6 UNKNOWN

Qty	Category	Description of Contract Items	Price	Tax	Allowance
1	Graves Property	Division 11-2	495.00	0.00	

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	2		53	9	A

BASE PRICE	495.00
SALES TAX	0.00
TOTAL CASH PRICE	495.00
TOTAL DOWNPAYMENT	0.00-
TRANSFER ALLOWANCE	0.00-
DISCOUNT OR ALLOWANCE	0.00-
FINANCE CHARGE	0.00
TOTAL OF PAYMENTS	495.00
DEFERRED PAYMENT PRICE	495.00
NUMBER OF INSTALLMENTS	1
REGULAR PAYMENT OF	0.00
ODD PAYMENT OF	495.00
DATE FIRST PAYMENT DUE	06/18/2002
PAYMENT PLAN	MONTHLY

If you notice any discrepancies between this verification notice and your agreement, please contact someone in our office at your earliest convenience.

Mt Hope Cemetery

E_4937

Mt Hope Cemetery
Contract Entry Verification
05/18/2002

Contract Number: E-4937-L

Contract Date: 03/25/1985
Purchaser: Hansett, Bettye R
8585 Innsdale Lane
San Diego ,CA 92114
Purchaser Number: 94 /
Phone: 619-479-2813
Child Prot: N
Beneficiary:

Counselors: 6 UNKNOWN

Qty	Category	Description of Contract Items	Price	Tax	Allowance	Addl. Desc.
1	Graves	Division 11-2	495.00	0.00		

Property

Division	Section	Blk / Row	Lot	Grave	Depth/Lvl
Division 11	2		53	9	A

BASE PRICE	495.00	NUMBER OF INSTALLMENTS	1
SALES TAX	0.00	REGULAR PAYMENT OF	0.00
TOTAL CASH PRICE	495.00	ODD PAYMENT OF	495
TOTAL DOWNPAYMENT	0.00 -	DATE FIRST PAYMENT DUE	06/18/2002
TRANSFER ALLOWANCE	0.00 -	PAYMENT PLAN: MONTHLY	
DISCOUNT OR ALLOWANCE	0.00 -		
		SOURCE:	Walk-in
FINANCE CHARGE	0.00 @	0.000% AMORTIZE	
TOTAL OF PAYMENTS	495.00		
DEFERRED PAYMENT PRICE	495.00		

ACCOUNT CONTRIBUTIONS	AMOUNT	FRACTION
R L Perp. Care	99.00	
R S Equity	396.00	
A Interest	0.00	
R S Tax Recovery	0.00	
R S Cost of Goods	0.00	
R V Late Charge	0.00	

CONTRACT ENTERED BY: _____

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-25 19 85

CHARGE Addie McEwen

ADDRESS 2919 'L' St SDCa 92102

NAME OF DECEASED Moyce McEwen

OWNER

ADDRESS

MORTUARY Ragdale (Nawella)

LOT 17 GR 9 ROW SEC 17 BLK DIV 7	Prepaid	
OPENING/CLOSING TIME 11:00 DAY DATE Wed. 3-27-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 3-28-85 32313	35	00
BALANCE	-0-	

Prepaid E-1224-1980

PAID
MAR 28 1985
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 Phone

ORDER TAKEN BY Lang

W.O. NO. E 4938

INVOICE NO.

PY-593 (4-82)

E 4938

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mozell Mc Ewen	Male	Feb 12, 1923	March 21, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Long Beach	Los Angeles	Addie Mc Ewen(sister) 2919 L Street San Diego, California 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson Rasdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [xx] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market St. San Diego, California	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED / SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: 3.00 / DATE PERMIT ISSUED: MAR 25 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Robert S. Hall
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: MAR 27 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32373

DATE 03-21 19 85

FROM Anderson Lapidus ADDRESS 5050 Federal Blvd San Diego 92105
Twenty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Maybe McEwen Service

LOT 17 GRAVE 9 ROW SECTION 17 DIVISION ~~BLOCK~~ 7

INVOICE NO. check

W.O. E-4938

UNPAID BALANCE AFTER THIS PAYMENT /

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY B. Tang

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	
TOTAL PAID $		35 00

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 03-26 19 85

CHARGE Self-Prneed

ADDRESS

NAME OF DECEASED William H. Herman

OWNER

ADDRESS

MORTUARY Lewis Colonial (Jerry)

LOT 225 GR ROW SEC BLK DIV 10 Prneed

OPENING/CLOSING TIME 2:30 DAY DATE FRI 3-29-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER 3-29-85 32374 35 00

BALANCE Ø

Prneed-D-1283-1972

PAID
MAR 29 1985
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 Lane

W.O. NO. E 4939

INVOICE NO.

PY-593 (4-82)

E_4939

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIAM HENRY HERMAN	MALE	July 27, 1902	MARCH 26, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	Self...Pre-arrangement

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/BENBOUGH MORTUARY	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: MT. HOPE CEMETERY - San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT: ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: MAR 28 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: MAR 29 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32374

E-4939

DATE 3-29- 19 85

FROM Lewis Colonial ADDRESS 3651 El Cajon Blvd. San Diego

Thirty Five & DOLLARS ($ 35.00)

IN Lieu PAYMENT OF Services for William Henry Herman

LOT 3256 GRAVE ROW SECTION DIVISION Z BLOCK 16

INVOICE NO.

W.O. E-11939

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY J. Brady

CREDIT 30% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	
TOTAL PAID $		R 35.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 03-26 19 85

CHARGE Eugene Calvin

ADDRESS 555 Flower St CV Ca. 92010

NAME OF DECEASED Agnes Rita Calvin ✓

OWNER

ADDRESS

MORTUARY Humphrey (Dan)

LOT 5 GR ROW SEC 100F BLK/DIV 49	Prepaid	
OPENING/CLOSING TIME 1:00 DAY/DATE Fri 3-29-85	95	00
VAULT/LINER Ash SIZE	98	40
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 3-26-85 32364	225	40
BALANCE	-0-	

PAID
MAR 26 1985
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 Eugene E. Calvin ORDER TAKEN BY Lang

W.O. NO. E 4940 INVOICE NO. 0

PY-593 (4-82)

E-4940

MOUNT HOPE CEMETERY

March 26 19 85

The undersigned hereby requests and authorizes the interment of the ~~remains~~ cremains of Agnes R. Calvin in Lot 5 Gr ____ Row ____ Sec. 100F Block ~~Division~~ 49 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.

Eugene E. Calvin — x - Son

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Long
Witness

Witness

E_4940 101591

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AGNES RITA CALVIN	Female	03/13/1902	March 25, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Eugene E. Calvin (Son) 555 Flower Street Chula Vista, CA 92010

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary	F-964

TYPE OF PERMIT CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XX ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Coastal Cremation, Inc. Pasadena, Ca	DATE CREMATED MAR 27 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, Ca.		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 27 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAR 29 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Conrad, M.D. Co.

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32364

DATE 03-26 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 5 GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4940

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 29 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	95
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-27 19 85

CHARGE Judy Fowler - 561-7146

ADDRESS

NAME OF DECEASED Proceed for Fay L. Allman

OWNER

ADDRESS

MORTUARY

LOT 1 GR 2 ROW SEC MAS BLK DIV T 650 00

OPENING/CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL 650 00

PAID RECEIPT NUMBER

BALANCE

See E-4954

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 Lang

W.O. NO. E 4941

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-28 19 85

CHARGE Gloria Beckermann

ADDRESS 6621 MacArthur Dr. L.J. Ca 92045

NAME OF DECEASED Susanna O'Rear

OWNER

ADDRESS

MORTUARY Greenwood (Sharon)

LOT 15 GR 12 ROW SEC MAS ~~BLK~~ DIV N	Prepaid	
OPENING/CLOSING TIME 10:00 DAY DATE Mon 4-1-85	395	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 3-28-85 32368	589	70
BALANCE	-0-	

PAID

MAR 28 1985

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 E. Beckermann

ORDER TAKEN BY Lang

W.O. NO. E 4942

INVOICE NO.

PY-593 (4-82)

E- 4942 MOUNT HOPE CEMETERY

March 28 19 85

The undersigned hereby requests and authorizes the interment of the remains of Susanna O'Rear in Lot 15 Gr 12 Row _____ Sec. MAS ~~Block~~ Division N 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.

Elodia Boeshermans
Signature of relative or legal representative

6621 MacArthur Blvd. Mpls
Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E-4942

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Susana P. O'Rear	Female	Aug. 11, 1889	March 28, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Lemon Grove	San Diego	Elodia Boechermann-Niece 6621 Mac Arthur Drive Lemon Grove, California 92045

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

XX 1. BURIAL (INCLUDES ENTOMBMENT)
☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
☐ 4. SCIENTIFIC USE
☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY 3751 Market St., San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAR 28 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 1 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32368

DATE 03-28 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 15 GRAVE [illegible] ROW SECTION MAS DIVISION BLOCK N

INVOICE NO. [illegible]

W.O. E-4942

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAR 29 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-22 19 85

CHARGE Lee W. Cobb 281-9003

ADDRESS 3816 Ward Rd. SDCa. 92116

NAME OF DECEASED Henry F. Cobb

OWNER

ADDRESS

MORTUARY Rogers

LOT 13 GR 7 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME 1:00 -CHAPEL- DAY DATE Mon 4-1-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	40
PAID RECEIPT NUMBER 32372 3-28-85	1084	40
BALANCE	-0-	

PAID
MAR 28 1985
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 Lee W. Cobb ORDER TAKEN BY B. Lang

W.O. NO. E 4943 INVOICE NO. 0

PY-593 (4-82)

E_ 4943

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HENRY FRANCIS COBB	Male	Nov. 8, 1892	March 27, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Lee W. Cobb - Wife 3816 Werd Road San Diego, CA 92116

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary	69

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market St. - San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY:
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $ 3.00	DATE PERMIT ISSUED: MAR 29 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 1 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32372

DATE 03-21 19 15

FROM Lea W. Cobb ADDRESS 3 Mo Ward St Sa. 92116

Two thousand eighty seven and 70/100 DOLLARS ($ 1084.70)

IN full PAYMENT OF Henry E. Cobb Service

LOT 13 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4943

UNPAID BALANCE AFTER THIS PAYMENT X

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	99.00
50% SALES OF LOTS	100 77184	296.00
OPENINGS	100 77181	275.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	80101 9020	12.70
TOTAL PAID $		1084.70

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32548

DATE 5-28 19 85

FROM Leo W. Cobb ADDRESS 2816 Wind Rd. Sh Ca. 92116

One hundred thirty five and no/100 DOLLARS ($ 135.00)

IN full PAYMENT OF Marker installation fee for Henry F. Cobb

LOT 12 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4943

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 31 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	135
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 3-29 19 85

CHARGE David Monteith

ADDRESS 4179 Norfolk Ter. SDCa 92116

NAME OF DECEASED Cosie K. Smith

OWNER

ADDRESS

MORTUARY Greenwood (Scott)

LOT 1853 GR ROW SEC BLK DIV 10	Preneed	
OPENING/CLOSING TIME -CHAPEL- 1:00 DAY DATE Mon 4-1-85	295	00
	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 3-29-85 32315	589	70
BALANCE	-0-	

Preneed C-7631-1969

PAID
MAR 29 1985
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 David Monteith ORDER TAKEN BY Lang

W.O. NO. E 4944 INVOICE NO.

PY-593 (4-82)

E-4944

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Essie K. Smith	Female	May 1, 1913	March 29, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	David Monteith-Son 4179 NorfolkdTerrace San Diego, CA 92116

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED APR 01 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Pamrat, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 1 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32375

DATE 03-29 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 1853 GRAVE ROW SECTION DIVISION ~~BLOCK~~

INVOICE NO. check

W.O. E-4944

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE April 8, 19 85

CHARGE Clemens Granite Company

ADDRESS 10527 Prospect Ave. Santee, CA 92071

NAME OF DECEASED

OWNER #F-91479

ADDRESS

MORTUARY

LOT ____ GR ____ ROW ____ SEC ____ BLK DIV ____

OPENING/CLOSING TIME ____ DAY DATE ____

VAULT/LINER ____ SIZE ____

REC. FEE/REMOVAL/FOUNDATION ____

Memorial Installations for March TOTAL 505 00

PAID RECEIPT NUMBER

BALANCE $505 00

Foundations	GUEVARA, Euloglo	$160.00
2.6x1	PITTS, Napoleon	$115.00
3x1	SCOTT, Darline	$115.00
2x1	LEW, Chow Chong	$115.00

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 B. Lang

W.O. NO. E 4945

INVOICE NO. 030468

PY-593 (4-82)

Acct 006490

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32463

DATE 4-30 19 [illegible]

FROM Clemens Grant ADDRESS [illegible]

[illegible] DOLLARS ($ 50.[illegible])

IN full PAYMENT OF Marker installation for ~~[illegible]~~ [illegible]

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. 030468

[illegible] #[illegible]

W.O. E-4945

UNPAID BALANCE AFTER THIS PAYMENT _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

SAN DIEGO CITY TREAS. MAY 01 '85 PAID

ISSUED BY [illegible]

CREDIT 30% SALES CARE	57007 77184	
60% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-215 (REV. 3-81)

E-4945



CITY TREASURER
SAN DIEGO, CALIFORNIA

8005305/01/85		505.00	INVS
05/01/85 8005	3	505.00-	CH
05/01/85 8005	3	.00	BA

E-4945

11

030468 04/10/85 006490 CLEMENS GRANITE COMPANY 05/01/85 CK 12996 505.00 505.00 0.00
E-4945 100 072 77183 000072 505.00 PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE April 8, 19 85

CHARGE Conti & Son Memorial Co.

ADDRESS PO Box 94
San Diego, CA 92112

NAME OF DECEASED

OWNER FH-25603192

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial installations for March 1985 TOTAL 920 00

PAID RECEIPT NUMBER

BALANCE

$115. Edgar Richard T.
115. Owens, Wm. Thomas
~~115. Payne, Margaret H.~~
115. Jefferson, Tyree
~~115. Schmidt, Henry H.~~
115. Dietrich, Addie Lena
~~115. Ward, Samuel A.~~
115. Kuykendall, Katie

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 B. Lang

W.O. NO. E 4946

INVOICE NO. 030469

PY-593 (4-82)

Acct. 004821

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32482

DATE 5-6 19

FROM Conte & Sons ADDRESS P.O. Box 94, Sh. Ca. 92112

Nine hundred twenty and no/100 DOLLARS ($ 920.00)

IN full PAYMENT OF Memorial installations for March 1985.

LOT GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check acct 014121
Inv #1 30467

W.O. E-4946

UNPAID BALANCE AFTER THIS PAYMENT X

NOT [illegible] PURPOSE STATED UNLESS STAMPED [illegible] IN THIS SPACE.

SAN DIEGO CITY TREAS.
MAY 14 '85
PAID #3

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	920
SALES TAX	60101 9020	
TOTAL PAID $		920

AC-212 (REV. 9-81)

E-4946

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/15/85

DATE: 05/15/85
TIME: 211648
PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
030469	04/10/85	004821	CONTI AND SON MEMORIAL CO					05/14/85	CK	4422	920.00	920.00	0.00
	E-4946		100	072		77183	000072				920.00		PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE April 8, 19 85

CHARGE Seaman-Poe Monument Co.

ADDRESS 3893 Imperial Ave.
San Diego, CA 92113

NAME OF DECEASED

OWNER F-40258

ADDRESS

MORTUARY

LOT GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial installations for ~~March 1985~~ TOTAL 850 00

PAID RECEIPT NUMBER

BALANCE

$115 - HUMPHREY, James
115 KEMP, Crystal Faye
160 MAISER, Ray & Mernie - Foundation
115 BLISS, Olive Anna
115 GRIPPEN, Anna Marie
~~115~~ ~~PERATT, Elsie, Irene~~
PD LATHAN, Alfonzo Sr.
~~115.~~ ~~GREEN, Maudie~~

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 B. Lang

W.O. NO. E 4947

INVOICE NO. 030470

Acct. #000253

PY-593 (4-82)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32470

DATE 5-1-85 19___

FROM Seamen's Pee Monument ADDRESS 3892 Imperial Ave, S.D. 92113

Eight hundred fifty and no/100 ——— DOLLARS ($ 850.00)

IN full PAYMENT OF Memorial Installation for March 1985

LOT ___ GRAVE ___ ROW ___ SECTION ___ DIVISION ___ BLOCK ___

INVOICE NO. 030470

W.O. E-4947

UNPAID BALANCE AFTER THIS PAYMENT 0.

Check #

AC-212 (REV. 9-81)

NOT VALID FOR ANY PURPOSE UNLESS STAMPED "PAID" IN INK BY CASHIER

SAN DIEGO TREAS. MAY 01 '85 PAID

ISSUED BY Leroy

CREDIT	67007	
20% SALES CARE	77184	
60% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		850 00

E_4947

CITY TREASURER
SAN DIEGO, CALIFORNIA

8004305/01/85		850.00	INVS
05/01/85	8004 3	850.00-	CH
05/01/85	8004 3	.00	BA

E-4947

030470	04/10/85	000253	SEAMAN/POE MONUMENT CO			05/01/85	CK 6093	850.00	850.00
	E-4947		100 072	77183	000072			850.00	PAID IN FULL

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,580.40

0.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-1 19 85

CHARGE Aurelie Chaffee

ADDRESS

NAME OF DECEASED George Chaffee

OWNER

ADDRESS

MORTUARY Erickson-Anderson (Dan)

DIP

LOT 1325 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME 11:00 — CHAPEL — DAY DATE TUES. 4-2-85

VAULT/LINER T.S. SIZE

REC. FEE/REMOVAL/FOUNDATION

Proceed	
295	00
350	19 80 00
35	00
TOTAL 679	80
PAID RECEIPT NUMBER 4-1-85 32376 679	80
BALANCE	

Lot Burial

Proceed E-2424-1981

PAID

APR 1 1985

MT. HOPE CEMETERY

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 Lang

W.O. NO. E 4948

INVOICE NO.

FY-593 (4-82)

E_4948

CITY TREASURER
SAN DIEGO, CALIFORNIA

6219305/14/85		920.00	INVS
05/14/85 6219	3	920.00-	CH
05/14/85 6219	3	.00	BA

E-4948

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
George Edward Chaffee	Male	Jan 1, 1912	March 30, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
La Jolla	San Diego	Aurelie B. Chaffee (Wife) 1425 Second Ave. Sp. #222 Chula Vista, CA 92011

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Erickson-Anderson Mortuary	F296

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		*SIGNATURE OF APPLICANT* ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED 4-1-85
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 2 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Conrad, M.D.

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

40050

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

E-4948

Date: 11-26, 1996

From: Aurelia Chaffee Address: 1425 2nd Ave Sp 222 Chula Vista

Five & 39/100 Dollars ($ 5.39)

In Full Payment of Inside flower vase - galvanized

George Chaffee

Lot 1325 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-4948

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐ 3220

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Shields

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	5	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		39
TOTAL PAID	$	5	39

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32376

E_4948

DATE 04-01 19 85

FROM [illegible] ADDRESS 1425 [illegible] Ave. [illegible] Ca. [illegible]

[illegible] DOLLARS ($ 679.00)

IN full PAYMENT OF [illegible]

LOT 1325 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4948

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-215 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-1 19 85

CHARGE Tyrone Brown

ADDRESS

NAME OF DECEASED Transfer from

OWNER Catherine E. Davis

ADDRESS

MORTUARY

LOT 17 GR 3 ROW SEC 2 BLK DIV 12

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION Transfer fee	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 4-1-85 32377	35	00
BALANCE	-0-	

PAID
APR 1 1985
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 Catherine E. Davis ORDER TAKEN BY Lang

W.O. NO. E 4949 INVOICE NO.

PY-593 (4-82) #11085

MOUNT HOPE CEMETERY

E-4949

May 1 19 76

The undersigned hereby requests and authorizes the interment of the remains of Catherine E. Davis in Lot 17 Gr 3 Row _____ Sec. 2 ~~Block~~ Division 12 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.

Charles W Brink — 3028 HALLER ST S.D 92104

Signature of relative or legal representative

Lot Owner

Address & relationship to deceased or authority to sign authorization

David E. Hamilton
Witness

Witness

E_4949

QUIT-CLAIM AND RELEASE
OF ALL INTEREST IN CEMENTARY
PROPERTY AND MERCHANDISE

DATE 4-1-85

THAT I/WE, CATHERINE F. DAVIS

RESIDING AT 4122 39 Apt 2 St SAN Diego CA 92105
street city state zip

COUNTY OF SAN Diego STATE OF CA

FOR $1.00 AND OTHER VALUABLE CONSIDERATION, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, DO HEREBY QUITCLAIM AND RELEASE ALL RIGHTS INTEREST, USE TRUST, CLAIM, AND DEMAND, WHATSOEVER, IN THE FOLLOWING DESCRIBED CEMETERY INTERMENT RIGHTS AND/OR MERCHANDISE:

LOT 17, GRAVE 3, Section 2, Division 12

Purchase ORDER Number D-6949

NAME OF CEMETERY MT HOPE

MARKET St SAN Diego CA 92102
ADDRESS: STREET CITY STATE ZIP

FURTHER I/WE DO HEREBY TRANSFER GIVE AND ASSIGN THE MONEY EQUITY OF ($ /. OR) TO

NAME: Tyrone A. Brown

5488 OLIVERA SAN Diego CA 92114
ADDRESS: STREET CITY STATE ZIP

NAME:

ADDRESS: STREET CITY STATE ZIP

AND BY THIS ACT, DO HEREBY RELEASE THE ABOVE NAMED CEMETERY FROM ANY AND ALL LIABILITY OF ANY NATURE WHATSOEVER IN CONNECTION WITH THIS TRANSACTION.

Date: 4/2/85

/s/ Catherine Davis

State of California
County of San Diego } ss.

On this 1 day of April 1985 before me a Notary Public personally appeared Catherine Davis known to me to be the person(s) whose name(s) is subscribed to the above instrument and acknowledged that they executed the same. Witness my hand and official seal

Ned Lee
Notary Public

OFFICIAL SEAL
NED LEE
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires MAR 15, 1988

Notary Seal

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E_4949

DEED

Nº 11104

OWNERSHIP AND INTERMENT PRIVILEGES

TO Catherine E. Davis for the sum of $ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 17, Grave 3, Section 2, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER D-6949

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

REGULATION FLAT MARKER ONLY

Robert M. Sutton
Cemetery Manager

Martin Burbank
Property Director

PY-884

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32377

DATE 04-01 19 [illegible]

FROM Catherine E Lane ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF Transfer of property

LOT 17 GRAVE [illegible] ROW SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. Check

W.O. E-4949

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-1 1985

CHARGE Gela R Campos

ADDRESS 2905 E. 6th St Hp12 N.C Ca 92050

NAME OF DECEASED Transfer from

OWNER Travis Tomson for

ADDRESS Johnny M Tomson

MORTUARY deceased

LOT 60 GR 6 ROW ___ SEC 3 ~~BLK~~ DIV 5	—	—
OPENING/ CLOSING TIME ___ DAY DATE ___		
VAULT/LINER ___ SIZE ___		
REC. FEE/REMOVAL/FOUNDATION Transfer	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 4-1-85 32378	35	00
BALANCE	0	

By March Assoc.

James A. March

PAID

APR 1 1985

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 Lang

W.O. NO. E 4950 INVOICE NO. ___

PY-593 (4-82)

Memo From . . . . JAMES A. MARCH

E-4950

Transfer:

Div #5, Sec 3
Lot 60, Grave #6

From:

Travis Tomson
1440 Burton St
San Diego, CA 92111
277-1907

To:
GELA R. CAMPOS
2905 E 6TH ST
SP 12
NATIONAL CITY, CA 92050

FOR BURIAL OF:
ORLANDO JOSEPH CAMPOS JR.

April 13, 1984

March Associates
644 Floyd Ave.
Chula Vista, Ca.

E-4950

Gentlemen:

This is to inform you that I am sole executor of the Cemetery lot 60, Grave 6, Div. 5 Section 3, in Mt. Hope Cemetery — so named by my brother, Johnny M. Tomson — (now deceased).

Hoping this information is satisfactory, I am,

Very truly yours,

Travis E Tomson

POWER OF ATTORNEY

E-4950

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Travis ~~Thompson~~ Tomson

_____, the undersigned

(jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

_____

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 60, Grave #6
Division #5, Section 3
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 10th day of APRIL, 1984.

x Travis Tomson

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO } ss.

On this 10th day of APRIL, in the year 1984, before me, the undersigned, a Notary Public in and for said State, personally appeared TRAVIS TOMSON

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed it.

WITNESS my hand and official seal.

Helen Kvocka
Notary Public in and for said State.

OFFICIAL SEAL
HELEN KVOCKA
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires MAR 2, 1988

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32378

E-4950

DATE 04-01 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 35.00)

IN [illegible] PAYMENT OF Property Transfer

LOT 60 GRAVE 6 ROW SECTION 3 DIVISION BLOCK 5

INVOICE NO. [illegible]

W.O. E-11 TH 4950

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	
TOTAL PAID $		35.00

AC-212 (REV. 9-81)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-4950

DEED

7/28/58

OWNERSHIP AND INTERMENT PRIVILEGES

TO Johnny M. Tomson for the sum of $ 250.00 (DOLLARS)

LEGAL DESCRIPTION Lot 60 Grs 6 & 7 Sec 3 Div 5

AS DESCRIBED ON PURCHASE ORDER NUMBER B-3466

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker or Monument

Stanley L. Taylor
Cemetery Manager

Leo B. Callaway
Park and Recreation Director

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

Name
Street Address
City & State

E_4950

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX $_____

SIGNED - PARTY OR AGENT _____ FIRM NAME

QUITCLAIM DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged

Johnny M. Tomson

do es hereby

REMISE, RELEASE AND FOREVER QUITCLAIM to
Mrs. Charles McBroom (Mother) deceased

the real property in the City of San Diego County of San Diego
State of California, described as:

Lot #60 Grave #6, Section #3, Division #5

Mt. Hope Cemetery.

Dated: June 30, 1971

Johnny M. Tomson
Johnny M. Tomson

State of California,
County of San Diego } ss

On June 30, 1971 before me, the undersigned, a Notary Public in and for said State, personally appeared Johnny M. Tomson

known to me to be the person whose name subscribed to the within Instrument and acknowledged that he executed the same.

Witness my hand and official seal.

OFFICIAL SEAL
EVA M. WEBSTER
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires June 20, 1973

(Seal) Eva M. Webster
Notary Public in and for said State.

6372 University Ave., San Diego, Calif. 92115

Title Order No._____ Escrow or Loan No._____

MAIL TAX
STATEMENTS TO_____
NAME ADDRESS ZIP

DEED—QUITCLAIM—WOLCOTTS FORM 790
REV. 8-68

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-1 19 85

CHARGE Gela R. Campos

ADDRESS 2905 E. 16th St Sp 12 N.C. Ca 92050

NAME OF DECEASED Orlando Joseph Campos Jr

OWNER Mr. Pomelia — 477-0559

ADDRESS (Mr. King)

MORTUARY Humphrey, P.V. (Gail)

LOT 60 GR 6 ROW ___ SEC 3 BLK DIV 5		Prenced	
OPENING/ CLOSING TIME -CHAPEL- 11:00 DAY DATE Wed 4-3-85		295	00
VAULT/LINER Bell SIZE		14 245	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		589	70
PAID RECEIPT NUMBER 4-1-85 32379		589	70
BALANCE		0	

PAID
APR 1 1985
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 Lang

W.O. NO. E 4951 INVOICE NO. ___

PY-593 (4-82)

E-4951

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ORLANDO JOSEPH CAMPOS, JR.	MALE	OCT 12, 1948	MAR 30, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
NATIONAL CITY	SAN DIEGO	GELA CAMPOS FATHER 2905 EAST 6TH ST, SP 12 NATIONAL CITY, CA 92050

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
HUMPHREY PARADISE VALLEY MORTUARY	F-1192

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY, SAN DIEGO, CALIFORNIA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 DATE PERMIT ISSUED: APR 02 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald A. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 3 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32379

E_4951

DATE 04-01 19 85

FROM Lela R Campos ADDRESS 2905 E 10th St [illegible]

[illegible] Eighty nine and 70/100 — DOLLARS ($ 589.70)

IN full PAYMENT OF Orlando Joseph Campos Jr.

LOT 60 GRAVE 6 ROW SECTION 3 DIVISION BLOCK 5

INVOICE NO. Cash

W.O. E5118AA951

UNPAID BALANCE AFTER THIS PAYMENT ✓

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	395.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-2 19 85

CHARGE Jane C. James

ADDRESS 2585 Ulric SD Ca. 92111

NAME OF DECEASED Christa Mary Hawkins

OWNER

ADDRESS

MORTUARY Bagdale

LOT 601 GR ROW SEC 2 ~~BLK~~ DIV 9	195	00
OPENING/CLOSING TIME 9:30 - CHAPEL - DAY DATE Thurs. 4-4-85	195	00
VAULT/LINER SIZE	130	80 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	562	80
PAID RECEIPT NUMBER 4-3-85 32383	562	80
BALANCE	-0-	

3 year old
3'6" casket

PAID
APR 3 1985
MT. HOPE CEMETERY

THE CITY OF SAN DIEGO HAS 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 Jane C. James ORDER TAKEN BY Lang

W.O. NO. E 4952 INVOICE NO.

PY-593 (4-82)

E-4952

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Christa Mary Hawkins	Female	June 25, 1981	FOUND March 30, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Jane Christine James - Mother 2585 Ulric Street San Diego, CA 92111

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery: 3751 Market St. San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: APR 3 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE): APR 4 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32383

DATE 04-03 19 85

FROM Jane C. James ADDRESS 3505 Ulrich St. Ca. 92111

Two hundred sixty two and 00/100 DOLLARS ($ 262.00)

IN full PAYMENT OF Christa Mary Lawkins Jr.

LOT 601 GRAVE 5 ROW SECTION DIVISION BLOCK 9

INVOICE NO. check

W.O. E-4952

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	39	00
50% SALES OF LOTS	100 77184	156	00
OPENINGS	100 77181	195	00
BOXES	100 77182	130	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	7	80
TOTAL PAID $		[illegible]	

AC-212 (REV. 9-81)

Louis M. Vitous
(714) 833-7622

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-2 1985

CHARGE Trust Serv. of America, Inc.

ADDRESS 3901 Mac Arthur Blvd PO Box 7790, Newport Beach Ca 92660

NAME OF DECEASED Emma E. Frandsen

OWNER

ADDRESS Mrs Peers - (714) 494-7274

MORTUARY

LOT 68 GR 1 ROW SEC 4 ~~BLK~~ DIV 4	Preneed	
OPENING/ CLOSING TIME 2:30 —GRAVESIDE— DAY DATE THURS 4-4-85	95	00
VAULT/LINER Ash SIZE	5 90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER		
BALANCE		

Will have ashes here about 2:30 or 3:00 4-4-85

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 (see attached)
PHONE BY By phone

ORDER TAKEN BY Lang

W.O. NO. E 4953

INVOICE NO. 030456
012714

PY-593 (4-82)

CITY TREASURER
SAN DIEGO, CALIFORNIA

E 4953

E-4953

MOUNT HOPE CEMETERY

X 27 March 1985

The undersigned hereby requests and authorizes the interment of the ~~remains~~ Cremains of

Emma Elizabeth Frandzen in Lot 68 Gr 1 Row _____ Sec. 4

~~Block~~ Division 4 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.

X Eleanor D Peers
Eleanor DPeers
Signature of relative or legal representative

X P.O.Box 599 Tulare, Calif. 93275
X cousin
Address & relationship to deceased or authority to sign authorization

X Lynn A (Pete) Peterson
Witness

Erma Baka
Witness

E-4953

20481

PERMIT FOR DISPOSITION OF HUMAN REMAINS

PLASTIC

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Emma Elizabeth Frandzen	Female	April 7,1903	March 31,1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Clemente	Orange	Charles Rhodes 3901 MacArthur Blvd. Newport Beach,California

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Ray Family Mortuary	1165

TYPE OF PERMIT: CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/a		COUNTY N/a
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cremar Crematory,Anaheim,California	DATE CREMATED 4-4-85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ David Young
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery,San Diego,California		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED 4-3-85 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 4 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ L. Rex Ehlinger, M.D. Sc

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

COPY 1

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

Mount-Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT TELEPHONE: 264-3151

E-4953

DATE	YOUR ORDER NO.
4/2/85	E-4953

TO:

Trust Service of America, Inc.
3901 MacArthur Blvd.
PO Box 7790
Newport,Beach, CA 92660

DESCRIPTION OF CHARGE	AMOUNT
Emma E. Frandzen Service	
LOT 68, Grave 1, Section 4 Divn 4	
Opening/Closing	$ 95.00
Ash Vault	90.00
Tax on Vault	5.40
Recording Fee	35.00
Total Due	$ 225.40

Barbara Lang

Barbara Lang
Acting Cemetery Manager

FORM PR-955 (10/64)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32464

DATE 4-30 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 66 GRAVE 1 ROW SECTION 4 DIVISION BLOCK 4

INVOICE NO. 030456

[illegible] 013714

W.O. E-4953

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

SAN DIEGO CITY TREAS. MAY 01 '85 PAID #3

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

E-4953

III

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C85-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/03/85

DATE: 05/03/85
TIME: 210705
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
030456	04/10/85	012714	TRUST SERVICE OF AMERICA					04/30/85	CK	E-4953	225.40	225.40	0.00
	E-4953		100	072		77181	000072				95.00		PAID IN FULL
			100	072		77182	000072				90.00		
			100	072		77183	000072				35.00		
			60101			9020					5.40		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-2 19 85

CHARGE Judy Fowler - 561-7146 #102 92001

ADDRESS 1440 Olivewood Lane Alpine Ca

NAME OF DECEASED Prencd Sar

OWNER Fay L. Allman

ADDRESS

MORTUARY Lewis Colonial

(T-Disinter - X-Deep)

LOT 12 GR 8 ROW SEC MAS BLK DIV T

OPENING/CLOSING TIME 11:30 CHAPEL DAY DATE Fri 4-19-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

	670 00
	325 00
	295 00
	245 00
	35 00
TOTAL	1584 70
	200 00
BALANCE	1384 70

PAID RECEIPT NUMBER 4-2-85 32382

(Liner on lot 4-19-85 32433)

Disinter 1st burial 1959 1384.70

Allow X deep

PAID
APR 19 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

The prices set forth for the above Pre-Need Services (~~opening & closing of grave, liner or vault, and recording fee~~) are not guaranteed prices. At the time of burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the service.

No interest will be paid on the prepaid amount set forth on this order form.

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 Judy Fowler ORDER TAKEN BY Lang

W.O. NO. E 4954 INVOICE NO.

PY-593 (4-82)

67007 -	77184	65	25
100	77184	260	100
	77181		295
	77182		245
	77183		705
60101 -	9020		14.70

E-4954

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FAY L. ALLMAN	FEMALE	AUG 16, 1914	APRIL 15, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
LA MESA	SAN DIEGO	JUDY FOWLER - DAUGHTER 1440 OLIVEWOOD LANE #102 ALPINE, CA 92001

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/BENBOUGH MORTUARY	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY - SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED APR 16 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Ramos, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 19 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32433

DATE 4-19 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] hundred eighty four and 70/100 — DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 13 GRAVE 8 ROW SECTION [illegible] DIVISION BLOCK T

INVOICE NO. [illegible]

W.O. E-4954

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 25 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32382

DATE 04-02 19 85

FROM Judy Fowler ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION MAS DIVISION BLOCK T

INVOICE NO. [illegible]

W.O. E-4954

UNPAID BALANCE AFTER THIS PAYMENT $1374.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-2 19 85

CHARGE Arturo Herrera

ADDRESS 4275 Layla Ct. SD, Ca 92154

NAME OF DECEASED Victor Manuel Zamora

OWNER

ADDRESS

MORTUARY Heath

LOT 14 GR 7 ROW SEC 6 BLK DIV 6		650	00
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE Fri 4-5-85		295	00
VAULT/LINER Bell SIZE		245 14	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	1239	70
PAID RECEIPT NUMBER 45-85 32397		1100	00
	BALANCE	139	70

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 Arturo S Herrera ORDER TAKEN BY Jang

W.O. NO. E 4955 INVOICE NO. 030457 012715

PY-593 (4-82)

77182 90 -
77183 35.00
60101-4020 14.70

139.70

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32397

DATE 04-15 19 85

FROM Arturo Herrera ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN art PAYMENT OF [illegible]

LOT 14 GRAVE 7 ROW SECTION 6 DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4955

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 26% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-49:55

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VICTOR MANUEL ZAMORA	MALE	MARCH 27, 1945	Found APRIL 1, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Carlos Zamora - Brother 7407 Prairie Mound Way San Diego, CA 92139

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Heath Funeral Home	807

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, San Diego, California		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: APR 4 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D. RMS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 5 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

565-5843

DATE 4-3 19 85

CHARGE Public Admin (Mary Sager)

ADDRESS Indigent Burial Officer

NAME OF DECEASED Ugenio Gutierez

OWNER Case #11242

ADDRESS

MORTUARY Cypress View (Mike)

(X-Deep)

LOT 98	GR 234	ROW	SEC 4	BLK DIV 7		55	00
OPENING/ CLOSING TIME 2:30 - graveside		DAY DATE THURS 4-4-85				90	00
VAULT/LINER		SIZE					
REC. FEE/REMOVAL/FOUNDATION							
				TOTAL		145	00
PAID RECEIPT NUMBER							
				BALANCE			

Bill
Indigent Officer

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 Lang

W.O. NO. E 4956

INVOICE NO. 030464
000952

PY-593 (4-82)

67007 77184 11
77184 44
77

County of San Diego
Public Administrator
5201-A Ruffin Rd.
San Diego, CA. 92123

E-4956

Referred by : Mt. Hope Cemetery
Amount due : $145.00
Invoice No. : 030464 Act. 000952

06-07-85

THE CITY OF
SAN DIEGO
CITY OPERATIONS BUILDING
P.O. Box 2289 • San Diego, CA 92112
1222 First Avenue • San Diego, CA 92101

OFFICE OF
CITY TREASURER
236-6194

PAID
AUG 2 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE ABOVE ACCOUNT HAS BEEN REFERRED TO TREASURER'S COLLECTION.

DO NOT AGREE TO ANY PAYMENT PLANS OR GRANT ANY TIME EXTENSIONS. ALL DEBTOR CONTACTS SHOULD BE REFERRED DIRECTLY TO THIS DEPARTMENT.

RETAIN THIS NOTICE IN YOUR FILES FOR FUTURE REFERENCE.

COLLECTION DEPARTMENT

FOR ORIGINATING DEPARTMENT

E-4956

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Eugenio NMI Gutierrez	Male	Oct. 14, 1923	April 1, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Pastora Gutierrez - Wife 2035 Broadway Street San Diego, CA. 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	670

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 * DATE PERMIT ISSUED: APR 04 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. KH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 4 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

8/6/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32697

DATE 8-2 19 85

FROM Count of S.D. ADDRESS 5201 Oakland St. Ave 9

One hundred forty five and no/100 DOLLARS ($ 145.00)

IN full PAYMENT OF Mgmt Luttrey Service

LOT 103 GRAVE 234 ROW SECTION 4 DIVISION BLOCK 7

INVOICE NO. 030464

[illegible] 000952

W.O. E-4956

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 4-81)

E-4956

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: BLL ACCOUNT: 000952 INVOICE: 030464 INV DATE: 04 10 85

NAME: COUNTY OF SAN DIEGO

1) PUBLIC ADMINISTRATOR 2) 5201-A RUFFIN RD

3) 4)

CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY:

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151

REFER NO: E-4956 DAYS DUE: 030 INV TYPE: GE TYPE CHG: NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: INVOICE TOTAL: 145.00

DESCRIPTION OF CHARGE	AMOUNT
UGENIO GUTTIERREZ SERVICE	
LOT 103 GR 234 SEC 4 DIV 7	55.00
OPENING/CLOSING	90.00

PAID
AUG 2 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

TOTAL DUE 145.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-3 19 85

CHARGE Mary Couch

ADDRESS

NAME OF DECEASED Mary Ellen Blanco

OWNER

ADDRESS

MORTUARY Humphreys P.V. (Gail)

LOT 1436 GR ROW SEC 1 BLK/DIV 8	Spaces	
OPENING/CLOSING TIME 12:00 DAY/DATE Fri 4-5-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 4-4-85 32386	500	00
BALANCE	89	70

Interment Order Required

Transfer on 4-4-85 32389 89.70

WO E 4957 0

PAID

APR 4 1985

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 Lana

W.O. NO. E 4957

INVOICE NO. 6

PY-593 (4-82)

E-4957

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY ELLEN BLANCO	FEMALE	SEPT 12, 1957	MARCH 30, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	MARY COUCH MOTHER 3905 TEAK STREET SAN DIEGO, CA 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
HUMPHREY PARADISE VALLEY MORTUARY	F-1192

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MT. HOPE CEMETERY, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED APR 04 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 5 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Powers, M.D. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

METRO UNITED METHODIST
[redacted]GAN MINISTRY
[redacted] SIXTH AVE., SAN DIEGO, CA E-4957 DELUXE FORM DVC-3 V-5

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DATE	DESCRIPTION	AMOUNT	DISTRIBUTIONS	
			ACCT. NO.	AMOUNT
4/3/85	Assistance with burial for Mary Ellen Blanco	500.00	34571	

EMPLOYEE _____

PERIOD ENDING	TOTAL EARNINGS	DEDUCTIONS								TOTAL DEDUCTIONS	NET PAY
		SOCIAL SECURITY TAX	WITHHOLDING U.S. INC. TAX	S.D.I.	STATE INCOME TAX						

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32389

DATE 4-4- 1985

FROM Humphry Mort ADDRESS 2416 E. Eight St. Nat'l City

Eighty Nine DOLLARS ($ 89.70)

IN Cash PAYMENT OF Services for Mary Ellen Blanco

LOT 1436 GRAVE ROW SECTION 1 DIVISION ~~BLOCK~~ 8

INVOICE NO.

W.O. E-4957

UNPAID BALANCE
AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY J. Braggi

CREDIT 20% SALES CANS	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	75 00
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	14 70
TOTAL PAID $		89 70

AC-213 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32386

DATE 17-14 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($)

IN [illegible] PAYMENT OF [illegible]

LOT 1436 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4957

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-3 19 85

CHARGE Mary Couch

ADDRESS

NAME OF DECEASED Property transfer

OWNER from Anna Ireland

ADDRESS

MORTUARY

LOT 1436 GR ROW SEC 1 ~~BLK~~ DIV 8		—
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION Transfer fee	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 4-4-85 32388	35	00
BALANCE		0

PAID

APR 4 1985

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 Lang

W.O. NO. E 4958

INVOICE NO.

PY-593 (4-82)

Memo From . . . . JAMES A. MARCH

Transfer:

E-4958

Lot 1436
Section 1
Division 8

From:

Anna Jones (formerly Mrs Samuel Ireland)
307 So Pear
Searcy, AR 72143

To:

MARY COUCH
3905 TEAK ST
SAN DIEGO, CA 92113

for burial of MARY ELLEN BLANCO

E-4958

Searcy Arkansas
July 26-84

March Associates.

Dear Sir:

I have a single lot in Mount Hope Cemetery. I would like to sell. lot No 1436. Sec. 1 Division 8 [illegible]
Bought Oct 16. 1954
Please let me know if you can sell this lot for me.

Thank you
Anna Jones
307 So. Pear
Searcy Arkansas
72143

Formerly, Mrs Samuel Ireland
(Anna)

E_ 4958

POWER OF ATTORNEY

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Anna Jones, the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 1436, Sec. 1, Division 8
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 10th day of August, 19 84.

x Anna Jones

STATE OF ~~CALIFORNIA~~ Arkansas }
COUNTY OF White } ss.

On this 10th day of August, in the year 19 84, before me, the undersigned, a Notary Public in and for said State, personally appeared Anna Jones

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name _____ subscribed to the within instrument, and acknowledged to me that he executed it.

WITNESS my hand and official seal.

Viola Hendrix

Notary Public in and for said State.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32388

E-4958

DATE 4-4- 19 85

FROM March Associates ADDRESS 6444 Lloyd Ave. Chula Vista Ca.

Thirty Five DOLLARS ($ 35.00)

IN PAYMENT OF Anna Sreland to Mary Couch

for Burial of Mary Ellen Blanco - Transfer

LOT 1436 GRAVE ROW SECTION 1 DIVISION BLOCK 8

INVOICE NO.

W.O. E-4958

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY J. Bragg

CREDIT 20% SALES CARE	67007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020		
TOTAL PAID $		35	00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-4 19 85

CHARGE John Skubski

ADDRESS 4125 Marzo St. SD, Ca 92154

NAME OF DECEASED Preneed lots

OWNER

ADDRESS

MORTUARY

Put on Credit Sale
7/11/86 - 500.00 @ 25.00 mo.

2,3 & ($400 each)

LOT 60 GR 4 ROW SEC 3 BLK DIV 12	1200	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	1200	00
PAID RECEIPT NUMBER 4-4-85 32390 ✓	150	00
BALANCE	1050	00
5-2-85 32472 ✓	175.00	
	875.00	
6-3-85 32565 ✓	175.00	
	700.00	
8-6-85 32708 ✓	100.00	
	600.00	

20% $240.00
80 960.00
1200

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT (over)
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY John Skubski

ORDER TAKEN BY Lang

W.O. NO. E 4959

INVOICE NO.

PY-593 (4-82)

9-11-85	32777 ✓	1,000.00
		100.00
		500.00
		25.00
8-14-86	33649 ✓	475.00
		25.00
9-8-86	33713 ✓	450.00
		25.00
10-8-86	33814 ✓	425.00
		25.00
11-17-86	33932 ✓	400.00
		25.00
12-10-86	34003 ✓	375.00
		25.00
01-13-87	34091 ✓	350.00
		25.00
02-10-87	34190 ✓	325.00
		25.00
03-10-87	34288 ✓	300.00
		25.00
04-08-87	34406 ✓	275.00
		25.00
05-05-87	34525 ✓	$250.00
		25.00
06-05-87	34661	225.00
		25.00
7-9-87	34803	

8-12 4932 200.00
5.00
175.00
9/11/87 35035 25.00
150.00
10/9/87 35142 25.00
125.00
11-10-87 35269 25.00
12-9-87 35405 100.00
25.00
75.00
1-8-88 35533 25.00
50.00

E_4959

$240 for PPF
10-9-87 35142
205
35 Due 1-8-87 35533
25
10 Due

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32390

DATE 04-04 19 85

FROM Cahn Skudski ADDRESS 4135 Mayo St. S.D. Ca. 9-159

One hundred fifty and 00/100 DOLLARS ($ 150.00)

IN Cash PAYMENT OF Pre-need Lots

LOT 60 GRAVE 2 3 4 ROW SECTION 3 DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4959

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	20
40% SALES OF LOTS	100 77184	120
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		150

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32472

E-4959

DATE 5-2 19 85

FROM John Skubski ADDRESS 4145 Mayo St. Sta. 7-15

Lake Hundred seventy five and no/100 DOLLARS ($ 175.00)

IN [illegible] PAYMENT OF [illegible]

LOT 60 GRAVE [illegible] ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4959

UNPAID BALANCE AFTER THIS PAYMENT 175.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 15 1985

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77184	35
50% SALES OF LOTS	100 77184	141
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		175

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32565

DATE 6-3 19

FROM Mary L. Skulsky ADDRESS 9465 Mary St. Sn. 92154

One hundred seventy five and no/100 DOLLARS ($ 175.00)

IN Cert PAYMENT OF Preneed lots

LOT 60 GRAVE 2 3 4 ROW SECTION 3 DIVISION BLOCK 1

INVOICE NO. Cash

W.O. EE-4459

UNPAID BALANCE AFTER THIS PAYMENT $ 700.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 10 1985

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77184	35
50% SALES OF LOTS	100 77184	140 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		175

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32708

DATE 8-6 19 85

FROM John Skulski ADDRESS 4135 Marzo St [illegible]

[illegible] DOLLARS ($ 100 00)

IN [illegible] PAYMENT OF [illegible]

LOT 60 GRAVE 2 3 & 4 ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4959

UNPAID BALANCE AFTER THIS PAYMENT $ 600 00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

AUG 12 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	20	00
80% SALES OF LOTS	100 77184	80	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		100	00

AC-272 (REV. 6-81)

OFFICIAL RECEIPT

WHITE . . . . . TO CUSTOMER
CANARY . . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32777

DATE 9-11 19

FROM Mary Skolski ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4959

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
SEP 16 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33649

Date: 08-14, 1986

From: Richard Skubski Address: 4125 Mayo St SD Ca 92154

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Preneed lot for John Skubski

Lot 60 Grave 2, 3 + 4 Row Section 3 Division Block 12

Invoice No.

Acct. No. [illegible]

W.O. E-4959

Unpaid Balance after this Payment $ 475.00

Pre-Need ☒ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
AUG 20 1986
1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	25 00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	25 00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33713

Date: 09-07, 19

From: Richard E Skubski Address: 4125 Mayo St SD Ca 92154

Twenty five and no/100 Dollars ($ 25.00)

In Cart Payment of Pre-need Lots

Lot 60 Grave 2 3 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-4959

Unpaid Balance after this Payment $451.00

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☒ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
SEP 10 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	25.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	25.00

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33814

E-4959

Date: 10-[illegible], 19[illegible]

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot [illegible] Grave [illegible] Row [illegible] Section [illegible] Division Block [illegible]

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-4959

Unpaid Balance after this Payment [illegible]

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 10 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	[illegible]	[illegible]
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	25	00

AC-212 (Rev. 8-85)

№ 33932

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 11-17, 19 86

From: Richard J. Skubski Address: 4125 Marys St SD Ca 92154

Twenty five and no/100 Dollars ($ 25.00)

In Fact Payment of Credit lot sale

Lot 60 Grave 2, 3 + 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 4959

BALANCE DUE $400.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
NOV 18 1986

ISSUED BY B. Fang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 11-86)

№ 34003

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 12-10, 19[illegible]

From: Richard Skubski Address: 4125 Mayfair [illegible]

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Pre-need Lots

Lot 60 Grave 2, 3 + 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 4959

BALANCE DUE $375.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
DEC 15 19[illegible]

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	25.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	25.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34091

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 01-13, 19 87

From: Richard J. Skubski Address: 4125 Mayo St. SD Ca 92154

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Preneed Lots

Lot 60 Grave 2, 3 & 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 4959

BALANCE DUE $350.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

JAN 15 1987

ISSUED BY L. Lang

CREDIT	67007	25.00
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

AC-212 (Rev. 11-86)

№ 34190

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 02-10, 19 [illegible]

From: Richard C Skulski Address: 4135 Mayor St SD Ca 92154

Twenty five and no/100 Dollars ($ 35.00)

In Part Payment of Preneed lot

Lot 60 Grave 2 3 & 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 4959

BALANCE DUE $325.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	35.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	35.00

AC-212 (Rev. 11-86)

№ 34288

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 6-10, 19 [illegible]

From: [illegible] Address: 4125 Mayfair St. [illegible] 92154

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Preneed Lots (3)

Lot 60 Grave 2, 3 + 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E4959

BALANCE DUE $300.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184	25	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 11-86)

№ 34406

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 04-08, 19

From: Richard J. Skubski Address: 4125 Mayo St SDCa 92154

Twenty five and no/100 Dollars ($ 25.00)

In cert Payment of Preneed lot(s)

Lot 60 Grave 2, 3 & 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 4959

BALANCE DUE ~~Vat~~ $275.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34525

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E_4959

Date: 05-05, 19 [illegible]

From: Richard Skubski Address: 4125 Margaret SD Ca 92154

Twenty five and no/100 Dollars ($ 25.00)

In Act Payment of Preneed lot

Lot 60 Grave 2,3+4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 4959

BALANCE DUE $250.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	25.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34661

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 06-5, 19[illegible]

From: Richard C. [illegible] Address: 4125 Mayo St. [illegible] 92154

Twenty five and no/100 Dollars ($ 25.00)

In Cash Payment of Preneed lot

Lot 60 Grave 2, 3 + 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 4959

BALANCE DUE $225.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34803

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 7-9, 19

From: [illegible] Address: 4125 [illegible]

[illegible] Dollars ($ 25.00)

In _____ Payment of Coupon # 12 Credit Lot

Lot 60 Grave 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-4959

BALANCE DUE 200.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

№ 34932

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 8-12 19 87

From: Richard Skubske Address: San Diego

Twenty-five dollars Dollars ($ 25.00)

In Coupon Payment of Credit Sale - Coupon #13
E-4959

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-4959

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 11-86) 1956

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY JD

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

№ 35035

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E 4959
E 4154

Date: 9-11, 1987

From: John Kaibishi Address: 4125 Marzo St 92154

Twenty five Dollars ($ 25.00)

In _____ Payment of Coupon #14 Credit Lot

Lot 60 Grave 2, 3, 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1964

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sandy Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	25	—

AC-212 (Rev. 11-86)

№ 35142

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 10-9, 1987

From: Richard Skubski Address: 4125 Mary St.

twenty-five Dollars ($ 25.00)

In _____ Payment of coupon 15 Credit Lot

Lot 60 Grave 2, 3 & 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-4959

BALANCE DUE 125.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1977

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lindy Ward

CREDIT	67007	25	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

№ 35269

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

E-4959

Date: 11-10 , 1987

From: RICHARD SKUBSKI Address: 4125

Twenty five Dollars Dollars ($ 25.00)

In part Payment of Credit for Sale - Coupon # 16

Lot 60 Grave 2, 3 & 4 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-4959

BALANCE DUE 100.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
1989

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Bruce Morrison

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	25 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 35533

Date: _____, 19__

From: John Lubski Address: 4125 Marzo St, SD 92154

Twenty - five and 00/100 Dollars ($ 25.00)

In _____ Payment of Oxygen #18 Cricket Lot

Lot 60 Grave 2 3 & 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. K 4954

BALANCE DUE 50.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2013

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JAN 13 1988

ISSUED BY Sandy Ward

CREDIT	67007	25	00
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		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

№ 35654

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2-4, 1988

From: John Skubski Address: 4125 Marzo St, SD

Twenty - five no/100 Dollars ($ 25.00)

In Payment of Coupon 19, Credit Lot

Lot 60 Grave 2, 3, 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-4959

BALANCE DUE 25.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 08 1988

ISSUED BY Andrea Ward

CREDIT	67007	25.00
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	
Sales Tax	60101 78390	
TOTAL PAID	$	25.00

AC-212 (Rev 10-87)

Send or bring one coupon with each remittance **COUPON** 3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 25.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 26.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

1825 $ 26.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 2500

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send or bring one coupon with each remittance **COUPON** 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send or bring one coupon with each remittance **COUPON 9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski E-4959
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 25,00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski E-4959
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 25,00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski E-4959
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 25,00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski E-4959
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski E-4959
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 25,00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski E-4959
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							X				

Amount due when paid on, or before, due date above: 10th — $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 25,00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							X				

Amount due when paid on, or before, due date above 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski E-4959
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							X				

Amount due when paid on, or before, due date above 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 25.00

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							X				

Amount due when paid on, or before, due date above 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 25.00

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski E-4959
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							X				

Amount due when paid on, or before, due date above 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 25.00

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							X				

Amount due when paid on, or before, due date above 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ ____

Amount Received $ 25.00

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski E-4959
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							X				

Amount due when paid on, or before, due date above 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 25.00

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-4959

John Skubski
4125 Marzo St.
San Diego, CA 92154

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							X				

Amount due when paid on, or before, due date above 10th ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 1.00

$ 25.00

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

NAME Skubski, John ACCT. NO. E-4959

ADDRESS 4125 Marzo Street, San Diego, Ca 92154 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Apr 4	85	Lot 60, Graves 2,3, 4, Section 3, Division 12	1200 00		1150 00	50 00
2	88	Coupon #19, Receipt # 35654			2500	2500
3-1	88	Coupon #20, Receipt # 35783			2500	-00

AIGNER FORM NO. 25-204 Skubski, John 60 - 2,3,4 - 3 - 12 PRINTED IN USA

E 4959

John Skubski
60-3-3-12

Olga Skubski
60-4-3-12

Mary Skubski
60-2-3-12

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

№ 35783

Date: 3-1, 1988

From: John Kubski Address: 4125 Marzo St, SD 92150

Twenty-five no/100 Dollars ($ 25.00)

In _____ Payment of final payment of [illegible]

Lot 60 Grave 2, 3, 4 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-4959

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.

CITY AUDITOR

MAR 03 1988

ISSUED BY [illegible]

CREDIT	67007	25 00
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	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 35405

Date: 12-9, 1987

From: Richard E Skubski Address: 4125 Marzo St. S.D. 92154

Twenty-five dollars 00/100 Dollars ($ 25.00)

In part Payment of Credit for sales coupon #17

Lot 160 Grave 2 3 4 Row — Section 3 Division — Block 12

Invoice No.

Acct. No.

W.O. E-4959

BALANCE DUE 75.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3003

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Dora Black

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
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	$	25	00

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: B-4959

John Skubski
4125 Narco St.
San Diego, CA 92154

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							X				

Amount due when paid on or before due date above: 10th $ 25.00

Amount due if paid more than ____ days after due date above: $ 1.00

$ 25.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-5 19 85

CHARGE Flora Norwood

ADDRESS 5540 Santa Margarita St. SDCa 92114

NAME OF DECEASED Cornelius J Norwood

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 31 GR 8 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME 2:00 -CHECK- DAY DATE Mon 4-8-85	295	00
VAULT/LINER Bell SIZE	245	14 70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1084	70
PAID RECEIPT NUMBER 4-5-85 32398	934	70
BALANCE	150	00

Va benefit
Va bronze marker

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY Flora Norwood ORDER TAKEN BY Lang

W.O. NO. E 4960

INVOICE NO. 030458
012716

PY-593 (4-82)

E-4960

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CORNELIUS NORWOOD	Male	June 10, 1921	April 3, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Flora Norwood - Wife 5540 Santa Margarita San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

d

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 5 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 8 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Ramos, M.D. MHM

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

Regional Office
2022 Camino Del Rio, North
San Diego, CA 92108

Veterans Administration

SEP 04 1985

E_ 4960

In Reply Refer To:
377/211A
XC 11 750 213
NORWOOD, Cornelious

Mt. Hope Cemetery
Attn: Barbara Lang
3751 Market St.
San Diego, CA 92102

Gentlemen:

This is in reply to your memo dated August 6, 1985 requesting information on burial for Mr. Cornelious Norwood.

Please be advised that the burial was paid on May 10, 1985 to Anderson-Ragsdale Mortuary, 5050 Federal Blvd., San Diego, CA 92103. Application for burial benefits received from them was dated April 4, 1985 with a receipted bill attached.

There is nothing in the files indicating that Mt. Hope Cemetery submitted a claim for burial reimbursement. Therefore, no further action on your claim can be taken.

Sincerely yours,

JOHN H. DAVIS, SR.
Adjudication Officer

E-4960

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Cornelius NORWOOD

2A. SOCIAL SECURITY NO. OF VETERAN
450 36 5732

2B. VA FILE NO.
C- 11 750 213

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mt. Hope Cemetery

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
3751 Market St.
San Diego, CA 92102

4. RELATIONSHIP TO VETERAN
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
June 10,1921	Arp, Texas	April 3, 1985	San Diego, CA	April 8, 1985

MARITAL STATUS: ☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)? ☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Flora Norwood
5540 Santa Margarita St.
San Diego, CA 92114

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Arthor Cornelious Norwood

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Eliza W. Norwood

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. RANK, RATE OR RATING AND ORGANIZATION AND BRANCH OF SERVICE
06/01/42	Tyler, Texas	38139007	09/03/43	Camp Bowie, Texas	Pvt. 1C U.S. Army 1853d Serv. Command Unit

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☐ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☒ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)
Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☐ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
YES ☐ NO ☒ (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with Instruction 11)

M 21-530

EXISTING STOCK OF VA FORM 21-530, FEB 1952, WILL BE USED.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32398

DATE 04-15 19 15

FROM Flora Norwood ADDRESS 5540 Santa Margarita [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 31 GRAVE 8 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4960

UNPAID BALANCE AFTER THIS PAYMENT 3150.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	69.00
20% SALES OF LOTS	100 77184	276.00
OPENINGS	100 77181	[illegible]
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32484

E-4960

DATE 5-6 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 15.00)

IN [illegible] PAYMENT OF [illegible]

LOT 31 GRAVE 8 ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. Cash

W.O. E-4960

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 15 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	15
SALES TAX	60101 9020	
TOTAL PAID $		15

AC-212 (REV. 6-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

8/12/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32707

E-4960

DATE 8-6 19 85

FROM Flora Norwood ADDRESS 5540 Santa Margarita [illegible]

[illegible] Sixty and no/100 DOLLARS ($ 150.00)

IN full PAYMENT OF Grandma Norwood [illegible]

LOT 31 GRAVE 8 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. Check

Inv #030458

W.O. E-4960

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	50101 9020	
TOTAL PAID $		150

AC-212 (REV. 9-81)

E-4960

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 012716 INVOICE: 030458 INV DATE: 04 10 85
NAME: FLORA NORWOOD
1) 5540 SANTA MARGARITA ST 2) _____
3) _____ 4) _____
CITY: SAN DIEGO ST: CA ZIP: 92114 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-4960 DAYS DUE: 090 INV TYPE: GE TYPE CHG: _ NOTICES: Y
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _
TIME PAYM CODE: _ STD DESC CODE: _ INVOICE TOTAL: 150.00

DESCRIPTION OF CHARGE	AMOUNT
CORNELIUS NORWOOD SERVICE	
LOT 31 GR 8 SEC 1 DIV 11	495.00
OPENING/CLOSING	295.00
CONCRETE LINER	245.00
TAX ON LINER	14.70
RECORDING FEE	35.00
LESS PAYMENT R-32398	934.70-
VA BENEFIT	
TOTAL DUE	150.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
#2 __
THE INVOICE HAS BEEN ADDED. HIT PAI AND ADD THE ACCOUNTING DATA.

PAID
AUG 6 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-8 19 85

CHARGE Betty Lindley 92041

ADDRESS 5116 Mt Kelly Dr. La Mesa, Ca

NAME OF DECEASED Charlotte Grantaff

OWNER

ADDRESS

MORTUARY Lewis Colonial (carol)

LOT 442 GR ROW SEC 1 BLK DIV 8	Prepaid	
OPENING/CLOSING TIME 2:00 -CHAPEL- DAY DATE Tues 4-9-85	295	00
VAULT/LINER T.S. SIZE	19 230	80 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	679	80
PAID RECEIPT NUMBER 4-985 32404	679	80
BALANCE	-0-	

PAID

APR 9 1985

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 Lang

W.O. NO. E 4961

INVOICE NO.

PY-593 (4-82)

E 4961

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CHARLOTTE NMN GRANSTAFF	FEMALE	MARCH 9, 1896	APRIL 7, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Betty Lindley - executrix 5116 Mt. Helix Dr. La Mesa, CA 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/BENBOUGH MORTUARY	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a	
ACKNOWLEDGMENT OF *APPLICANT*	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED APR 8 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Ramos, M.D. MS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 9 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32404

DATE 04-19 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 44 GRAVE [illegible] ROW SECTION 1 DIVISION ~~BLOCK~~

INVOICE NO. [illegible]

W.O. E-4961

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT	67007	
25% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 04-08 19 85

CHARGE Mary E. Christian AKA Mary E. Gafford

ADDRESS 5276 Soledad Ave. SD Ca. 92114

NAME OF DECEASED Preneed lot

OWNER

ADDRESS

MORTUARY

LOT 76 GR 9 ROW SEC 2 ~~BLK~~ DIV 11	495	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 4-8-85 32400	495	00
BALANCE	-0-	

PAID
APR 8 1985
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 Lang

W.O. NO. E 4962

INVOICE NO.

PY-593 (4-82) #11038

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32400

DATE [illegible] 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF Paid [illegible]

LOT 76 GRAVE 9 ROW SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4962

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
90% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-8 19 85

CHARGE

ADDRESS

NAME OF DECEASED Evelyn B. Grinnell ⊗

OWNER

ADDRESS

MORTUARY Telephase

LOT 8 GR 25 ROW SEC ~~MAS~~ BLK DIV D Purchased

OPENING/ CLOSING TIME Am DAY DATE Mon 4-29-85

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Ashes found in safe
Contacted Telephase
for additional info.

Permit filed in San
Francisco

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 Lang

W.O. NO. E 4963

INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

Daughter

DATE 4-9 19 85

CHARGE Letigia Courtney 445-3004

ADDRESS PO Box 272, Descanso, Ca 92016

NAME OF DECEASED Florence Reinhard

OWNER

ADDRESS

MORTUARY Humphrey C.V. (Dan)

LOT 781 GR ROW SEC 1 ~~BLK~~ DIV 8	Prepaid	
OPENING/CLOSING TIME 10:30 -CHURCH- DAY DATE Fri 4-12-85	295	00
VAULT/LINER Bell SIZE	245	70
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	589	70
PAID RECEIPT NUMBER 4-9-85 32403	589	70
BALANCE	-0-	

Arrive about 12:00

PAID
APR 9 1985
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 L. Courtney

ORDER TAKEN BY Lang

W.O. NO. E 4964

INVOICE NO.

PY-593 (4-82)

E_4964

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FLORENCE MARIA SCAVELLI REINHARD	Female	12/26/1902	April 08, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Chula Vista	San Diego	Letigia Coartney (Daughter) P.O. Box 272 Descanso, Ca. 92016

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Chula Vista Mortuary	F-964

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery San Diego, Ca.		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	*NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED*: N/A		*COUNTY*
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS NEAREST POINT ON SHORELINE OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: APR 10 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. CR
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 12 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32403

DATE 04-09 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 781 GRAVE [illegible] ROW SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4964

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 11 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-9 19 85

CHARGE Virginia M. Henkel

ADDRESS 2340-4th Ave #168 SD 92101

NAME OF DECEASED Magic E. Mygrgab.

OWNER

ADDRESS

MORTUARY Merkley-Mitchell

LOT 106 GR 1 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME 1:30 DAY DATE THURS. 4-11-85	295	00
VAULT/LINER Bell SIZE	17 245	10 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	939	70
PAID RECEIPT NUMBER 4-11-85 32409	939	70
BALANCE	0	

PAID
APR 11 1985
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 Virginia M. Henkel ORDER TAKEN BY Lang

W.O. NO. E 4965 INVOICE NO.

PY-593 (4-82)

E-4965

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MAZIE ELIZABETH MAGARGAL	FEMALE	7-8-1891	4-9-1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SYLMAR	LOS ANGELES	VIRGINIA HENKEL ℄ DAUGHTER 2340 4th Avenue #168 San Diego, CA 92101

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
JT Oswald Mortuary - sf	889

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 DATE PERMIT ISSUED APR 10 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Nathan P. Mathis HS
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 11 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32409

DATE 04-11 19 85

FROM Mr. Mitchell ADDRESS 3655 5th Ave. S.D. Ca. 92103

Nine Hundred Sixty nine and 70/100 DOLLARS ($ 939.70)

IN full PAYMENT OF Maria C. Magargal Service

LOT 116 GRAVE 1 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. Check

W.O. E-4965

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 2-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4/10 19 85

CHARGE Mary Cofey

ADDRESS 3076 "J" St SD. Ca. 92102

NAME OF DECEASED Lizzie Mae Cofey

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 77 GR 5 ROW SEC 3 BLK DIV 12		400	00
OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE Fri 4-12-85		295	00
VAULT/LINER Bell SIZE		245	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		989	70
PAID RECEIPT NUMBER 4-10-85 32405		250	00
BALANCE		739	70

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 Mary Cofey

ORDER TAKEN BY Lang

W.O. NO. E 4966

INVOICE NO. 030579
012765

FY-593 (4-82)

67007 50 – 30

77184 200 120

77181

77182

77183

60101 - 9020

Number E-4966

Dated 04-10-85

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 739.70 .

Name Mary Cofey

Address 3076 "J" St. SDCa. 92102

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Mary Cofey 3076 "J" St S.D. CALIF. 92102

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E-4966

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LIZZIE MAE COFEY	Female	May 13, 1942	April 7, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	John Henry Cofey - Husband 880-15th St. Apt. 1 Fairbanks, Alaska 99701

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	*NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED*: Mt. Hope Cemetery: 3751 Market St.: San Diego, CA	*COUNTY*: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY:
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: APR 10 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ A. M. L. Camros, M.D. mm
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 12 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E_4966

CITY TREASURER
SAN DIEGO, CALIFORNIA

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

No 32405

DATE _____ 19 ____

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. _____

W.O. _____

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY _____

CREDIT	97007	
50% SALES CARE	77184	50 00
50% SALES OF LOTS	100 77184	200 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32489

DATE 5-8-85 19

FROM Mary Cofey ADDRESS 3076 "J" St. San Diego Ca. 92102

Seven Thirty Nine Seventy DOLLARS ($ 739.70)

IN Check PAYMENT OF Services for Frizzie Cofey

LOT 77 GRAVE 5 ROW SECTION 3 DIVISION BLOCK

INVOICE NO. 030579

Acct #012765

W.O. E-11966

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

SAN DIEGO CITY TREAS.
MAY 14 '85
PAID #3

ISSUED BY J. Braggs

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		739 70

AC-212 (REV. 9-81)

E-4966

E-4966

030579	04/10/85	012765	MARY CUFEY					
			100	072		739.70		
			100	072		295.00		
			100	072		245.00		
			100	072		35.00		
			60101			120.00		
			67007			14.70		
						30.00		
					05/08/85 CK		739.70	0.00
								PAID IN FULL
					77181	000072		
					77182	000072		
					77183	000072		
					77184	000072		
					9020			
					77184			

E-4966

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,659.70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-11 19 85

CHARGE Juanita Gant - 235-9234

ADDRESS 3120 Franklin Ave. SD, Ca 92113

NAME OF DECEASED Carrie Lee Alexander

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 82 GR 1 ROW SEC 14 BLK DIV 7		650	00
OPENING/CLOSING TIME 2:00 DAY DATE Tues. 4-16-85		295	00
VAULT/LINER Bell SIZE		245	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		1239	70
PAID RECEIPT NUMBER			
BALANCE			

-CHURCH-

($100.00 late fee) - Not late no fee due

Bill Estate: 232-5179

Atty. Robert Deems

1007 - 5th Ave Suite 1024

SD, Ca. 92101

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY Juanita Gant ORDER TAKEN BY Lang

W.O. NO. E 4967 INVOICE NO. 080580 012766

PY-593 (4-82)

E 4967

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
Atty. Robert Deems 1007 - 5th Ave. Suite 1024 San Diego, CA 92101	232-5179	FILED FOR APPROVAL (DATE) (DEPUTY) DUPLICATE MAILED (DATE) (DEPUTY) PRESENTED TO COURT FOR APPROVAL (DATE) (DEPUTY)
ATTORNEY FOR: Carrie Lee Alexander		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
ESTATE OF: Carrie Lee Alexander DECEDENT		
CREDITOR'S CLAIM*		CASE NUMBER

THIS CLAIM MUST BE PRESENTED TO THE PERSONAL REPRESENTATIVE OR FILED IN THE OFFICE OF THE CLERK OF THE COURT IN DUPLICATE WITHIN FOUR MONTHS AFTER THE DATE OF FIRST ISSUANCE OF LETTERS OR AS PROVIDED IN PROBATE CODE 700.

DECLARATION OF CLAIMANT

1. Total amount of the claim is: $ 1239.70

2. Claimant (Name) Mt. Hope Cemetery
   a. ☒ An individual.
   b. ☐ An individual doing business under the fictitious name of:
   c. ☐ A partnership.
   d. ☐ A corporation.

3. The claimant's address is: 3751 Market St.
   San Diego, CA 92102

4. I am authorized to make the claim which is justly due or may become due. To my knowledge there are no offsets or payments which have not been credited. I declare under penalty of perjury under the laws of the State of California that this creditor's claim, including any attachments, is true and correct.
   Dated: 4/16/85

5. Barbara Lang, Acting Cemetery Manager — Barbara Lang
   (TYPE NAME AND TITLE) (SIGNATURE)

(ITEMS 6 — 9 TO BE COMPLETED BY THE PERSONAL REPRESENTATIVE)

6. a. Date of first issuance of letters: b. Date of death:

7. This claim was presented on (Date):

8. Claim is ☐ allowed for: $ ☐ Rejected for: $

9. Estimated value of estate:

(TYPE OR PRINT NAME OF PERSONAL REPRESENTATIVE) (SIGNATURE OF PERSONAL REPRESENTATIVE)

10. ☐ Approved for: $ ☐ Rejected for: $

Dated:

(Signature of ☐ Judge ☐ Commissioner)

11. Total number of pages attached

(Continued on Reverse Side)

* See reverse side for instructions before completing. No attachment permitted less than on a full page (California Rule of Court 201 [b]).

Form Approved by the Judicial Council of California
Rev. Eff. January 1, 1980
Co Clk Form PR-17 (Rev 10-84)

INSTRUCTIONS TO CLAIMANT

Claims must be itemized showing the date the service was rendered, or the debt incurred. The item or service should be described in detail, and the amount claimed for each item indicated. If any debt was incurred after the date of death, except funeral claims, it must not be included as an item on this claim form.

If the claim is based upon a note or other written instrument, a copy of such note or instrument must be attached. If secured by mortgage, deed of trust or other lien on property that is of record, it is sufficient to state the date, book and page and county where recorded.

DESCRIPTION OF CREDITOR'S CLAIM

Date of Item	Item	Amount Claimed
4/16/1985	Carrie Lee Alexander Service	
	Lot 82 Grave 1, Section 14, Divn 7	$650.00
	Opening/Closing	295.00
	Concrete Bell Liner	245.00
	Tax on Liner	14.70
	Recording Fee	35.00
	TOTAL	$1239.70

CREDITOR'S CLAIM

PR-17 (Rev 10-84)

E-4967

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CARRIE LEE ALEXANDER	Female	March 17, 1932	April 8, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Juanita Gant - Daughter 3120 Franklin Avenue San Diego, California 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 15 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 16 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramros, M.D. [signature] SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

7/9/86

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33507

Bank of America - LA Cashier Ck # 0885286 - 6/27/86

Date: 7/1/86, 19

From: Estate of Carrie Lee Alexander Address: Via Bank of America LLA

Twelve Hundred thirty nine & 70/100 Dollars ($ 1239.70)

In full Payment of Creditors Claim - Instrument Fee for Carrie Lee Alexander Dec

Case # 138309 (E 4967) Robert Reeves - att. for Estate

Lot 82/83 Grave 612 Row — Section 14 Division Block 7

Invoice No. 030580

Acct. No. —

W.O. E-4967

Unpaid Balance after this Payment 0

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

Cashier Ck # 8085286

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

1986

ISSUED BY Loyce Stetter

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	1239 70

AC-212 (Rev. 8-85)

E 4967

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/09/86

DATE: 07/09/86
TIME: 215430
PAGE: 3

DEPARTMENT 052 CITY TREASURER — GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY	PAYM REF NO / BN/EQ	FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
028787	02/12/85	005190	URBAN MASS TRANSPORTATION ADMIN.					07/09/86	JV	JV20073		25.00-	6,795.44	0.00
			18633			76124						0.00		PAID IN FULL
			63021			90222						25.00-		
030580	04/16/85	012766	ESTATE OF CARRIE LEE ALEXANDER					07/03/86	CK	8085286		1,239.70	1,239.70	0.00
			100	072		77181	000072					295.00		PAID IN FULL
			100	072		77182	000072					245.00		
			100	072		77183	000072					35.00		
			100	072		77184	000072					520.00		
			60101			9020						14.70		
			67007			77184						130.00		

ref. 1/10/86

Int. Dept

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-11 19 85

CHARGE David A. Stewart + Rebecca R.

ADDRESS 1810 Palm Ave #1829 SD, Ca 92032

NAME OF DECEASED Pre need lots

OWNER

ADDRESS 2109 - David

MORTUARY 2110 - Rebecca

LOT 2109 + 2110 GR ROW SEC BLK DIV 10	990	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	990	00
PAID RECEIPT NUMBER 4-12-85 32413	990	00
BALANCE	-0-	

PAID
APR 12 1985
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 David A Stewart ORDER TAKEN BY Lang

W.O. NO. E 4968 INVOICE NO.

PY-593 (4-82) #11039

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32413

DATE 4-12- 19 85

FROM Rebecca Stewart David A Stewart ADDRESS 1810 Palm ave. SD. Ca. 92154

Nine ninety Fee DOLLARS ($ 990.00)

IN Check PAYMENT OF for Pre-Need Lots

3109 & David
LOT 3110 Rebecca GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO.

W.O. E-4968

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 3-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY J. Froggy

CREDIT 25% SALES CARE	67007 77184	198	00
75% SALES OF LOTS	100 77184	792	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		990	00

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32416

DATE 4-15 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4968

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-12 19 85

CHARGE Mrs. Rose Forshan

ADDRESS 4290 Poplar St SD Ca 92105

NAME OF DECEASED Prenced Lat

OWNER

ADDRESS

MORTUARY

LOT 55 GR 3 ROW SEC 11 BLK-DIV 7	400	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	400	00
PAID RECEIPT NUMBER 4-16-85 32422	400	00
BALANCE	-0-	

PAID
APR 16 1985
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 Lang

W.O. NO. E 4969

INVOICE NO.

PY-593 (4-82) #11044

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

E-4969

DATE	YOUR ORDER NO.
04/12/85	E-4969

TO:

Mrs. Rose Forshan
4290 Poplar St
San Diego, CA 92105

DESCRIPTION OF CHARGE	AMOUNT
Pre-need lot	
Lot 55, Grave 3, Section 11, Divn 7	$400.00

As per instructions from Featheringill Mortuary this is a statment for the above lot.

Respectfully yours,

Barbara Lang

Barbara Lang
Acting Cemetery Manager

FORM PR-955 (10/64)

Mount Hope Cemetery. 4-15-85

Enclosed is check of $460.00 for Pre-need lot, per your statement. Kindly send me receipt.

E 4969

Mrs. Rose Forshan
4290 Poplar St
San Diego, Ca. 92105

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32422

DATE 4-16 19 15

FROM Rose Wilson ADDRESS 4290 Pepper St Sd Ca 92105

Four hundred and no/100 DOLLARS ($ 400.00)

IN full PAYMENT OF Pre-need lot

LOT 55 GRAVE 3 ROW SECTION 11 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4969

UNPAID BALANCE AFTER THIS PAYMENT X

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 22 1965

ISSUED BY B. [illegible]

CREDIT 25% SALES CARE	67007 77184	[illegible]
25% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-61)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-12 19 85

CHARGE Edward J. Alford 582-7977

ADDRESS 4736 Mirada Dr. SDCa. 92115

NAME OF DECEASED Elvina Alford

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 1 GR 6 ROW SEC MAS BLK DIV T	Granted	
OPENING/CLOSING TIME 11:00 (granite) DAY DATE Mon 4-15-85	295	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	589	70
PAID RECEIPT NUMBER 412-85 3242	589	70
BALANCE	~~0~~	

PAID
APR 12 1985
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 Margaret B. Alford ORDER TAKEN BY Lang

W.O. NO. E 4970 INVOICE NO.

PY-593 (4-82)

E-4970.

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELVINA NMN ALFORD	FEMALE	FEB 6, 1891	APRIL 10, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
EL CAJON	SAN DIEGO	Edward Alford - son 4726 Miracle Dr. San Diego, CA 92115

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/BENBOUGH MORTUARY	480

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY - San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED APR 12 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 15 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32412

DATE 4-12- 19 85

FROM Edward J. Alford ADDRESS 4726 Miraco Dr. Sp. Ch. 9205
Five Eighty Nine 70/100 DOLLARS ($ 589.70)

IN Check PAYMENT OF Elvina Alford Service

LOT 1 GRAVE 6 ROW SECTION MK-T DIVISION ~~BLOCK~~ T

INVOICE NO. Check

W.O. E-4910

UNPAID BALANCE AFTER THIS PAYMENT Ø

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY J. Braggs

CREDIT 20% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	295.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		$589.70

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-12 19 85

CHARGE Biao Lin Ling

ADDRESS 2063 Coolidge St. SD Ca. 92111

NAME OF DECEASED Feng Qin Ling

OWNER Chinese Bene. Assoc.

ADDRESS

MORTUARY Clairemont (Elwood)

LOT 18 GR ROW 6 SEC I BLK DIV Chinese		Prepaid	
OPENING/CLOSING TIME 10:00 DAY DATE Mon 4-15-85		195	00
VAULT/LINER SIZE		130	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		367	80
PAID RECEIPT NUMBER 415-85 32414		367	80
BALANCE		-0-	

5' x 20"

PAID
APR 15 1985
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 Lang

W.O. NO. E 4971

INVOICE NO.

PY-593 (4-82)

E_4971

MOUNT HOPE CEMETERY

11 APRIL 19 85

The undersigned hereby requests and authorizes the interment of the remains of

LING, QIN SENG in Lot ____ Gr #18 Row #6 Sec. CHINESE Block ____ Division ____ 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.

CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc.
428 - Third Avenue, San Diego, CA 92101

ALBERT WONG, Treas.

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc, owners.

Witness

Witness

國美 咕姐山 中華會館

E-4971

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Feng Qin Ling	Female	June 1,1975	April 10,1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Biao Li Ling-Father 2063 Cooledge Street San Diego, California 92111

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Clairemont Mortuary	F-1126

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED NA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED APR 15 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 15 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. [signature]
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32414

DATE 04-15 19

FROM Lingo Li Liao ADDRESS 2063 Coolidge St. SD Ca 9-[illegible]

Three hundred sixty seven and [illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF Cin 4 eng Ling service

LOT 18 GRAVE [illegible] ROW 6 SECTION Chinese I DIVISION BLOCK

INVOICE NO. cash

W.O. E-4971

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	195
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 5-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-15 19 85

CHARGE Tom + Arulette Bray

ADDRESS 369 "K" ST #58 Chula Vista 92011

NAME OF DECEASED Paige Bray

OWNER

ADDRESS

MORTUARY Hubbard, (Linda)

LOT 1634 GR ROW SEC 1 BLK/DIV 9	90	00
OPENING/CLOSING TIME 2:00 DAY/DATE Mon 4-15-85	95	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	220	00
PAID RECEIPT NUMBER 4-15-85 32420	220	00
BALANCE	-0-	

PAID
APR 15 1985
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 Thomas A. Bray ORDER TAKEN BY Lang

W.O. NO. E 4972 INVOICE NO.

PY-593 (4-82)

E-4972

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PAIGE LEANNE BRAY	Female	April 10, 1985	April 14, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Thomas R. Bray - Father 369 "K" Street #58 Chula Vista, CA 92011

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Hubbard Mortuary	474

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00 / DATE PERMIT ISSUED APR 15 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Pamos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 15 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32420

DATE 04-15 19 85

FROM Paulette D. Bray ADDRESS 369 K St. C.V. Ca. 92011

Nine hundred twenty and no/100 DOLLARS ($ 920.00)

IN full PAYMENT OF Paige Bray Service

LOT 1634 GRAVE 3 ROW SECTION 1 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4972

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY [illegible]

CREDIT 80% SALES CARE	67007 77184	18	00
80% SALES OF LOTS	100 77184	72	00
OPENINGS	100 77181	95	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020		
TOTAL PAID $		[illegible]	

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-15 19 85

CHARGE Flora Norwood

ADDRESS 5540 Santa Margarita, SD Ca. 92114

NAME OF DECEASED Pierced lot

OWNER

ADDRESS

MORTUARY

✓ LOT 31 GR 9 ROW SEC 1 BLK DIV 11	495	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 4-15-85 32417	100	00
BALANCE	395	00
6-26-85 32624	395	00
	-0-	

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 Lang

W.O. NO. E 4973

INVOICE NO.

PY-593 (4-82) #11175

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32417

DATE 4-15 19 [illegible]

FROM [illegible] ADDRESS [illegible]

One hundred and [illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 31 GRAVE [illegible] ROW SECTION 1 DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4973

UNPAID BALANCE AFTER THIS PAYMENT $395.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
20% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 5-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32624

DATE 6/26/85

FROM Flora Norwood ADDRESS 5540 Santa Margarita Rd 92114

Three Hundred Ninety five Dollars 00/100 DOLLARS ($ 395.00)

IN full PAYMENT OF Pr need purchase grave space only

LOT 31 GRAVE 9 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO.

W.O. E-4973

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 30 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	79.00
20% SALES OF LOTS	100 77184	316.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		395.00

ck# 1566

AC-012 (REV. 5-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-15 19 85

CHARGE Howard B. + Julia Norwood

ADDRESS 8157 Brookhaven Ct. SDCa 92114

NAME OF DECEASED Prenced Lots

OWNER (2) - Howard

ADDRESS (3) - Julia

MORTUARY

LOT 31 GR 243 ROW SEC 1 BLK DIV 11	990	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	990	00
PAID RECEIPT NUMBER 4-15-85 32418	100	00
BALANCE	890	00
7-11-85 32655	890.00	
	—	
	0	

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 Lang

W.O. NO. E 4974

INVOICE NO.

PY-593 (4-82) #11186

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32418

DATE 4-15 19 85

FROM Howard B. Norwood ADDRESS 8157 Greenhaven Ct. [illegible]

One hundred and no/100 DOLLARS ($ 100.00)

IN Cert PAYMENT OF Pre-need lots (2)

LOT 31 GRAVE 2+3 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4974

UNPAID BALANCE AFTER THIS PAYMENT $ 890.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 17 1985

ISSUED BY B. Tony

CREDIT 20% SALES CARE	67007 77184	20
80% SALES OF LOTS	100 77184	80
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32655

DATE 7-11 19 85

FROM Julia D. Herwick ADDRESS 2157 Brookhaven St. [illegible]

Eight hundred ninety and 70/100 — DOLLARS ($ 890.00)

IN full PAYMENT OF Preneed lots

LOT 31 GRAVE 3 & 3 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4974

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
JUL 15 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	178.00
80% SALES OF LOTS	100 77184	712.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		890.00

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-15 19 85

CHARGE Clem Walton

ADDRESS 323 So 48th St SD Ca. 92113

NAME OF DECEASED Lucy Lee Walton

OWNER

ADDRESS

MORTUARY Rapsdale

LOT 5254 GR ROW SEC BLK DIV 10	650	00
OPENING/CLOSING TIME -CHURCH- DAY DATE Fri 4-19-85	295	00
VAULT/LINER T.S. SIZE 19	330	80 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1329	80
PAID RECEIPT NUMBER 4-26-85 32449	1329	80
BALANCE	-0-	

30 day note

PAID

APR 26 1985

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 Clem Walton ORDER TAKEN BY Lana

W.O. NO. E 4975 INVOICE NO. 030747

PY-593 (4-82) #11046 012794

Number E-4975

Dated 4-15-85

San Diego, California

Thirty (30) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 1239.70.

Name Jean Walton

Address 3235 48 St

We, the undersigned sureties, do obligate ourselves, jointly and severally, to the City of San Diego in the sum above specified in the event that the principal upon demand therefor fails to pay said amount, and each for himself says that he is a resident and property owner of the County of San Diego, State of California, and is worth the sum above specified. Part II, Chapter I, Article 2, Para. 7528 of the State of California HEALTH & SAFETY CODE authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

Jean Walton 3235 48 St

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E-4975

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ENCY LEE WALTON	Female	Mar. 19, 1922	Apr. 14, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Clem Walton - Husband 323 South 48th Street San Diego, California 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market Street; San Diego, C alifornia		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 18 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 19 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramrah, M. RMS SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

E-4975

CITY OF
SAN DIEGO

697	504/29/65		1329.80	INV
04/29/65	697	5	1329.80-	CR
04/25/65	697	5	.00	BA

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32449

DATE 4-26 19 [illegible]

FROM [illegible] Walton ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 5254 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

[illegible] 747-[illegible]

W.O. E-4975

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" [illegible]

SAN DIEGO CITY TREAS.
APR 29 '85
PAID #13

ISSUED BY [illegible]

CREDIT 21% SALES CARE	67007 77184	
21% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32434

DATE 4-19 19 85

FROM David Bennett ADDRESS 740 Cotton St. Sd. Ca 92103

twenty five and no/100 DOLLARS ($ 25.00)

IN full PAYMENT OF Rose Tree in memory of Lucy Lee Walton in rose Garden

LOT 5254 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4975

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 25 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

E-4975

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/01/85

DATE: 05/01/85
TIME: 062249
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
030747	04/19/85	012794	CLEM #ALTON					04/26/85	CK	3030	1,329.80	1,329.80	0.00
			100	072		77181	000072				295.00		PAID IN FULL
			100	072		77182	000072				330.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				520.00		
			60101			9020					19.80		
			67007			77184					130.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,329.80

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-15 19 85

CHARGE Clem Walton

ADDRESS 3234 48th SD Ca. 92113

NAME OF DECEASED Prenced Lot

OWNER

ADDRESS

MORTUARY

LOT 5255 GR ROW SEC BLK DIV 10	650	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	650	00
PAID RECEIPT NUMBER 4-26-85 32450	650	00
BALANCE	-0-	

PAID
APR 26 1985
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 Clem Walton ORDER TAKEN BY Lang

W.O. NO. E 4976 INVOICE NO.

PY-593 (4-82) #11045

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32450

DATE 4-26 19 85

FROM Clem Walton ADDRESS 333 So. 48th St. Sh Ca. 92113

Six hundred fifty and no/100 DOLLARS ($ 650.00)

IN full PAYMENT OF Pre-need lot

LOT 5255 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-4976

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 30 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184	130.00
20% SALES OF LOTS	100 77184	520.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		65

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-15 19 85

CHARGE Wanda Beusfield

ADDRESS 5559 Clan Ave SD, Ca

NAME OF DECEASED Rosa F. Lornhart

OWNER

ADDRESS

MORTUARY Featheringill

LOT 47 GR 10 ROW SEC 2 BLK DIV 12	Prepaid	
OPENING/CLOSING TIME 11:00 DAY DATE Tues. 4-16-85		
VAULT/LINER Bell SIZE		✓
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER		
BALANCE		

GRAVESIDE

Bill Featheringill

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 Lang

W.O. NO. E 4977

INVOICE NO. 030578
008622

PY-593 (4-82)

E-4977

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROSA F. EARNHART	Female	Sept. 2, 1904	Apr. 12, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Wanda Bousfield, daughter 5559 Elgin Avenue San Diego, California

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUARY	1083

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED n/a	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED n/a		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION n/a		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS n/a		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED APR 15 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramras, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) APR 16 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32531

DATE 5-23 19 75

FROM Gertheringie Mort ADDRESS 6322 El Cajon Blvd. San Diego 92115

Thirty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Rosa F. Barnhart Service

LOT 47 GRAVE 10 ROW SECTION 2 DIVISION BLOCK

INVOICE NO. 030578

Acct #1086 [illegible]

W.O. E-4977

UNPAID BALANCE AFTER THIS PAYMENT ✓

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		35.00

AC-213 (REV. 3-61)

030578 04/16/85 008622 FEATHERINGILL MORTUARY 05/30/85 CK 3745 35.00 35.00 0.00
E-4977 100 072 77183 000072 35.00 PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-16 19 85

CHARGE

ADDRESS

NAME OF DECEASED Raymond G. Dale

OWNER

ADDRESS

MORTUARY Rogers (Mr Bishop)

LOT 341 GR ROW SEC BLK DIV 10 Preneed

OPENING/CLOSING TIME 2:00 DAY DATE Fri 4-19-85

VAULT/LINER T.S. SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER 419-85 32432 35 00

BALANCE 0

Preneed 1968

C-5464

PAID

APR 19 1985

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 Lang

W.O. NO. E 4978

INVOICE NO.

PY-593 (4-82)

E_4978 MOUNT HOPE CEMETERY

04-19 19 85

The undersigned hereby requests and authorizes the interment of the remains of Raymond G. Dale in Lot 3411 Gr ____ Row ____ Sec. ____ ~~Block~~ Division 10 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.

Lenora D. Rock
Signature of relative or legal representative

2636 Applewood Fitzwater, Pa
(daughter)
Address & relationship to deceased or authority to sign authorization

Barbara L. Lang
Witness

Witness

E-4978

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Raymond G. Dale	Male	Unknown	April 13, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Titusville	Brevard	Brevard Funeral Home 1450 Norwood Avenue Titusville, Florida 32780

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary	69

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery - 3751 Market St. - San Diego, CA	COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A	COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 3.00	APR 16 1985	▶ Harold L. Powers, M.D. mm

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION		
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 19 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32432

DATE 4-19 19 85

FROM Lenora D Rock ADDRESS 2636 Appleroad, Vitasville, Ohio
Thirty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Raymond G. Dale Service

LOT 3411 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Cash

W.O. E-4978

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 25 1985

ISSUED BY B. Lang

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	25 00
SALES TAX	60101 9020	
TOTAL PAID $		25 00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-16 19 85

CHARGE Prepaid - Self

ADDRESS

NAME OF DECEASED Clara Edna Snodgrass

OWNER

ADDRESS

MORTUARY Rogers (Mr. Bishop)

— DISINTERMENTS —

LOT 6 GR 4 ROW SEC 100F BLK DIV 22	190	00
OPENING/CLOSING TIME 11:00 — DELIVERY ONLY — DAY DATE THURS 4-18-85	Prepaid	
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	484	70
PAID RECEIPT NUMBER 4-18-85 32428	484	70
BALANCE	-0-	

Notes - Head of grave

PAID

APR 18 1985

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 Lang

W.O. NO. E 4979

INVOICE NO.

PY-593 (4-82)

E 4979

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLARA EDNA SNODGRASS	Female	Sept. 30, 1885	April 14, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Clara Snodgress - Self (Pre-need)

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rogers Mortuary	69

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery - 3751 Market Street - San Diego, CA 92102		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: APR 16 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold E. Rogers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 18 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32428

DATE 4-18 19

FROM Rogers Mortuary ADDRESS 4094 University Ave. S.D.

Four hundred eighty four and 70/100 DOLLARS ($ 484.70)

IN full PAYMENT OF Clara Edna Snodgrass

Service

LOT 6 GRAVE 4 ROW SECTION 100F DIVISION BLOCK

INVOICE NO. Check

W.O. E-4979

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 22 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-16 19 85

CHARGE Lee W. Cobb

ADDRESS 3816 Ward Rd. SD Ca 92116

NAME OF DECEASED Pierced Lot

OWNER

ADDRESS

MORTUARY

LOT 12 GR 8 ROW SEC BLK DIV 11	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 4-16-85 32423	495	00
BALANCE	-0-	

PAID
APR 16 1985
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 Lang

W.O. NO. E 4980

INVOICE NO.

PY-593 (4-82) #11144

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32423

DATE 4-16 19 [illegible]

FROM Lee W. Clark ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF Prepaid lot

LOT 13 GRAVE 8 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. Check

W.O. E-4980

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 22 1985

ISSUED BY [illegible]

CREDIT 80% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-61)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-19 19 85

CHARGE Olivia Warren + Christine Abla

ADDRESS 529 Olivewood Terr., SD 92113

NAME OF DECEASED Pierced Ear

OWNER William J. Warren

ADDRESS

MORTUARY

LOT 134 GR 8 ROW SEC 1 BLK DIV 12	350	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	350	00
PAID RECEIPT NUMBER 4-19-85 32430	350	00
BALANCE	-0-	

PAID
APR 19 1985
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 Olivia R. Warren ORDER TAKEN BY Lang

W.O. NO. E 4981 INVOICE NO.

PY-593 (4-82) #11146

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32430

DATE 4-19 19 85

FROM Olivia Mora ADDRESS 529 Olivewood Ave. El Cajon

three hundred fifty and no/100 DOLLARS ($ 350.00)

IN full PAYMENT OF Prepaid Lot for William F. Mora

LOT 134 GRAVE 1 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4981

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR 009017

APR 25 1985

ISSUED BY L. Tang

CREDIT	67007	
25% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 7-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-26 19 85

CHARGE Juanita Catheryn Bell - 884-3958

ADDRESS 1495 Wilson, San Bernardino, Ca 92411

NAME OF DECEASED Preneed

OWNER

ADDRESS

MORTUARY

LOT 2861 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 5-1-85 32467	100	00
BALANCE	395	00
5-23-85 32532	100.00	
Alternate Address:		
5330 Orange Ave	295.00	
Parkcrest #17A 6/4/85 32570	100.00	
San Diego Ca 92115	195.00	
6-19-85/32600	195.00	
	-0-	

PAID

JUN 19 1985

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 Lang

W.O. NO. E 4982

INVOICE NO. 0

FY-593 (4-82) #11167

5330

E_4982

5330 Orange ave
April 26, 1985
Park Crest Apt 17A
San Diego, Ca 92115

Mo Barbara Lang

This is the first payment on my place next to my husband Duran Bell Sr.
Please correct me if I am wrong

or Plot 2860 Division 10 Oak
(Lot) - 2861 Division 10 Juanita

Sincerely
Juanita C Bell

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32600

DATE 6-19 19 85

FROM Juanita C. Bell ADDRESS 5330 Orange Ave Pkwy #17A [illegible]

One hundred ninety five and no/100 — DOLLARS ($ 195.00)

IN full PAYMENT OF Prepaid lot

LOT 2861 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Cred

W.O. E-4982

UNPAID BALANCE AFTER THIS PAYMENT X

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 21 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
10% SALES OF LOTS	100 77184	15.6
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32570

DATE 6-4 19 85

FROM Juanita C. Bell ADDRESS 5330 Drama Ave. Pkwy #17A
Cleveland and no/100 SD 92115 DOLLARS ($ 100.00)

IN art PAYMENT OF Preneed lot

LOT 2861 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. check

W.O. E-4982

UNPAID BALANCE AFTER THIS PAYMENT $195.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 10 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	20.00
80% SALES OF LOTS	100 77184	80.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 5-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32532

DATE 5-23 19 85

FROM Juanita C. Bell ADDRESS 5330 Orange Ave Parkcrest #17A
One hundred and no/100 DOLLARS ($ 100.00)

IN Cash PAYMENT OF Trenched lot

LOT 3961 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4982

UNPAID BALANCE AFTER THIS PAYMENT $295.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 31 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	21.00
25% SALES OF LOTS	100 77184	10.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Nº 32467

DATE 5-1 19 85

FROM Juanita C. Bell ADDRESS 1495 Wilson, San Bernardino

One hundred and no/100 DOLLARS ($ 100.00)

IN part PAYMENT OF Opened Lot

LOT 2861 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-4982

UNPAID BALANCE AFTER THIS PAYMENT $395.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 2 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	20
80% SALES OF LOTS	100 77184	80
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-22 19 85

CHARGE Self-Pre-need

ADDRESS

NAME OF DECEASED Frances Jane Rund

OWNER

ADDRESS

MORTUARY Pacific Beach (Dorothy)

LOT 20 GR 5 ROW SEC 3 BLK DIV 12	Preneed	
OPENING/CLOSING TIME 1:00 -CANCEL- DAY DATE THURS 4-25-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 4-25-85 32446	35	00
BALANCE	-0-	

Preneed E-1096
2-1980

Mortuary to bring check

PAID
APR 25 1985
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 Dorothy-PB ORDER TAKEN BY Lang

W.O. NO. E 4983 INVOICE NO.

PY-593 (4-82)

E-4983

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Frances Jane Ruud	Female	June 30, 1900	4-21-85

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Self- Preneed

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Pacific Beach Mortuary	815

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery 3751 Market Street, San Diego, CA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ / DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID: $3.00 / DATE PERMIT ISSUED: APR 22 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 25 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32446

DATE 4-25- 19 85

FROM Mission Bay Chapel ADDRESS 4710 Cass St

Thirty & six DOLLARS ($ 35.00)

IN Check PAYMENT OF Services for Frances Jean Smith

LOT 30 GRAVE 5 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-4983

UNPAID BALANCE AFTER THIS PAYMENT -0-

AC-213 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 30 1985

ISSUED BY J. Bragg

CREDIT 25% SALES CARE	57007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 5020	
TOTAL PAID $		35.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-22 19 85

CHARGE Phillip A. Leal

ADDRESS 212 So. 35th St. SD Ca. 92113

NAME OF DECEASED Pierced grave

OWNER

ADDRESS

MORTUARY

LOT 115 GR 3 ROW SEC 1 BLK DIV 12	320	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	320	00
PAID RECEIPT NUMBER 4-22-85 32439 ✓	100	00
BALANCE	220	00
1-3-86 33003 ✓	20.00	
	200.00	
10-7-86 33812 ✓	20.00	
	180 00	
4-21-87 34458 ✓	20 00	
	160 00	

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

(Over)

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY

W.O. NO. E 4984

INVOICE NO.

PY-593 (4-82)

214 35658

160.00
10.00
150.00

OFFICIAL RECEIPT

44730

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

E-4984

Date: 3-17, 1994

From: Philip Leal Address: 2125 S. 33rd San Diego

Fifty 00/100 Dollars ($ 50.00)

In full Payment of credit Lot

Lot 115 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-4984

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 2 7 19--

ISSUED BY M. Ferguson

CREDIT	67007	50	00
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		
Sales Tax	80101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 40726

Date: _____, 19__

From: _____ Address _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot 115 Grave 3 Row _____ Section 1 Division Block 42

Invoice No. _____

Acct. No. _____

W.O. E-4984

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY _____

CREDIT	67007	600
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	
Sales Tax	60101 78390	
TOTAL PAID	$	600

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38587

Date: Nov 2, 19 89

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 30.00)

In Part Payment of [illegible]

Lot 116 Grave 3 Row [illegible] Section 1 Division [illegible] Block 12

Invoice No. [illegible]

Acct. No. E-4984

W.O. [illegible]

BALANCE DUE $10.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	30 00
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	
Sales Tax	60101 78390	
TOTAL PAID	$	30 00

CITY AUDITOR

NOV 24 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37447

Date: 3-6, 19 87

From: Orrie Neal Address: 212 S. 35th St

Ten dollars 25/100 Dollars ($ 10.00)

In Payment of Credit for Relay Lot

Lot 115 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-4984

BALANCE DUE 140.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

MAR 10 1987

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	10 00
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	$	10 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

ISSUED BY Sandra Wood

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

№ 35658

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 2/4/88, 19

From: Phillip & Leal Address: 242 - 30 35th St. 92113

Ten and no/100 Dollars ($ 10.00)

In Part Payment of Burned Credit Sale

Lot 115 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-4984

BALANCE DUE 150.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR

FEB 08 1988

ISSUED BY Leon Stott

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	—
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	$	10	00

№ 34458

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

Date: 04-21, 19[illegible]

From: Phillip A. Tod Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 115 Grave 3 Row [illegible] Section 1 Division [illegible] Block 12

Invoice No. [illegible]

Acct. No [illegible]

W.O. E-4984

BALANCE DUE [illegible]

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 11-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	[illegible]
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	[illegible]

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33812

Date: 10-7, 19 86

From: [illegible] Address: [illegible]

[illegible] Dollars ($ [illegible])

In [illegible] Payment of [illegible]

Lot 115 Grave [illegible] Row [illegible] Section [illegible] Division Block [illegible]

Invoice No. _____

Acct. No. _____

W.O. E 4984

Unpaid Balance after this Payment [illegible]

Pre-Need ☐ At Need ☐ On Acct ☐
Ck ☐ Cash ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 10 1986

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	[illegible]
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
TOTAL PAID	$	[illegible]

AC-212 (Rev. 8-85)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 33003

Date: _____, 19____

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-4984

Unpaid Balance after this Payment 92.02

Pre-Need ☐ At Need ☐ On Acct ☐

Ck ☐ Cash ☐

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JAN 07 1986

ISSUED BY _____

CREDIT 20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32439

DATE 4-[illegible] 19[illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 115 GRAVE 3 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4984

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 25 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
40% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E 4984

100·00 ↑
20·00 ↑
20·00 ↑
20·00 ↑
10·00 ↑
10·00 ↑
30·00 ↑
60·00 ↑
50·00 ↑
009·····
320·00 ↑

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

11944

E-4984

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO PHILLIP A. LEAL for the sum of $ 320.00 (DOLLARS)

LEGAL DESCRIPTION Lot 115; Grave 3; Section 1; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-4984

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation marker - 12" x 24" flat marker only

Wendy Jo Teague
Cemetery Manager

J. T. Geoffs
Property Director

PY-584 (Rev. 12-92)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-23 1985

CHARGE Theresa M. Lopez

ADDRESS 2335 Calle Tortuosa, SDCa 92139

NAME OF DECEASED Lucy V. Martinez

OWNER

ADDRESS

MORTUARY Goodbody

LOT 1601 GR ROW SEC BLK DIV 10 Preneed

OPENING/ CLOSING TIME -CHURCH- 10:00 DAY DATE FRI 4-26-85

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER

BALANCE

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 4985

INVOICE NO. 031581

013060

PY-593 (4-82)

E-4985

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LUCY V. MARTINEZ	FEMALE	May 8, 1901	April 20, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
SAN DIEGO	SAN DIEGO	Theresa M. Lopez - daughter 2335 Calle Tortuosa San Diego, CA 92139

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
GOODBODY MORTUARY	F-790

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	COUNTY: SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: N/A	COUNTY:
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A	

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 3.00	DATE PERMIT ISSUED: APR 23 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: APR 23 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E-1 4 8 5

E-4985

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/31/85

DATE: 05/31/85
TIME: 044056
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
031581	05/17/85	013060	THERESA M. LOPEZ					05/24/85	CK	424	35.00	35.00	0.00
			100	072		77183	000072				35.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 35.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-24 19 85

CHARGE Jean Green - daughter

ADDRESS

NAME OF DECEASED Charles F. Weyant

OWNER

ADDRESS

MORTUARY Allison

LOT 2360 GR ROW SEC BLK DIV 10	Prepaid	
OPENING/CLOSING TIME 1:30 DAY DATE Mon 4-29-85		
VAULT/LINER T.S. SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 4-25-85 32448	35	00
BALANCE	~~0~~	

Prepaid -C-6728
1-1969

Need pallbearers

PAID
APR 25 1985
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 Lang

W.O. NO. E 4986

INVOICE NO.

PY-593 (4-82)

E-4986

MOUNT HOPE CEMETERY

4-25 19 85

The undersigned hereby requests and authorizes the interment of the remains of Charles F. Weyant in Lot 2360 Gr ____ Row ____ Sec. ____ ~~Block~~ Division 10 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.

Nina Weyant

6275 Falworth Dr. - La Mesa

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Long
Witness

Witness

E-4986

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Charles Francis Weyant	Male	Aug. 23, 1905	April 23, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Spring Valley	San Diego	Nina M. Weyant - Wife 6275 Falmouth Dr. La Mesa, CA 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Cajon Mortuary	F 1022

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☒ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3151 Market St., San Diego, CA	COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: Not Applicable	DATE CREMATED:	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Not Applicable	COUNTY:
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: Not Applicable	
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT: ▶ DATE SIGNED:
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: Not Applicable	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: 4-26-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 29 1985 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32448

DATE 4-25 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($)

IN [illegible] PAYMENT OF [illegible]

LOT 2360 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Cash

W.O. E-4986

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 30 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32740

001831

E-4986

DATE _____ 19__

FROM _____ ADDRESS _____

_____ DOLLARS ($ _____)

IN _____ PAYMENT OF _____

LOT 360-5 GRAVE _____ ROW _____ SECTION _____ DIVISION _____ BLOCK _____

INVOICE NO. 5

W.O. E-4986

UNPAID BALANCE
AFTER THIS PAYMENT _____

AC-212 (REV. 3-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED CITY AUDITOR IN THIS SPACE.

CITY AUDITOR
AUG 30 1985

ISSUED BY _____

CREDIT	67007	
30% SALES CARE	77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	

TOTAL PAID $ _____

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-24 19 85

CHARGE Gene E. Whatley Agency

ADDRESS PO Box 178, Bonita, Ca. 92002

NAME OF DECEASED Transfer of property

OWNER from Mildred B. Leslie

ADDRESS

MORTUARY

LOT 516 + 517 GR ROW SEC 5 BLK DIV 8

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER 4-24-85 32444 35 00

BALANCE 0

PAID
APR 24 1985
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 Collette Boucher ORDER TAKEN BY Long

W.O. NO. E 4987 INVOICE NO.

PY-593 (4-82) #11042, #11043 for Lot 515

E- 4987

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET ADDRESS
CITY
STATE
ZIP

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
☐ computed on full value of property conveyed, or
☐ *computed on full value less value of liens and* encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax. Firm Name

THE UNDERSIGNED GRANTOR(s) DECLARE(s) FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Mildred B. Leslie
hereby remise, release and forever quitclaim to Gene E. Whatley
Gene E. Whatley
the following described real property in the City of San Diego
County of San Diego , State of California:

Lots # 516 and 517, Section 5, Division 8 in Mt. Hope Cemetery

Assessor's parcel No. _____

Executed on April 11th, 19 85, at San Diego, California
(City and State)

Grantor Signature: Mildred B Leslie

4102 Conrad Ave.
San Diego, CA 92117

STATE OF CALIFORNIA }
COUNTY OF San Diego } ss.

On April 11th, 1985 before me, the undersigned, a Notary Public in and for said State, personally appeared
Mildred B. Leslie

_____, known to me to be the person_____ whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Sharon A. Elsheikh
Notary

OFFICIAL SEAL
SHARON A. ELSHEIKH
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Aug. 30, 1988

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

WOLCOTTS FORM 790, Rev. 1-81
QUITCLAIM DEED

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

©1981 WOLCOTTS, INC.

GENE E. WHATLEY AGENCY

P.O. BOX 178
BONITA, CALIFORNIA 92002

Cemetery Broker

Telephone:264-7995

E_4987

TRANSFER INFO FORM

Please transfer the following property described as:

Lot 516 & 517, Section 5, Division 8 LOT 515 TO BE DEEDED BACK TO MRS. LESLIE

in Deed/Certificate number B-2779 from Mount Hope Cemetery

dated _____ to:

NEW OWNER

NAME: Gene E. Whatley

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

FROM ASSIGNOR

NAME: Mildred Leslie

by Gene E. Whatley, Attorney in Fact

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 92002

ACCOUNT NUMBER 537 MH

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-4987

DEED

Replaced w/new deed #11043 for Lot 515 -4-24-85

OWNERSHIP AND INTERMENT PRIVILEGES

TO Mildred Leslie for the sum of $ 225.00 (DOLLARS)

LEGAL DESCRIPTION Lot 515, Lot 516, and Lot 517, Section 5, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER B-2779

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2 x 1 Flush Memoirial

Rowland L. Taylor
Cemetery Manager

Leo B. Callaway
Park and Recreation Director

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

NO. 32444

DATE 4-24 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 516 + 517 GRAVE [illegible] ROW [illegible] SECTION E DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4981

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-212 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS SIGNED AND STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 30 1985
009168

ISSUED BY [illegible]

CREDIT	67007	
50% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-25 19 84

CHARGE Shirley Cooper

ADDRESS 8433 Adelina Lane SD 92114

NAME OF DECEASED Ethel Horne

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 24 GR 1 ROW SEC 14 BLK DIV 7	650	00
OPENING/CLOSING TIME 11:00 CHAPEL DAY DATE Tues 4-30-85	295	00
VAULT/LINER T.S. SIZE	350	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1329	80
PAID RECEIPT NUMBER 4-25-85 32447	1329	80
BALANCE	-0-	

PAID
APR 25 1985
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 Shirley A. Cooper ORDER TAKEN BY Lang

W.O. NO. E 4988 INVOICE NO.

PY-593 (4-82)

E4988

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ETHEL HORNE	Female	Apr. 12, 1912	Apr. 24, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Shirley Cooper - Daughter 8433 Noeline Lane San Diego, California 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED APR 26 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Cameras, M.D., MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 30 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32447

DATE 4-25 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 14 GRAVE 1 ROW SECTION 14 DIVISION BLOCK 7

INVOICE NO. [illegible]

W.O. E-4988

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
APR 30 1985

ISSUED BY B. [illegible]

CREDIT 20% SALES CARE	67003 77184	130	00
80% SALES OF LOTS	100 77184	[illegible]	00
OPENINGS	100 77181	[illegible]	00
BOXES	100 77182	[illegible]	0
REMOVALS FOUNDATIONS	100 77183	[illegible]	
SALES TAX	60101 9020	[illegible]	
TOTAL PAID $		[illegible]	

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-26 19 85

CHARGE Clem Walton

ADDRESS 323 So 48th St. SD Ca 92113

NAME OF DECEASED Preneed lots

OWNER

ADDRESS

MORTUARY

LOT 5252+5253 GR ROW SEC BLK DIV 10	1300	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	1300	00
PAID RECEIPT NUMBER 4-26-85 32451	300	00
BALANCE	1000	00
6-5-85 32574	500.00	
7-8-85 32648	500.00	
	500.00	
	-0-	

PAID
JUL 8 1985
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 Lang

W.O. NO. E 4989

INVOICE NO.

PY-593 (4-82) #11176, #11177

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32648

DATE July 8 1985

FROM Clem Walton ADDRESS 323 So 48th St S.D. 92113

Five Hundred and no/100 DOLLARS ($ 500.00)

IN full PAYMENT OF Preneed lots

LOT [illegible] GRAVE ROW SECTION DIVISION BLOCK [illegible]

INVOICE NO. check

W.O. E-4989

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		500.00

ck 3174 - [illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32574

E-4989

DATE 6-5 19 85

FROM Glen Walton ADDRESS 363 So. 4th St. Sp. 9-113

Fine [illegible] and [illegible] DOLLARS ($ 500.00)

IN [illegible] PAYMENT OF [illegible] lots

LOT 5252 + 5253 GRAVE [illegible] ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

W.O. E-4989

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 10 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	100.00
80% SALES OF LOTS	100 77184	400.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		500.00

AC-212 (REV. 8-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32451

E-4989

DATE 4-30 19 [illegible]

FROM [illegible] ADDRESS [illegible]

Three hundred and [illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4989

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
APR 30 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-26 19 85

CHARGE Mabel Bridges

ADDRESS PO Box 114, Smith Flats, Ca 95727

NAME OF DECEASED John M. Bridges D

OWNER

ADDRESS

MORTUARY

LOT GR 4 ROW 16 SEC 2 BLK DIV 2	Interment	
OPENING/CLOSING TIME 3:00 DAY DATE TUES. 4-30-85	95	00
VAULT/LINER Asph SIZE	90	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 4-30 85 32466	225	40
BALANCE	-0-	

PAID
APR 30 1985
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 Mable H. Bridges ORDER TAKEN BY Lang

W.O. NO. E 4990 INVOICE NO.

PY-593 (4-82)

E_4990

MOUNT HOPE CEMETERY

April 30 1985

The undersigned hereby requests and authorizes the interment of the ~~remains~~ Cremains of John M. Bridger in Lot ____ Gr 4 Row 16 Sec. 2 ~~Block~~ Division 2 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.

Mable H. Bridger
Signature of relative or legal representative

P.O. Box 114 - Smooth Flat, Ca - Wife
Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E-4990 463

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Marr Bridger	Male	Jan. 18, 1911	Nov. 19, 1984

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Placerville	El Dorado	Mable Bridger (Wife) P. O. Box 114 Smith Flats, California 95727

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Chapel Of The Pines / Placerville, California	1129

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A *CEMETERY*
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED El Dorado County Memorial Society Crematory / Placerville, California	DATE CREMATED 11-23-84	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery / San Diego, California		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 / DATE PERMIT ISSUED 11-30-84	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON APR 30 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32466

DATE 4-30 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($)

IN [illegible] PAYMENT OF [illegible]

LOT GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO.

W.O. E-4990

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 2 1985

ISSUED BY

CREDIT	67007	
30% SALES CARE	77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 2-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-26- 1985

CHARGE Linda K. Barber

ADDRESS 283-7539

NAME OF DECEASED Daisty Erro ⊗

OWNER (work # 692-1268

ADDRESS

MORTUARY Greenwood mort.

LOT 19 GR 11 ROW SEC MAS ~~SEC~~ DIV L	Preneed	
OPENING/ CLOSING TIME AM DAY DATE Thurs 5-9-85		
VAULT/LINER ashes ⊗ SIZE		
REC. FEE/REMOVAL/FOUNDATION	35.	00
TOTAL	35.	00
PAID RECEIPT NUMBER 4-26-85 32454	35	00
BALANCE	0	

ashes will be held up for a few days.

Entered 5/9/85

PAID
APR 26 1985
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 J. O'Neill

W.O. NO. E 4991

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32454

DATE 4-21- 19 85

FROM Linda K Barker ADDRESS 11761 Terrace Ln. Sp. A 92126

Thirty Five DOLLARS ($ 35.00)

IN Check PAYMENT OF Interest for Lucy Orr

LOT 19 GRAVE 11 ROW SECTION MHS DIVISION L BLOCK

INVOICE NO. Check

W.O. E-4991

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-215 (REV. 3-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE-

CITY AUDITOR
APR 30 1985

ISSUED BY J. Brown

CREDIT	67007	
50% SALES CARE	77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	60101 9020	
TOTAL PAID $		35.00

E-4991

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Daisy Pauline Erro	Female	Aug. 9, 1906	April 26, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Linda K. Barber-Grand Niece 4761 Terrace Drive San Diego, CA 92116

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F-843

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- XXX 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory, I-805 & Imperial Avenue, San Diego, CA	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Charles A Meirick
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 3751 Market Street, San Diego, California		COUNTY San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION NA		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS NA		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED APR 29 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. KH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 9 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

408-779-2898

DATE 4-29 19 85

CHARGE Mary Baudrand Ca 95037

ADDRESS 575 San Pedro #54, Morgan Hill

NAME OF DECEASED Louis Baudrand

OWNER

ADDRESS

MORTUARY Johnson Mort (Morgan Hill)

LOT GR 15 ROW 2 SEC 6 BLK DIV 7	—	—
OPENING/ CLOSING TIME 2:00 GRAVESIDE DAY DATE THURS 6-6-85	95	00
VAULT/LINER Ash SIZE	90	40 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	225	40
PAID RECEIPT NUMBER 4-30-85 32469	225	40
BALANCE	0	

Cremain arrived 5/9

Call Arlene Ritter left
223-0396
upon arrival

foot of grave

PAID
APR 30 1985
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 A. Ritter

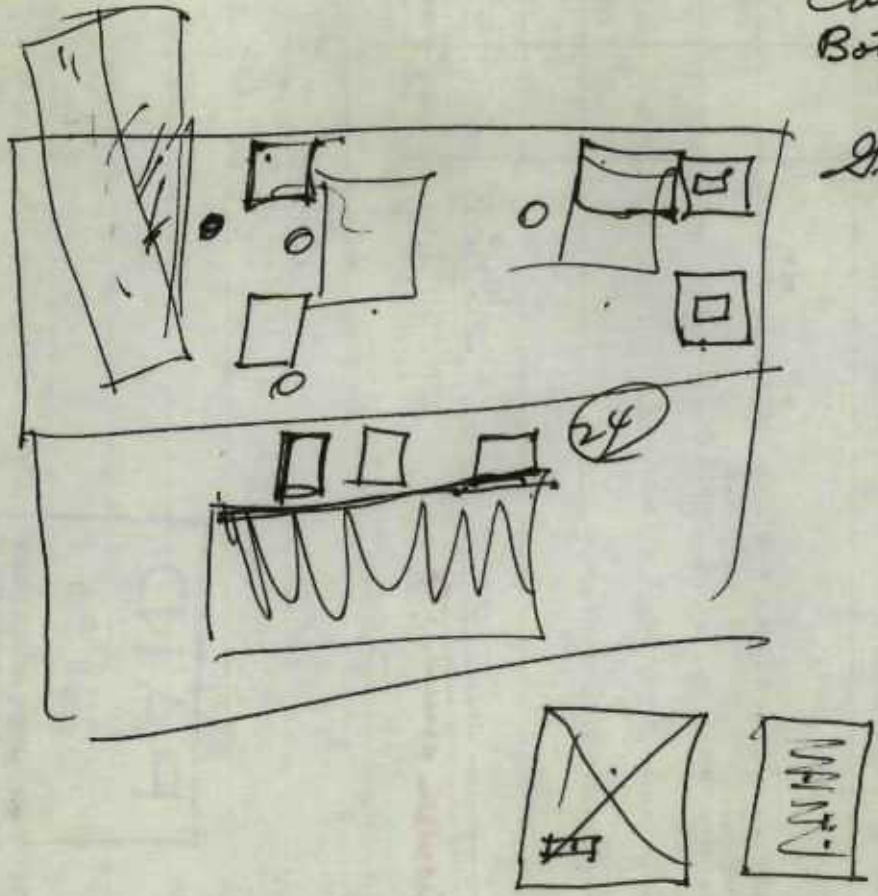
ORDER TAKEN BY Lang

W.O. NO. E 4992

INVOICE NO.

PY-593 (4-82)

Can encounter
Both Mr. & Mrs
Baudrand
G.W.S. 5/14/85



E-4992 MOUNT HOPE CEMETERY

May 5 '85 19 85

The undersigned hereby requests and authorizes the interment of the ~~remains~~ cremains of Louis Baudrand in Lot ____ Gr 15 Row 2 Sec. 6 ~~Block~~ Division 7 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.

XX Mrs. Mary Baudrand - Wife
Signature of relative or legal representative

XX Wife - 595 San Pedro #54
Address & relationship to deceased or authority to sign authorization
Morgan Hill - Ca - 95037

XX Wm a Sellers
Witness

Maxine Smith
Witness

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32469

DATE 4-31 19 85

FROM Arleen M. Ritter ADDRESS [illegible] Union St. [illegible] 92101

[illegible] hundred twenty five and 40/100 DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible] Bandrand [illegible]

LOT GRAVE 15 ROW 2 SECTION 6 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-4992

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 2 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E_4992

May 7, 1985

Mr. Jim Stalsomburg
Mount Hope Cemetary
3751 Market Street
San Diego, California 92102

Dear Mr. Stalsomburg:

My father, Louis M. Baudrand, was recently (or is about to be) buried at Mount Hope. He was cremated in San Jose, and the ashes were to be sent there for burial with his family (Gaston Baudrand, his wife, and William and Blanche Sutor).

My office collected $56, and I would like to have a tree planted in his memory at your park. I would prefer a small tree, but if they cost more than $56, then a rose tree will suffice.

Could you please let me know what can be done. Thank you.

Sincerely,

LouAnn Baudrand

LouAnn Baudrand

3742 Jason Avenue
Alexandria, Virginia 22302
(703) 379-4992

OK for Rose Tree
5/13/84
JM

E_4992

May 31, 1985

Ms. Barbara Lang
Mount Hope Cemetary
3751 Market Street
San Diego, CA 92102

Dear Ms. Lang:

Enclosed is my check for $50 to plant a yellow rose tree in the area where my father, Louis Baudrand, is burried.

Thanks for your help.

Sincerely,

LouAnn Baudrand

LouAnn Baudrand
3742 Jason Ave.
Alexandria, VA 22302

E-4992

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LOUIS MAURICE BAUDRAND	Male	May 14, 1900	April 25, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Jose	Santa Clara	Mary E. Baudrand (Wife) 575 San Pedro Ave. #54 Morgan Hill, Ca. 95037

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Johnson Funeral Home	635

TYPE OF PERMIT: CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- ☒ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED	DATE CREMATED: 4-29-85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY: [signature]
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED: Mount Hope Cemetery San Diego, Ca.		COUNTY: San Diego
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**	SIGNATURE OF APPLICANT	DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: $3.00	DATE PERMIT ISSUED: APR 29 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [signature]

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [signature] D.

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 10 DAYS TO THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR TO THE LOCAL REGISTRAR OF THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32571

3742 Jason

DATE 6-5 19 85

FROM Lou Ann Baudrand ADDRESS Alexandria, Va 22302

fifty and no/100 DOLLARS ($ 50.00)

IN full PAYMENT OF Rose Tree & installation (yellow)

for Louis Baudrand

LOT GRAVE 15 ROW 2 SECTION 6 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-4992

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
JUN 10 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	50 00
SALES TAX	60101 9020	
TOTAL PAID $		50

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-29 19 85

CHARGE Frances Marie Robinson

ADDRESS 5026 Cervantes, SD 92113

NAME OF DECEASED Andrew Robinson

OWNER

ADDRESS

MORTUARY Ragsdale

(X-DEEP)

LOT 2316 GR ROW SEC BLK DIV 10		742	50
OPENING/CLOSING TIME 11:00 DAY DATE FRI 5-3-85	-CHURCH-	295	00
VAULT/LINER Bell SIZE		245	75
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		1332	20
PAID RECEIPT NUMBER 4-29-85 32456		1332	20
BALANCE		-0-	

PAID

APR 29 1985

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 Frances Robinson ORDER TAKEN BY Lang

W.O. NO. E 4993 INVOICE NO.

PY-593 (4-82) #11047 - Dup Deed #11204 10/85

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32456

DATE 4-29 19 [illegible]

FROM Frances Robinson ADDRESS 5026 Cervantes SDCA 92[illegible]

Eighteen Thirty two and 30/100 DOLLARS ($ [illegible])

IN full PAYMENT OF Andrew Robinson [illegible]

LOT 2316 GRAVE ROW SECTION DIVISION BLOCK [illegible]

INVOICE NO. Check

W.O. E-4993

UNPAID BALANCE AFTER THIS PAYMENT —

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 2 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]	[illegible]
20% SALES OF LOTS	100 77184	[illegible]	
OPENINGS	100 77181	[illegible]	
BOXES	100 77182	[illegible]	
REMOVALS FOUNDATIONS	100 77183	[illegible]	
SALES TAX	60101 9020	[illegible]	[illegible]
TOTAL PAID $		[illegible]	20

AC-212 (REV. 9-81)

E_4993

Form Approved
OMB No. 2900-0003

Veterans Administration

(DO NOT WRITE IN THIS SPACE)
VA DATE STAMP

APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)
Andrew Robinson

2A. SOCIAL SECURITY NO. OF VETERAN
250 32 2549

2B. VA FILE NO.
C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Frances Marie Robinson

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)
5026 Cervantes, San Diego, CA 92113

4. RELATIONSHIP TO VETERAN
Wife

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8A. PLACE OF DEATH	8B. DATE OF BURIAL
June 1, 1927	Columbia, South Carolina	April 26, 1985	San Diego, CA	May 3, 1985

9. MARITAL STATUS
☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

10. SURVIVING CHILD(REN)?
☒ YES ☐ NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)
Frances M. Robinson
5026 Cervantes Ave.
San Diego, CA 92113

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Tom Robinson

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Rivana Washington

SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE DATE	14A. ENTERED SERVICE PLACE	14B. SERVICE NO.	14C. SEPARATED FROM SERVICE DATE	14C. SEPARATED FROM SERVICE PLACE	14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
11/29/46		643532	12/16/57		S/Sgt. U.S. Marine Corp SerCo. H & S Bn. FMF Pac

15. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME
None

PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL
Mt. Hope Cemetery

17. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT?
☐ YES ☒ NO (If "No," complete Items 19 and 20)

19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one)
☐ PAID BY ANOTHER PERSON(S) ☒ PAID BY CLAIMANT FOR BURIAL
☐ DUE FUNERAL DIRECTOR ☐ NONE
☐ DUE CEMETERY OWNER

20. IF PLOT/INTERMENT EXPENSES ARE UNPAID, WHO WILL FILE CLAIM FOR EXPENSES? (Name and Address)

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT
$

22. AMOUNT PAID
$

23. WHOSE FUNDS WERE USED?

24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?
☐ YES ☒ NO (If "Yes," complete Items 24B and 24C)

24B. AMOUNT OF REIMBURSEMENT
$

24C. SOURCE OF REIMBURSEMENT

25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY?
☐ YES ☒ NO (If "Yes," complete Items 25B and 25C)

25B. AMOUNT
$

25C. SOURCE

26. WAS THE VETERAN A MEMBER OF A BURIAL ASSOCIATION OR COVERED BY BURIAL INSURANCE?
☐ YES ☒ NO (Before answering read and comply with Instruction 11)

PART III - CLAIM FOR PLOT COSTS ALLOWANCE

IMPORTANT - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

27A. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY? ☐ YES ☒ NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)	27B. PLACE OF BURIAL: Mt. Hope Cemetery 3751 Market St., SD., CA 92102

28. COST OF BURIAL PLOT (Individual Grave Site)	29A. DATE OF PURCHASE	29B. DATE OF PAYMENT	30A. HAVE BILLS BEEN PAID IN FULL?	30B. AMOUNT UNPAID
$ 1332.20	4/29/1985	4/29/1985	☒ YES ☐ NO (If "No," complete Item 30B)	$

31. WHOSE FUNDS WERE USED?	32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?	32B. AMOUNT OF REIMBURSEMENT
Frances M. Robinson	☐ YES ☒ NO (If "Yes," complete Items 32B and 32C)	$

32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?	33B. AMOUNT	33C. SOURCE
	☐ YES ☒ NO (If "Yes," complete Items 33B and 33C)	$	

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

34A. SIGNATURE OF CLAIMANT (If signed by mark, complete Items 40A thru 41B) (If signing for firm, corporation, or state agency, complete Items 34B and 35)	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

Same as below

NOTE - Where the claimant is a firm or other unpaid creditor, Items 36A thru 39 MUST be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

36A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (If signed by mark, complete Items 40A thru 41B)	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print)
Frances Robinson	FRANCES ROBINSON

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

5026 Cervantes Ave.
San Diego, CA 92113

38. DATE	39. RELATIONSHIP TO VETERAN
April 29, 1985	Wife

WITNESSES TO SIGNATURE IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

40A. SIGNATURE OF WITNESS	40B. ADDRESS OF WITNESS
41A. SIGNATURE OF WITNESS	**41B. ADDRESS OF WITNESS**

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VETERANS ADMINISTRATION HEADSTONES AND MARKERS

The Veterans Administration will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or servicewoman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals buried in a national or post cemetery are furnished automatically without request from the family.

In lieu of furnishing a headstone or marker for a veteran not buried in a national cemetery, the Veterans Administration may make a limited reimbursement for the cost of a privately purchased headstone or marker. The amount of reimbursement will not exceed the actual average cost of a Government headstone or marker.

For additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to apply for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a non-Government headstone or marker.

*U.S. GOVERNMENT PRINTING OFFICE 1983 381-480/2769

E-4993

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANDREW ROBINSON	Male	June 1, 1927	Apr. 26, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Frances M. Robinson - Wife 5026 Cervantes Avenue San Diego, California 92113

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.; San Diego, California		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00 DATE PERMIT ISSUED APR 29 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Howard L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 3 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

001057 No. 32694

DATE 7-31 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

[illegible]

LOT [illegible] GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4993

UNPAID BALANCE AFTER THIS PAYMENT _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 6 1985

ISSUED BY _____

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-29 19 85

CHARGE James W. + Eula Mae Norwood

ADDRESS 2657 Nye St. SD, Ca. 92111

NAME OF DECEASED Princed

OWNER

ADDRESS 8- James

MORTUARY 9- Eula Mae

LOT 11 GR 8+9 ROW SEC 1 BLK DIV 11	990	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	990	00
PAID RECEIPT NUMBER 4-29-85 32457	990	00
BALANCE	-0-	

PAID
APR 29 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY [illegible]

ORDER TAKEN BY Lang

W.O. NO. E 4994

INVOICE NO.

FY-593 (4-82) #11148

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32457

DATE 4-29 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] and no/100 — DOLLARS ($ [illegible])

IN full PAYMENT OF Pre-need lots

LOT 11 GRAVE 8 + 9 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-4994

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.

CITY AUDITOR
MAY 2 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
50% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-312 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-29-85 19

CHARGE Renee Waltan

ADDRESS

NAME OF DECEASED Preneed Lots (2)

OWNER Renee Walton

ADDRESS 2705 Figueroa Blvd. SD. CA. 92109

MORTUARY

LOT 5293-5294 GR ROW SEC ~~BLK~~ DIV 10	1300	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	1300	00
PAID RECEIPT NUMBER 4-29-85 32459	700	00
BALANCE	1200	00

5293 & 5294 $650.00 - EA.

8-6-85 32703 ✓ 200.00

$1000.00

32867 ✓ ✓ 10-27-85 100.00

900.00

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 Jonell

W.O. NO. E 4995

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37538

Date: 3-21, 1989

From: Renee Walton Address: 5463 Santa Margarita, SD

Ten dollars no/100 Dollars ($ 10.00)

In _____ Payment of Credit Lot

Lot 5295 & 5294 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-4995

BALANCE DUE 890.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAR 27 1989

ISSUED BY Sandra Ward

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
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	$	10	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 37731

Date: 5-2, 1989

From: Ura Walton Address: 6883 Potomac Street, SD

Ten dollars 00/100 — Dollars ($ 10.00)

In _____ Payment of Credit Lot

Lot 5295 & 5294 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-4995

BALANCE DUE 880.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	10 00
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	$	10 00

CITY AUDITOR
MAY 08 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 37836

Date: 5-17, 1989

From: Ana R. Walter Address: 6883 Potomac St #114 SD 92139

Ten no/100 Dollars ($ 10.00)

In _____ Payment of Credit Lot

Lot 5295 & 5294 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-4995

BALANCE DUE 870.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184	10	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	$	10	00

CITY AUDITOR
MAY 19 1989

AC-212 (Rev. 10-87)

319

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38310

Date: July 24, 1989

From: Una R. Walton Address: 6883 Potomac St No. 114

Ten No/100 Dollars ($ 10.00)

In Payment of Chick for Ten dollars

Lot 5295, 5294 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-4995

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

343

AC-212 (Rev. 10-87)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Sharon L Crain

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	10	00
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	$	10	00

CITY AUDITOR
JUL 31 1989

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 38563

Date: 11-13, 1989

From: [illegible] Address: 3209 [illegible]

[illegible] Dollars ($ 10.00)

In _____ Payment of [illegible]

Lot 5395 & 5214 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-4995

BALANCE DUE 760.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	10	00
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	$	10	00

CITY AUDITOR
NOV 20 1989

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

CITY AUDITOR
APR 23 1990

№ 39142

Date: 4-19, 1990

From: [illegible] Walton Address: [illegible]

Ten Dollars [illegible] Dollars ($ 10.00)

In _____ Payment of Credit Lots

Lot 5295 + 5294 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-4995

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	10	00
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	$	10	00

AC-212 (Rev. 10-87)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41436

Date: 10-30- 19 91

From: CLEM WALTON Address: 3235 S. 48TH ST., S.D., CA 92113

One hundred dollars and (xx/100 Dollars ($ 100.00)

In Part Payment of Credit Lots for RENEE & JERRY WALTON

Lot 5295 x 5294 Grave — Row — Section — Division 10 Block —

Invoice No. _____

Acct. No. _____

W.O. E-4995

BALANCE DUE 640.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
3499

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY W. J. Thayer

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	—
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	$	100	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41419

Date: 10-23, 1991

From Clem Walton Address: 323 So. 48th St, SD 92113

One Hundred 00/100 Dollars ($100.00)

In _____ Payment of Credit Lot for Renee Walton

Lot 5294 - 5295 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-4995

BALANCE DUE $740.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waite

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
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	$	100	00

AC-212 (Rev. 1-91) 3497

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41622

Date: 12-10-1991

From: Glen Walton
Marvin Walton
Address: 323 S 48th St San Diego Ca. 92113

One Hundred Forty and 00/100 Dollars ($140.00)

In Part Payment of Credit Lot

Lot 5295, 5294 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-4995

BALANCE DUE 500.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

#3518

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Robt Jones

CREDIT	67007	~~140.00~~
20% Sales Care	77184	
80% Sales of Lots	100 77184	140.00
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	$	140.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41766

E_4995

Date: 1-16, 1992

From: Clem Walton Address: 323 So. 48th St. SD 92113

Two Hundred fifty 00/100 Dollars ($ 250.00)

In _____ Payment of Pre-Need For Rene Walton - Credit Lot

Lot 5294 & 5295 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E4995

BALANCE DUE $250.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3540

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	250	00
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	$	250	00

AC-212 (Rev. 1-91)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41998

E-4995

Date: 3-9, 1992

From: Clem Walton Address: 323 48th St. SD

Two Hundred Fifty (—) Dollars ($ 250.)

In _____ Payment of Pre Need Lots for Renee Walton

Lot 5294 + 5295 Grave — Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-4995

BALANCE DUE #

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 3562

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	250	W
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	250	W

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32459

DATE 11-29- 19 85

FROM Rene Walton ADDRESS 2705 [illegible]
One Hundred DOLLARS ($ 100.00)

IN Check PAYMENT OF Pre-Need

LOT 5293 + 5294 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO.

W.O. E-4995

UNPAID BALANCE AFTER THIS PAYMENT 1300.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 2 1985

10-24-85

ISSUED BY

CREDIT 25% SALES CARE	67007 77184	20.00
25% SALES OF LOTS	100 77184	80.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 3-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No 32703

DATE 8-6 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-4995

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
AUG 7 1985

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32867

DATE 10/24/85 19

FROM Renee Walton ADDRESS 2705 Fe Blvd - SD - 92109

One Hundred and no/100 DOLLARS ($ 100.00)

IN Part PAYMENT OF On Pre-need -

LOT 5293 + 5294 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO.

E-4995

W.O. E-4995

E-4995

UNPAID BALANCE AFTER THIS PAYMENT 900.00

Ch# 3298

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
OCT 28 1985

ISSUED BY [signature]

CREDIT 80% SALES CARE	67007 77184	20.00
80% SALES OF LOTS	100 77184	80.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		100.00

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4-30 19 85

CHARGE Shirley Jones

ADDRESS 7431 Minerva Dr. LD. 92114

NAME OF DECEASED Planned Lots 2

OWNER 5291 - Karl Edward

ADDRESS 5292 - Shirley

MORTUARY

LOT 5291 + 5292 GR ROW SEC BLK DIV D	1300	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	1300	00
PAID RECEIPT NUMBER 4-30-85 32461	100	00
BALANCE	1200	00
5-17-85 32512	1200.00	
	-0-	

PAID

MAY 17 1985

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 Shirley L. Jones ORDER TAKEN BY Lang

W.O. NO. E 4996 INVOICE NO.

PY-593 (4-82) #11158

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32461

DATE 4-30 19 85

FROM Shirley Jones ADDRESS 9421 Minerva Dr. [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 5291 + 5292 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. check

W.O. E-4996

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 2 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32512

DATE 5-17 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-4996

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 24 1985

ISSUED BY [illegible]

CREDIT 80% SALES CARE	67007 77184	[illegible]
80% SALES OF LOTS	100 77184	[illegible]
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 4/30/85 19

CHARGE Effie Clark

ADDRESS 5420 San Onofre Terrace S.D. - 92117

NAME OF DECEASED — Pursued —

OWNER

ADDRESS

MORTUARY

LOT 2571 GR ROW SEC DIV 10	495 00
OPENING/CLOSING TIME DAY DATE	
VAULT/LINER SIZE	
REC. FEE/REMOVAL/FOUNDATION	
TOTAL	495 00
PAID RECEIPT NUMBER 4/30/85-32465	495 00
BALANCE	0 00

PAID
APR 30 1985
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 Effie m clark ORDER TAKEN BY Peggy S.

W.O. NO. E 4997 INVOICE NO.

PY-593 (4-82) # 11143

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32465

DATE 4/30/85 19

FROM Effie Clark ADDRESS 5420 San Onofre Terrace

Four hundred ninety five DOLLARS ($ 495.00)

IN Infull PAYMENT OF Pre need lot

LOT 2571 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Cash

W.O. E-4997

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 2 1985

ISSUED BY [signature]

CREDIT 30% SALES CARE	67007 77184	99	00
30% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		495	00

AC-212 (REV. 9-81)

E. 4998

not included
in this spindle

E 4801 _ E 5100

"ORDER" MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-1 19 85

CHARGE Hoover Nance

ADDRESS 708 Goesche St SD Ca 92114

NAME OF DECEASED Keith A. Nance

OWNER

ADDRESS

MORTUARY Bagdale

LOT 17 GR 3 ROW SEC 2 BLK DIV 12			Reneed
OPENING/CLOSING TIME 2:00 CHAPEL DAY DATE Fri 5-3-85			
VAULT/LINER T.S SIZE			
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		35	00
PAID RECEIPT NUMBER 5-2-85 32473		35	00
BALANCE		⊘	

Reneed D-6949

PAID
MAY, 2 1985
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 Lynn. Bro

ORDER TAKEN BY Lang

W.O. NO. E 4999

INVOICE NO.

PY-593 (4-82)

E_4999 MOUNT HOPE CEMETERY

5-2- 1985

The undersigned hereby requests and authorizes the interment of the remains of Keith A. Mance in Lot 17 Gr 3 Row _____ Sec. 2 ~~Block~~ Division 12 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.

Tyro. Fro

Mortician of Family

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Gwyen Stetter

Witness

Witness

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

№ 32473

DATE 5-2-85 19

FROM Tyrone Brown ADDRESS 5488 Olvera, SD - 92114

Thirty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Rev Fees - Keith A. Mance service

LOT 17 GRAVE 3 ROW — SECTION 2 DIVISION BLOCK 12

INVOICE NO. ~~E-4999~~ Check

W.O. E-4999

UNPAID BALANCE AFTER THIS PAYMENT 0

CR-#138

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
MAY 15 1985

ISSUED BY Lloyd Stith

CREDIT 25% SALES CARE	67007 77184	
40% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	—
TOTAL PAID $		35.00

AC-212 (REV. 9-81)

E-4999

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Keith Aloysius Nance	Male	Sept. 6, 1957	April 29, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Hoover Nance - Father 708 Goeschl Street San Diego, CA 92114

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragsdale Mortuary	1329

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [x] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery: 3751 Market St.: San Diego, CA		COUNTY San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OR CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAY 2 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [illegible] M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 3 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Barbara Lang

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-3 19 85

CHARGE Clifford C. Bond 92011

ADDRESS 9493 Ridge Crest Ave Lem. Ca

NAME OF DECEASED Sarah Bell Marcotte

OWNER

ADDRESS

MORTUARY Merkley - Mitchell (Phil)

LOT 8 GR 5 ROW SEC 1 BLK/DIV 1	Preneed	
OPENING/CLOSING TIME 1:00 GRAVESIDE DAY/DATE Mon 5-6-85	320	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	614	70
PAID RECEIPT NUMBER 32483 5-6-85	614	70
BALANCE	-0-	

Preneed B-1837

1967

PAID

MAY 6 1985

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring 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 Clifford C. Bond ORDER TAKEN BY Janell

W.O. NO. E 5000 INVOICE NO.

PY-593 (4-82)

E_5000 MOUNT HOPE CEMETERY

May 6 1985

The undersigned hereby requests and authorizes the interment of the remains of Sarah Bell Marcotte in Lot 8 Gr 5 Row _____ Sec. 1 ~~Block~~ Division 1 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.

[signature]	Grandson
Signature of relative or legal representative	9493 RIDGECREST DR LA MESA, CA 92041
	Address & relationship to deceased or authority to sign authorization

[signature]
Witness

_____
Witness

OFFICIAL RECEIPT

WHITE . . . . TO CUSTOMER
CANARY . . . . CEMETERY
PINK . . . . . AUDITOR
GOLDENROD . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3151

No. 32483

DATE 5-6 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 1 GRAVE 5 ROW SECTION 1 DIVISION BLOCK 1

INVOICE NO. Check

W.O. E 5000

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR
MAY 15 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 8-81)

E-5000

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SARAH BELLE MARCOTTE	FEMALE	SEP 14, 1895	MAY 2, 1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
LEMON GROVE	SAN DIEGO	CLIFFORD C. BOND, GRANDSON 9493 RIDGE CREST DRIVE LA MESA, CA 92041

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
MERKLEY-MITCHELL MORTUARY	F-119

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXX 1. BURIAL (INCLUDES ENTOMBMENT)
- ☐ 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- ☐ 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 4. SCIENTIFIC USE
- ☐ 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- ☐ 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- ☐ 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- ☐ 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- ☐ 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED MOUNT HOPE CEMETERY, SAN DIEGO, CA		COUNTY SAN DIEGO
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED N/A	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED N/A		COUNTY
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION N/A		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS N/A		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $3.00	DATE PERMIT ISSUED MAY 0 3 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 6 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.