ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-3 1985

CHARGE Robert Whitmore

ADDRESS

NAME OF DECEASED Cora Whitmore ⊗

OWNER

ADDRESS (David Barnes)

MORTUARY Graves Funeral Home
Coffeeville, Kansas

LOT 52 GR 70 ROW SEC 4 ~~BLK~~ DIV 7		Preneed	
OPENING/CLOSING TIME -graveside- 11:00 DAY DATE THURS 5-23-85		105	00
VAULT/LINER ASH SIZE		6 / 100	00 / 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	246	00
PAID RECEIPT NUMBER	32527	246	00
	BALANCE	0	

PAID
MAY 23 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Preneed - B-9529

1963

(Family to bring Cremains + check)

Family coming out from Oklahoma (Head) around May 20th

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

AUTHORIZED IN PERSON PHONE BY Winifred Whitmore

ORDER TAKEN BY Lang

W.O. NO. E 5001

INVOICE NO.

PY-593 (4-82)

ORIGINAL—White
FILE—Yellow

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Bureau of Registration & Health Statistics
Topeka, Kansas 66620

E-5001

OUT-OF-STATE TRANSIT PERMIT

Full name of decedent CORA MAY WHITMORE Age 88 Sex F

Date of death 4-26-85 Place of death COFFEYVILLE (City or Township) MONTGOMERY (County) KANSAS (State)

Point of final destination TULSA CREMATION SERVICE (Cemetery, Crematory * or Other Point of Destination) TULSA (City) OKLAHOMA (State)

PERMIT

A certificate of death having been filed as required by the laws of the State of Kansas, permission is hereby given to:

DAVID W. BARNES (Funeral Director's Name) 1828 (License No.) 10-11-76 (Date Issued)

GRAVES FUNERAL HOME, COFFEYVILLE, KANSAS (Name and Address of Firm)

to remove the above identified body from the State of Kansas for final disposition.*

Issued by David W. Barnes (Signature of Funeral Director or Local Registrar) FUNERAL DIRECTOR (Title) COFFEYVILLE, KS (Address)

Embalmer's name DAVID W. BARNES License No. 2858

The above transit permit is required for the removal of any dead body from the State of Kansas for interment, storage or cremation and is to accompany the body to the point of final disposition. (This form is not to be used for disinterments.)

* When the body is to be cremated, a Coroner's Permit to Cremate is required in addition to this permit.

V.S.210-A

M1-502

TULSA CREMATION SERVICE
P. O. BOX 1207
TULSA, OKLA. 74101

E_500K

GRAVES FUNERAL HOME
COFFEYVILLE, KANSAS

BURIAL PERMIT----------CORA MAY WHITMORE

OFFICIAL RECEIPT

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

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

No 32527

DATE 5/23/85 19

FROM Robert Whitmore ADDRESS 1415 Willow St Coffeyville Ks 67337

Two Hundred Forty Six and 00/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Interment of Cora Whitmore Rec D

LOT 52 GRAVE 70 CITY ROW SECTION 4 DIVISION 7 BLOCK

INVOICE NO.

W.O. E 5001

UNPAID BALANCE AFTER THIS PAYMENT 0

CR# 385

NC-275 (REV. 9-81)

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

MAY 31 1985

ISSUED BY

CREDIT	67007	
35% SALES CARE	77184	
65% SALES OF LOTS	100 77184	
OPENINGS	100 77181	105 00
BOXES	100 77182	100 00
REMOVALS FOUNDATIONS	100 77183	25 00
SALES TAX	60101 9020	6 00
TOTAL PAID $		246 00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-6 19 85

CHARGE Geneva Trieger

ADDRESS P.O. Box

NAME OF DECEASED Ernest Trieger

OWNER Geneva Trieger

ADDRESS P.O. 83098 - San Diego Ca. 92138

MORTUARY Greenwood

LOT ____ GR 67 ROW 5 SEC 7 ~~BLK~~ DIV 7

OPENING/CLOSING TIME 12:00 Noon DAY DATE ~~MON~~ TUES. 5-7-85

VAULT/LINER Lenin SIZE

REC. FEE/REMOVAL/FOUNDATION

	139 00
	556 00
	320 00
	245 00
	35 00
TOTAL	1295 00
	14 70
	1309 70
BALANCE	

PAID RECEIPT NUMBER 32480 5/6/85

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.

AUTHORIZED
IN PERSON
PHONE BY Geneva L. Trieger ORDER TAKEN BY Lang

W.O. NO. E 5002 INVOICE NO.

PY-593 (4-82)

E-5002 MOUNT HOPE CEMETERY

May 6 1985

The undersigned hereby requests and authorizes the interment of the remains of Ernest Trieger in Lot ____ Gr 67 Row 5 Sec. 7 ~~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 Geneva L. Trieger Wife

~~[illegible]~~ 82098 - S.D.

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Scoye
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 32480

DATE 5-6-85 19

FROM Lenora Trieger ADDRESS P.O 83098-San Diego 92122

Thirteen Hundred nine and 70/100 DOLLARS ($ 1309.70)

IN full PAYMENT OF Burial fees & Land purchase

Ernest C Trieger - deceased -

LOT GRAVE 67 ROW 5 SECTION 7 DIVISION 7 BLOCK

INVOICE NO. Check #12

W.O. E-5002

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
MAY 15 1985

ISSUED BY Lenora Watt

CREDIT	67007		
25% SALES CARE	77184	139	00
25% SALES OF LOTS	100 77184	556	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	25	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1309	70

AC-212 (REV. 9-81)

E-5002

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ernest Carroll Trieger	Male	Dec. 25, 1911	May 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	Geneva L. Trieger-Wife 3145 Mooney St. San Diego, CA 92117

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

- [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 MAY 06 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 MAY 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-5002

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

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
Ernest	Carroll	Trieger	May 3, 1985	0032

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	Caucasian	NO [X]	December 25, 1911	73 YEARS		

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
CA	Ernest Carroll Trieger-AK	Katherine C. Cantwell-Irelan

TRIEGER
CC 906-85

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	19 unk TO 19 unk	572-03-6994	Married	Geneva L. Lawrence

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Plumber/Pipe fitter	41	United States Navy	Civil Service

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
3145 Mooney Street		San Diego

19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
San Diego	California	Geneva L. Trieger-Wife 3145 Mooney Street San Diego, California 92117

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Clairemont Community Hospital	San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
5255 Mt. Etna Drive	San Diego

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A): Pending

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (B):

DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes

25. WAS BIOPSY PERFORMED?

26. WAS AUTOPSY PERFORMED? Yes

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION / DATE

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 DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

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 OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)
Investigation

35B. CORONER—SIGNATURE AND DEGREE OR TITLE
DAVID J. STARK, Coroner

35C. DATE SIGNED
5-4-85

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
ial	5/7/1985	Mount Hope Cemetery, 3751 Market Street, San Diego, CA	7186 James Halton by Sharon Taliaferro Atty in Fac

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
GREENWOOD MORTUARY	F-843		

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-85)

APPLICATION FOR RECORD OF BIRTH [ ] DEATH [X] (Check One)

(See instructions on reverse side)

Name on Certificate: ERNEST CARROLL TRIEGER (First / Middle / Last)

Born (Mo./Day/Year) | Died MAY 3, 1985 (Mo./Day/Year)

Birth or Death Occurred At: CLAIREMONT COMM HOSP

PRINT OR TYPE NAME & MAILING ADDRESS IN BOX BELOW:

SEND BOTH COPIES

Name: GREENWOOD SERVICE CENTER

Address: POBOX 88 SAN DIEGO CA

City | St. | Zip

Name of Hospital or Home Address & City

$ _____ (Amount) is enclosed for 6+1VA (Number) copies

Send Application to:

COUNTY OF SAN DIEGO DEPT. OF HEALTH SERVICES
Records & Statistics, Room 101
1700 Pacific Highway, San Diego, CA 92101
Telephone: 236-2296

ENDANGERS EVERYONE'S HEALTH

FOR HEALTH SERVICES USE ONLY

YEAR		REG. NO.	
PD.		VS	$
N.C.		STATE	$
OTHER		TF	$
[ ] MAIL		OV	$
[XX] PICK UP		CLERK	
[ ] CASHIER		DATE	

E_5002

for PEACE OF MIND BUY SAVINGS BONDS

ADDRESS REPLY TO COMMANDANT 11TH NAVAL DISTRICT AND REFER TO:

COMMANDANT'S OFFICE
ELEVENTH NAVAL DISTRICT
SAN DIEGO 30, CALIFORNIA

1122/ta
P19-1/MM
Ser10251 /1122
20 May 1955

From: Commandant, ELEVENTH Naval District
To: Ernest Carl TRIEGER, 790 71 24, UT1(UT-6113-79), USNR-S1
4816 Voltaire Street
San Diego 7, California

Subj: Honorable Discharge from the Naval Reserve

Ref: (a) BUPERS Manual, Article H-31203(1)(a) and (d)
(b)

Encl: (1) Honorable Discharge Certificate
(2) Franked, self-addressed envelope

1. Under the provisions of the above reference(s), your discharge from the U. S. Naval Reserve has been effected.

2. Your certificate of discharge is forwarded herewith. Acknowledge receipt on a copy of this letter. A self-addressed envelope that requires no postage is enclosed for your convenience.

3. Return your expired Naval Reserve Identification Card (NavPers 904 or DD Form 2N (Inactive)), which remains the property of the United States, with receipted copy of this letter.

S. H. MARITZEN
By direction

11ND Form 238 (NR)(Rev. 2-55)

Navy—DPPO 11ND, San Diego, Calif.

E-5062

Honorable Discharge



from the Armed Forces of the United States of America

This is to certify that

ERNEST CARL TRIEGER

was Honorably Discharged from the

United States Navy

on the 20th *day of* MAY 1955 *This certificate is awarded as a testimonial of Honest and Faithful Service*

S. H. MARITZEN
By direction of the Commandant

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-6 19 85

CHARGE Rebecca Phillips

ADDRESS 5818 Torley St. SD, Ca. 92114

NAME OF DECEASED Frank Wilson Phillips

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 4706 GR ROW SEC BLK DIV 10		695	00
OPENING/CLOSING TIME 11:00 DAY DATE FRI 5-10-85		320	00
		14	70
VAULT/LINER SIZE		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		1309	70
PAID RECEIPT NUMBER 5-7-85 32487		1309	70
BALANCE		-0-	

PAID
MAY 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 Rebecca Phillips ORDER TAKEN BY Lang

W.O. NO. E 5003 INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

E-5003

May 6 19 85

The undersigned hereby requests and authorizes the interment of the remains of Frank Wilson Phillips in Lot 4706 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.

Rebecca L Phillips
Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Lang
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 32487

DATE 5/7/85 19

FROM Ethel E Lewis ADDRESS 871 Billows Dr San Diego 92114

Three hundred nine and 70/100 DOLLARS ($ 309.70)

IN full PAYMENT OF Burial of Frank Wilson Phillips Jr

LOT 4706 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO. Check

W.O. E 5003

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
MAY 15 1985

ISSUED BY

CREDIT	67007		
20% SALES CARE	77184	Bal	139 00
80% SALES OF LOTS	100 77184		556 00
OPENINGS	100 77181		220 00
BOXES	100 77182		245 00
REMOVALS FOUNDATIONS	100 77183		25 00
SALES TAX	60101 9020		14 70
TOTAL PAID $			1309 70

E-5003

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FRANK WILSON PHILLIPS	Male	March 8, 1948	Found May 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
Campo	San Diego	Rebecca B. Phillips - Wife 5818 Tooley 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

- [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 MAY 7 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Anna M. L. Ramos, M.D. MM
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 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 5-6 19 85

CHARGE Kiyo Kawasaki

ADDRESS 75 3rd Ave #25, C.V., Ca 92010

NAME OF DECEASED Lillian Y. Kawasaki

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 5230 GR ROW SEC ~~BLK~~ DIV 10			
OPENING/CLOSING TIME 2:00 -GRAVESIDE- DAY DATE Mon 5-13-85	105	00
VAULT/LINER Ash SIZE	6 100	00 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	246	00
PAID RECEIPT NUMBER 5-13-85 32503	246	00
BALANCE	0	

Notify when ashes arrive
427-7195 before 10:00 AM.
479-4072 (Son)

PAID
MAY 13 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ashes [illegible] of grave 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 [signature]

ORDER TAKEN BY B. Lang

W.O. NO. E 5004

INVOICE NO.

PY-593 (4-82)

E-5004

MOUNT HOPE CEMETERY

5-6 19 85

The undersigned hereby requests and authorizes the interment of the remains of Lillian Y. Kawasaki in Lot 523 Gr ____ Row ____ Sec. ____ ~~Block~~ Division D 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.

Kazuyuki Kawasaki
Signature of relative or legal representative

3336 Honeysuckle Ln Bonita Ca 92002
Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E-5004

53494

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Lewis Colonial/Benbough

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LILLIAN YURIKO KAWASAKI	female	SEPT 24,1932	APR 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
CHULA VISTA	CALIFORNIA	KIYO KAWASAKI-Mother 75 - 3rd Ave. #25 Chula Vista, CA 92010

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 4/29/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Nancy M. Snell
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED CYPRESS VIEW MAUSOLEUM - 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 APR 25 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 13 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

№ 32503

DATE 5/12/85 19

FROM Kiyo Kawasaki ADDRESS 75-3rd Ave - #25 - CV Ca 92010

Five hundred forty six ~~ad~~ 100 DOLLARS ($ 246.00)

IN full PAYMENT OF Government of Lillian Yuriko Kawasaki

CITY AUDITOR
MAY 20 1985

LOT 5230 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO.

W.O. E-5004

UNPAID BALANCE AFTER THIS PAYMENT 0

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

009734

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	105.00
BOXES	100 77182	100.00
REMOVALS FOUNDATIONS	100 77183	25.00
SALES TAX	60101 9020	6.00
TOTAL PAID $		246.00

Ck # 1761

AC-215 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/7/85 19

CHARGE Margaret H. Ford

ADDRESS 5265 Soledad Mt. Rd.

S.D. - 92109

NAME OF DECEASED Richard P. Groot ⊗

OWNER Cornelia Groot - grave

ADDRESS

MORTUARY Humphries -

LOT 4257 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10		Pressed	
OPENING/ CLOSING TIME AM	DAY DATE THURS 5-16-85	105	00
		6	00
VAULT/LINER ASH	SIZE Fiberglass	100	00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	246	00
PAID RECEIPT NUMBER 5/7/85 32485		246	00
	BALANCE	~~246~~	~~00~~

Humphrey to send over in 10 day -
Place in Grave of Cornelia

PAID
MAY 7 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Call 619 272-2540 when Complete

THE CITY CHARTER MAKES NO 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 H. Ford

ORDER TAKEN BY George Webb

W.O. NO. E 5005

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

№ 32485

DATE 5/7/85 19

FROM Margaret H Ford ADDRESS 5265 Soledad Mt Rd - SD 92109

Two hundred forty six and no/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Inurnment of Cremains as per Richard B. Groot

LOT 4257 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E5005

UNPAID BALANCE AFTER THIS PAYMENT 0

CR #1220

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	
OPENINGS	100 77181	105 00
BOXES	100 77182	100 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	6 00
TOTAL PAID $		246 00

AC-212 (REV. 9-81)

E-5005

101670

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RICHARD PETER GROOT	Male	09/13/1906	May 06, 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	Margaret H. Ford (Daughter) 5265 Soledad Mtn. Road San Diego, Ca. 92109

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 MAY 7 1985	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 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 07 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 16 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [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.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-7 19 85

CHARGE Dennis L. Black

ADDRESS 4385 Cape May Ave SD 92107

NAME OF DECEASED Natalia Black Spofford

OWNER

ADDRESS

MORTUARY Beardsley-Mitchell

LOT 95 GR 10 ROW SEC 1 BLK DIV 11	595	00
OPENING/CLOSING TIME 12:00 DAY DATE THURS 5-9-85	320	00
VAULT/LINER Bell SIZE	345	00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	1209	70
PAID RECEIPT NUMBER 5-785 32486	1209	70
BALANCE	-0-	

PAID
MAY 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

ORDER TAKEN BY Lang

W.O. NO. E 5006

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

№ 32486

DATE 5-7 19 85

FROM Beth Black ADDRESS 238 Garrison St. [illegible]

[illegible] and [illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 95 GRAVE 10 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. check

W.O. E-5006

UNPAID BALANCE AFTER THIS PAYMENT 0

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	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-5006

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Natalia Black Spofford	Female	9/7/1890	5/7/1985

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	Dennis G. Black (Nephew) 4385 Cape May Avenue 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

- [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	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 MAY 8 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) MAY 9 1985		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald A. Conrad, 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.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/8/85 19

CHARGE Robert Lewis

ADDRESS 9400 Activity Rd Ste 1 - S.D. 92126

NAME OF DECEASED Dorothy Lewis - ⊗

OWNER Same

ADDRESS

MORTUARY Erickson-Anderson (Steve 466-3297)

LOT 51 GR 3 ROW SEC 4 SLK DIV 6

OPENING/CLOSING TIME graveside 2:00 DAY DATE May 31 - 2 P.M. Graveside Service.

VAULT/LINER Ash SIZE (ash)

REC. FEE/REMOVAL/FOUNDATION

	Interment	
	105	00
	100	00
	35	00
TOTAL	240	00
	240	00
BALANCE	0	

PAID RECEIPT NUMBER # 32488

Interment to be graveside Service 5-31-85

PAID
MAY 8 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Interment order 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 ~~PHONE BY~~ Robert M Lewis ORDER TAKEN BY Joyce

W.O. NO. E 5007 INVOICE NO.

PY-593 (4-82)

E-5007

53508

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Erickson-Anderson Mortuary

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dorothy L. Lewis	Female	Jan 30, 1906	April 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	Robert M. Lewis (Son) 9400 Activity Rd. San Diego, CA 92126

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

- ☐ 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 NA		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Cypress View Crematory, San Diego, CA	DATE CREMATED 5/6/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Darcy M. Smith
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 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 5-2-85	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 MAY 31 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stelter

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 32488

DATE 5/6/85 19

FROM Robert M Lewen ADDRESS 9400 Activity Rd - 2D 92126

Two hundred forty six 00/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Interment of Dorothy Lewen (burial)

LOT 51 GRAVE 3 F ROW 4 SECTION 4 DIVISION 6 BLOCK

INVOICE NO. Check

W.O. E-5007

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	87007 77184		
80% SALES OF LOTS	100 77184		
OPENINGS	100 77181	105	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	6	00
TOTAL PAID $		246	00

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/9/85 19

CHARGE Verdie Pearson

ADDRESS 2016 Harrison Ave - S.D. 92113

NAME OF DECEASED Daisy B Pearson - deceased

OWNER

ADDRESS

MORTUARY Anderson-Rogsdale

LOT 139 GR 10 ROW SEC 1 DIV 12	395 00
OPENING/CLOSING TIME 2 P.M. DAY/DATE Tuesday 5/14	320 00
VAULT/LINER yes SIZE	245 00
REC. FEE/REMOVAL/FOUNDATION	35 00
Sale Tax	14 70
TOTAL	1009 70
PAID RECEIPT NUMBER 5-9-85 32491	1009 70
BALANCE	

Church Service - 2 P.M. - Tuesday -
Graveside following Church Service
Must vacate grounds by 3:30 P.M.

PAID
MAY 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~~ + Verdie Pearson ORDER TAKEN BY Joyce

W.O. NO. E 5008 INVOICE NO.

PY-553 (4-82)

E-5008

MOUNT HOPE CEMETERY

5/9/85 19

The undersigned hereby requests and authorizes the interment of the remains of Daisy Pearson in Lot 139 Gr 10 Row _____ Sec. 1 ~~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.

x Verdie Pearson

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

№ 32491

DATE 5/9/85 19

FROM Verdie Pearson ADDRESS 2016 Harrison Av SD 92113

One Thousand nine dollars 70/100 DOLLARS ($ 1009.70)

IN full PAYMENT OF Complete Interment fees for Daisy & Pearson (Dec)

LOT 139 GRAVE 10 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO.

W.O. E-5008

UNPAID BALANCE AFTER THIS PAYMENT —

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	79	00
80% SALES OF LOTS	100 77184	316	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1009	70

Ck# 56105

AC-212 (REV. 9-81)

E-5008

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DAISY BELLE PEARSON	Female	Feb. 23, 1923	May 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	Verdie Pearson - Son 2016 Harrison Avenue San Diegg, 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: MAY 10 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: MAY 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 5/9/85 19

CHARGE MOW LEW

ADDRESS 1844 ROWAN St. S.D Cal. 92105

NAME OF DECEASED Low Thick - Lee

OWNER Low, Thick -

ADDRESS C/o C.C.B.A.

MORTUARY Glenwood

LOT 6 5 GR ROW 7 SEC 1 BLK DIV Ch			
OPENING/CLOSING TIME 1:00 - Chapel Glenwood	DAY DATE Tuesday		320 00
VAULT LINER	SIZE 5/14/85		345 00
REC. FEE/REMOVAL/FOUNDATION			35 00
	Sales Tax		20 70
		TOTAL	720 70
PAID RECEIPT NUMBER	5/10/85 32494		720 70
		BALANCE	0

PAID
MAY 10 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Chapel + Graveside -
Funeral must enter grounds before
3:30 P.M. Tuesday.

Will Bring Check by Fri Noon

THE CITY CHARTER MAKES NO 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 Mon Lew

ORDER TAKEN BY George

W.O. NO. E 5009

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

№ 32494

DATE 5-10 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 6 GRAVE ROW 7 SECTION I DIVISION BLOCK

INVOICE NO. check

W.O. E-5009

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 25% SALES CARE	67003 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)

E-5009

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Thick Lew	Male	Dec. 12, 1905	Found May 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	Mow Lew-Son 1844 Rowan Street San Diego, California 92105

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 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 MAY 10 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 _____ (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

№ 32661

DATE 7-16 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE 5 ROW [illegible] SECTION I DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-5009

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JUL 23 1985

000724

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 5/9/85 19

CHARGE Robert Shimamoto

ADDRESS 5356 Jasmin Ct. S.D. 92124

NAME OF DECEASED Rev K. Harper Sakaue - Deceased

OWNER Robert Shimamoto SAKAUE

ADDRESS Same

MORTUARY Cremains to Come from North Central and Hickey marker to be put in flat at Hope Winton Cemetery -

LOT 966 GR ____ ROW ____ SEC ____ ~~Blk~~ DIV 10		N.C.
OPENING/ CLOSING TIME No Service DAY ~~DATE~~ - Just Inter	105	00
VAULT/LINER Cremains SIZE Vault	100	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Setting Std Marker flat TOTAL	125	00
PAID RECEIPT NUMBER	365	00
BALANCE	0	

PAID
MAY 9 1985
CITY of SAN DIEGO, CALIF.

When Cremains arrive we are to Inter and place marker flat on grave - No. Service - To be Completed within 10 Days of Receipt of Cremains and or 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~~ Sophie Shimamoto ORDER TAKEN BY [signature]

W.O. NO. E 5010 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

№ 32492

DATE 5/9/85 19

FROM Robert & Sophie Shimamoto ADDRESS 5356 Jaymin Ct. S.D. 92124

Three Hundred and Sixty Five and 00/100 DOLLARS ($ 365.00)

IN full PAYMENT OF Government & Market placement Rock Hayes Salaries

LOT 966 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO.

W.D. E 5010

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 25% SALES CARE	67007 77184	—
25% SALES OF LOTS	100 77184	—
OPENINGS	100 77181	105.00
BOXES	100 77182	94.35
REMOVALS FOUNDATIONS	100 77183	160.00
SALES TAX	60101 9020	5.65
TOTAL PAID $		365.00

CR #102

AC-212 (REV. 3-81)

5/10/1979

Transferred Back to Mt. Hope 5/9/85

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

E 5010 No. 09888

OWNERSHIP AND INTERMENT PRIVILEGES

TO ROBERT SHIMAMOTO for the sum of $ 380.00 (DOLLARS)

LEGAL DESCRIPTION Lot 5058 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-310

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 Monument Only Allowed

R. McClure
Cemetery Manager

Property Director

PY-884

E_5010

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY
DEPARTMENT

August 29, 1988

Sophie Shimamoto
5356 Jaymin Court
San Diego, Ca 92124

Dear Mrs. Shimamoto:

On May 9, 1985 you arranged for the inurnment of Rev. K. Harper Sakaue at Mt. Hope Cemetery. As of this date his urn has not been received. Please contact the cemetery office reguarding Rev. K. Harper Sakaue's inurnment so the files can be updated. Mt. Hope Cemetery's staff is ready to assist you pending your instructions.

Sincerely,

George W Stelter

George W. Stelter
Cemetery Manager

E-5010

THE CITY OF SAN DIEGO

PARK DEPARTMENT—CEMETERY DIVISION

Quitclaim Deed

461-4931

In consideration of Transfer to Lot 966 of Div. 10.

I/We Robert Shimamoto

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 5058-Div. 10 Purchase order E-310- Deed # 09888- 5/10/79

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 9 day of May 1985

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Georgen Stetter

Witnesses.

X/ Robert Shimamoto

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 _____

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/9/85 19

CHARGE Wynes Buckland

ADDRESS 2185 Leon Ave S.D. 92154

NAME OF DECEASED Pre-need for Gerald M. Buckland

OWNER

ADDRESS

MORTUARY

LOT 168 GR 4 ROW SEC 1 ~~BLK~~ DIV 12	395 00
OPENING/CLOSING TIME DAY DATE Pre-need	
VAULT/LINER SIZE	
REC. FEE/REMOVAL/FOUNDATION	
TOTAL	395 00
PAID RECEIPT NUMBER 32493	395 00
BALANCE	~~0 0~~

Pre-need Grave • Sp 5 - reserved for 30 days if wanted by Wynes -

PAID

MAY 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 Gwb

ORDER TAKEN BY Leroy Stelter

W.O. NO. E 5011

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

№ 32493

DATE 5/9/85 19

FROM Wayne Buckland ADDRESS 2185 Leon Ave. S.D. 92154

Three hundred ninety five and no/100 DOLLARS ($ 395.00)

IN full PAYMENT OF Sp 4, Lot 168, Sec 1, Div 12 - Single grave and Care fund on same - To be use by Gerald M Buckland -

LOT 168 GRAVE 4 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO.

W.O. E-5011

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
MAY 15 1985

ISSUED BY [signature]

CREDIT 25% SALES CARE	67007 77184	79.00
80% 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 # 2279

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-13 19 85

CHARGE Wayne Buckland

ADDRESS 2185 Leon Av. SD Ca 92154

NAME OF DECEASED Gerald M. Buckland

OWNER

ADDRESS

MORTUARY Humphrey

LOT 168 GR 4 ROW SEC 1 BLK DIV 12	Prenced	
OPENING/CLOSING TIME - GRAVESIDE - 10:00 DAY DATE TUES 5-14-85	320	00
VAULT/LINER Bell SIZE	245	14 70 00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	614	70
PAID RECEIPT NUMBER 5-13-85 32500	614	70
BALANCE	-0-	

PAID

MAY 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 Wayne Buckland ORDER TAKEN BY Long

W.O. NO. E 5012 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

№ 32500

DATE 5-13 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

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

INVOICE NO. Check

W.O. E-5012

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. 2-81)

E_501.2

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GERALD MONROE BUCKLAND	Male	04/20/1909	May 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
Chula Vista	San Diego	Wynes Buckland (Wife) 2185 Leon 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 MAY 13 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Carnes, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 14 1985 (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 5-13 1985

CHARGE Self-Preneed

ADDRESS

NAME OF DECEASED (Dull) Price, Maud K.

OWNER

ADDRESS Ph.# 789-1678

MORTUARY Bonham Bros (Dale) Ramona, Calif

LOT 587 GR ROW SEC 5 ~~BLK~~ DIV 8	Preneed		
OPENING/ CLOSING TIME 10:00 GRAVESIDE DAY DATE Friday 5-17 GRAVESIDE	320	00	
VAULT/LINER Bell SIZE	14 / 245	70 / 00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	614	70	
PAID RECEIPT NUMBER 5-17-85 32509	614	70	
BALANCE	0		

Will bring CR for $614.70

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

ORDER TAKEN BY Lang

W.O. NO. E 5013

INVOICE NO.

PY-593 (4-82)

E-5013

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MAUD K. DULL	Female	Nov 8, 1900	May 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
El Cajon	San Diego	Self: Pre-need records

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Bonham Bros & Lee Mortuary	568

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: 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: 5-14-85	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: MAY 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

№ 32509

See Monthly

DATE 5-17- 19 5

FROM Bonham Bros. ADDRESS 321-13th St. Pomona, Ca. 92065

Six hundred and fourteen 70/100 DOLLARS ($ 614.70)

IN Check fee PAYMENT OF Services for Maud K. Dill (Price)

CITY AUDITOR
MAY 24 1985

LOT 587 GRAVE ROW SECTION 5 DIVISION BLOCK

INVOICE NO.

W.O. E-5013

UNPAID BALANCE AFTER THIS PAYMENT 0

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

009921

ISSUED BY J. Braggs

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	320.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		614.70

R-3793

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/13/85

CHARGE M. E. Adams

ADDRESS 4650 Maple Ave - La Mesa, Ca 92044

NAME OF DECEASED James Williams - Mad De Moss

OWNER Thompson

ADDRESS

MORTUARY

785 - 3 - 8

LOT 784 GR ROW SEC 3 BLK DIV 8

OPENING/CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION 15 90

1 2 Flower Vases @ 15.90 TOTAL 30 00

Tax 1 80

31 80

PAID RECEIPT NUMBER

32502 - 5/13/85 BALANCE 15.90

To be installed

— o —

PAID
MAY 13 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

- came back - only wanted 1 flower can R - 32501 VOIDED

THE CITY CHARTER MAKES NO 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 5014

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
264-5151

№ 32502

DATE 5-13 19 [illegible]

FROM M E Adams ADDRESS 465 [illegible]

[illegible] 90/100 DOLLARS ($ 15.90)

IN full PAYMENT OF 1 Lower Vase for James + Mae De Moss Thompson

LOT 784 - 785 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. check

W.O. E-5014

UNPAID BALANCE AFTER THIS PAYMENT 0

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		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	15	
SALES TAX	80101 9020		
TOTAL PAID $		15	90

AC-212 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/13 1985

CHARGE Beardsley - Mitchell Mortuary

ADDRESS Leroy Cook - 4773 Niagara ave. SD. Ca 92107

NAME OF DECEASED Lydia Cook -

OWNER ~~Anna Cook~~ -

ADDRESS

MORTUARY Beardsley - Mitchell

LOT ~~46~~ 144	GR ~~5~~ 12	ROW	SEC ~~2~~ 1	~~BLK~~ DIV ~~7~~ 11	595	00
OPENING/ CLOSING TIME 9:00 AM		DAY DATE Fri - 5/17			320	00
VAULT/LINER		SIZE			245 / 14	00 / 70
REC. FEE/REMOVAL/FOUNDATION					35	00
				TOTAL	~~614~~ 1209	~~70~~ 70
PAID RECEIPT NUMBER						
				BALANCE		

CHURCH

- Church -

Will Bring Check -

Reserve lot 144 gr 11, sec 1, Divn 11

5/20/85

30 day note to come back in mail

THE CITY CHARTER MAKES NO 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 J.V. George

W.O. NO. E 5015

INVOICE NO. 031836 013146

PY-593 (4-82)

E_5015

MOUNT HOPE CEMETERY

May 20 19 85

The undersigned hereby requests and authorizes the interment of the remains of Lydia Trienta Cook in Lot 144 Gr 12 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.

Sandy Cook

Signature of relative or legal representative

4773 Niagara Ave.

San Diego, CA 92107

Address & relationship to deceased or authority to sign authorization

Barbara Lang

Witness

Witness

E-5015

E-5015

031836 05/23/85 013146 LEROY COOK

100	072						
100	072						
100	072						
100	072						
60101							
67007							

06/10/85 CK ES0151709

77181	000072	1,209.70	1,209.70	0.00
77182	000072	320.00		
77183	000072	245.00		
77184	000072	35.00		
9020		476.00		
77184		14.70		
		119.00		

PAID IN FULL

E-5015

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lydia Trienta Cook	Female	1/12/1930	5/12/1985

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	Leroy C. Cook (Husband) 4773 Niagara Avenue 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

- 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, 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 MAY 15 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE) MAY 17 1985		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Ramras, M.D. [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

Number E-5015

Dated 5-20-85

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 $ 120.70.

Name Joanne M Pierce

Address 503 H Newport

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 Joanne M Pierce — 503 H Newport

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

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

№ 32581

DATE 6-10 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN full PAYMENT OF [illegible]

LOT 144 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. 031836

Acct # 013146

W.O. E-5015

UNPAID BALANCE AFTER THIS PAYMENT 0

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. 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

No. 32660

DATE 7-16 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 144 GRAVE 12 ROW [illegible] SECTION 1 DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-5015
5015

UNPAID BALANCE
AFTER THIS PAYMENT 0

AC-211 (REV. 9-81)

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

CITY AUDITOR
JUL 17 1985

ISSUED BY [illegible]

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 8020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-14 1985

CHARGE Tyrone Brown

ADDRESS 5488 Olvera SD Ca. 92114

NAME OF DECEASED Mernon + Luella Chase

OWNER transfer of property

ADDRESS

MORTUARY

LOT ~~4385~~ 4384 + GR ROW SEC ~~BLK~~ DIV 10		
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 5-14-85 32504	35	00
BALANCE	0	

PAID
MAY 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 Betty L. Moody

ORDER TAKEN BY Lang

W.O. NO. E 5016

INVOICE NO.

PY-593 (4-82)

E_5016

QUIT-CLAIM AND RELEASE OF ALL INTEREST IN CEMENTARY PROPERTY AND MERCHANDISE

DATE 5-13-85

THAT I/WE, MERNON & LUELLA CHASE

RESIDING AT 1909 W. Lehaul St, Porterville, Ca 93257
street city state zip

COUNTY OF _____ STATE OF _____

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:

DIVISION 10 LOTS 4384 & 4385

NAME OF CEMETERY MT HOPE

ADDRESS: 4791 MARKET STREET SAN Diego CITY CA STATE 92102 ZIP

FURTHER I/WE DO HEREBY TRANSFER GIVE AND ASSIGN THE MONEY EQUITY OF one Dollar ($1.00) TO

NAME: TYRONE A BROWN

ADDRESS: 5488 OLVERA STREET SAN Diego CITY CA STATE 92114 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: May 13, 1985

X Mernon Chase

X Luella Chase

State of California
County of TULARE } ss.

On this 13th day of May 19 85 before me a Notary Public personally appeared Mernon Chase & Luella Chase 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.

Saverio Pitigliano
Notary Public

OFFICIAL SEAL
SAVERIO PITIGLIANO
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
TULARE COUNTY
My Commission Expires July 29, 1985

Notary Seal

E-5016

264-3151
3151-Mbt #
8526

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Mernon and Luella Chase for the sum of $ 400.00 (DOLLARS)

LEGAL DESCRIPTION Lots 4384 & 4385 Div 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-7197

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

Mernon Chase 5-13-85
Luella Chase

R. W. Dehne / LEO
Cemetery Manager

W. L. MacFarlane
Property Director

PV-534

OFFICIAL RECEIPT

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

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

No 32504

DATE 5-14 19__

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 434 - 435 GRAVE ____ ROW ____ SECTION ____ DIVISION ____ BLOCK ____

INVOICE NO. ____

W.O. E-5016

UNPAID BALANCE
AFTER THIS PAYMENT ____

AC-212 (REV. 3-61)

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

CITY AUDITOR
MAY 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 5-15 19 85

CHARGE Ogelle + Christenia Moore

ADDRESS 3629 Gilmore St SD ca 92102

NAME OF DECEASED Transfer from

OWNER Tyrone Brown

ADDRESS

MORTUARY

LOT 4384 P 4385 GR ROW SEC BLK DIV 10

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION Transfer	35 00
TOTAL	35 00
PAID RECEIPT NUMBER 5/15/85 32506	35 00
BALANCE	-0-

PAID
MAY 15 1985
B2506
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO 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 5017

INVOICE NO.

PY-593 (4-82) #11157

E_5017

Deed # 11154

QUIT-CLAIM AND RELEASE OF ALL INTEREST IN CEMENTARY PROPERTY AND MERCHANDISE

DATE 5-15-85

THAT I/WE, Tyrone BROWN

RESIDING AT 5488 OLVERA SAN Diego CA 92114
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:

GRAVES : LOT 4384 & LOT 4385

DIV 10

NAME OF CEMETERY MT Hope

ADDRESS: MARKET ST SAN Diego CA 92102
STREET CITY STATE ZIP

FURTHER I/WE DO HEREBY TRANSFER GIVE AND ASSIGN THE MONEY EQUITY OF

One Dollar ($ 1.00) TO

NAME: REV OZELLE & CHRISTORIA MOORE

ADDRESS: 3629 GILMORE St SAN Diego CA 92102
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: MAY 15, 1985

Tyrone Brown
TYRONE BROWN

State of California
County of SAN DIEGO } SS.

On this 15th day of MAY 19 85
before me a Notary Public personally appeared
TYRONE 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

Clyde L Robertson
Notary Public
CLYDE L. ROBERTSON

OFFICIAL SEAL
CLYDE L ROBERTSON
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My comm. expires NOV 15, 1985

5050 Federal Blvd., San Diego, CA 92102

Notary Seal

OFFICIAL RECEIPT

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

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

No. 32508

DATE 5/15/85 19

FROM Throne N Brown ADDRESS 5488 olivet ave - SD 92114

Thirty five and 00/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Transfer fee Deed Reissue

LOT 1384 1385 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO.

W.O. E5017

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 3-81)

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

CITY AUDITOR
NOV 30 34
1985

ISSUED BY

CREDIT	67007	
30% SALES CARE	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 5/14/ 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 Installation April 1985 TOTAL	1815	00
PAID RECEIPT NUMBER		
BALANCE	$1815	00

$160.	Foundation	-	Herrod, Richard Rich
160.	"		Shimamoto, Yokichi & Sakino
115.	2x1	Marker -	Tyree, Helen Ivery
115.	2x1	" -	Ivey, Aldean E. Powell
~~115.~~	~~2x1~~	~~"~~	~~- Ivey, Richard Earl~~
115.	2x1	" -	Womack, Ima I
~~115.~~	~~2x1~~	~~"~~	~~- Weast, Helen~~
115.	2x1	" -	Groff, Dorothy M.
115.	2x1	" -	Campos, Orlando
Pd	2x1	" -	Robbins, Helen Sue

(OVER)

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

AUTHORIZED
IN PERSON
PHONE BY

ORDER TAKEN BY B. Lang

W.O. NO. E 5018

INVOICE NO. 031577

PY-593 (4-82)

Acct. #006490

$115.	2x1	Bradberry, Esther
115.	2x1	Oh, Isabella A.
115.	2x1	Dumler, Albert-Verna
115.	2x1	Dave, Ira P.
115.	2x1	Ogden, Douglas H.
115.	2x1	Ogden, Mary J.

$1815.

OFFICIAL RECEIPT

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

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

№ 32569

DATE 6-4 19 85

FROM Clemen Granite ADDRESS 11527 Prospect Ave [illegible]

[illegible] hundred [illegible] and [illegible] DOLLARS ($ [illegible])

IN Full PAYMENT OF Marker installations for April 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. [illegible]

Inv # 031577 [illegible]

W.O. E-5018

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	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-81)

E-5018

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/10/85

DATE: 06/10/85
TIME: 212501
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 6N/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
031577	05/17/85	006490	CLEMENS GRANITE COMPANY					06/07/85	CK	13030	1,815.00	1,815.00	0.00
			100	072		77183	000072				1,815.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,815.00

E-5018

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 05/14 19 85

CHARGE SEAMAN-POE MONUMENT COMPANY

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 April 1985 TOTAL	2090	00
PAID RECEIPT NUMBER ____		
BALANCE	$2090	00

$115.	2x1	Marker	- Schuler, Lela Mae
115.	2x1	"	- Sawadski, Edward
115.	2x1	"	- Bibbins, Sarah
115.	2x1	"	- Claiborne, Marion V.
115.	2x1	"	- Carter, Benny Louis
115.	2x1	"	- Fabian, Alyce H.
115.	2x1	"	- Harvey, Jessie Irene
160.	10x20	Foundation	- Howie, Roland C.
160.	2x1	"	- Alexander, Marie H.
160.	2x1	"	- Allman, Rud & Fay

(OVER)

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

AUTHORIZED
IN PERSON
PHONE BY ____ ORDER TAKEN BY Bv Lang

W.O. NO. E 5019

INVOICE NO. 031578
Acct 000253

PY-593 (4-82)

$115.	2'6 x 1	-	Rucker, Prezolia
115.	2x1 Marker	-	Anderson, Barbara
115.	10x20 "	-	Willmarth, Robert Jam
115.	10x20	-	Lowry, Nickalena
115.	10x20 "	-	Warren, Rasheda
115.	2x1 "	-	Thompson, Leonard
115.	2x1 "	-	Gatlin, Raymond

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

№ 32583

DATE 6-11 19 85

FROM Seaman/Pac ADDRESS 3873 Imperial Ave. Sd 92113

Two thousand ninety and no/100 — DOLLARS ($ 2090.00)

IN full PAYMENT OF memorial installations for April 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. Check | Acct
Inv# 031578 | 11.53

W.O. E-5019

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

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	
SALES TAX	60101 9020	
TOTAL PAID $		2090.00

AC-212 (REV. 9-81)

E-5019

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/15/85

DATE: 06/16/85
TIME: 23354a
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
031578	05/17/85	000253	SEAMAN/PDE MONUMENT CO					06/14/85	CK	6132	2,090.00	2,090.00	0.00
			100	072		77183	000072				2,090.00		PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/16/ 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 ____		
Memorial installations for April TOTAL	780	00
PAID RECEIPT NUMBER ____		
BALANCE	780	00

$160.00	Foundation -	Hague, Robert
160.00	"	Nenashi, Yoshiko
115.00	2x1 marker =	Woodend, Fred W.
115.00	"	Boykins, Susan
115.00	"	Pardee, Walter & Maud
115.00	"	Springer, Law & Clara

THE CITY CHARTER MAKES NO 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 5020

INVOICE NO. 031580

PY-593 (4-82)

Acct 004821

E-5020

031580 05/17/85 004821 CONTI AND SON MEMORIAL CO 05/30/85 CK 4521 780.00 780.00 0.00
100 072 77183 000072 780.00 PAID IN FULL

E-5020

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 1,404.70

OFFICIAL RECEIPT

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

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

№ 32550

DATE 5-26 19 85

FROM Conti & Son ADDRESS P.O. Box 94, S.D. Ca 92112

Seven hundred eighty and no/100 DOLLARS ($ 7.00)

IN full PAYMENT OF Memorial installations for April 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. Check

W.O. E-5020

UNPAID BALANCE AFTER THIS PAYMENT X

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

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	7.00
SALES TAX	60101 9020	
TOTAL PAID $		7.00

AC-312 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/15/85 1985

CHARGE Angela E. Weiss

ADDRESS 4032 Mt. Acadia Blvd. S.D. 92111

NAME OF DECEASED Pre need -

OWNER Angela E Weiss

ADDRESS

MORTUARY —— Pacific Beach Mortuary - P.N. -

	Masonic	476 00
LOT 54 GR 11 ROW SEC 8	BLK DIV	119 00
OPENING/CLOSING TIME	DAY DATE	—
VAULT/LINER	SIZE	—
REC. FEE/REMOVAL/FOUNDATION		—
	TOTAL	595 00
PAID RECEIPT NUMBER 32507		100 00
	BALANCE	495 00

6-13-85

Pre need for herself 32589 495 00

On T.P. - $100.00 x 100 mo -

Payable in full by 1-1-86

Rec 32507 - $100.00

PAID

JUN 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 Joyce

W.O. NO. E 5021

INVOICE NO.

PY-593 (4-82) #11163

OFFICIAL RECEIPT

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

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

№ 32507

DATE 5/15/85 19

FROM Angela Weiss ADDRESS 4032 Mt Acadia Blvd. SF 92111

One Hundred and 00/100 DOLLARS ($ 100.00)

IN Part PAYMENT OF Pre-need Space for herself -

Bal by 1-1-86 -

LOT 54 GRAVE 11 ROW SECTION O DIVISION BLOCK Masonic

INVOICE NO.

W.O. E 5021

UNPAID BALANCE AFTER THIS PAYMENT 495.00

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

CITY AUDITOR
MAY 20 1985

ISSUED BY [signature]

CREDIT 67007 + 50% SALES CARE 77184	20	00
50% 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

Cash 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. 32589

DATE 6-13 1985

FROM Angela Weiss ADDRESS 403 Mt Acadia Blvd [illegible]

four hundred ninety five and no/100 DOLLARS ($ 495.00)

IN full PAYMENT OF French lot

LOT 54 GRAVE 11 ROW SECTION MAS DIVISION BLOCK 0

INVOICE NO. Check

W.O. E-5021

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JUN 17 1985

ISSUED BY B. Lang

CREDIT 30% SALES CARE	67007 77184	99.00
40% 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)

E_5021

August 1, 1987

Dear Sir: No. 11163

Please change the name on my Mount Hope Cemetery Deed

from: Angela E. Weiss

To: Angela E. Joy

as I was married on July 25, 1987

Legal Description: Lot 54 Grave 11, Section Masonic, Division O

Purchase Order Number E-5021

Thank you.

Angela E. Joy
4032 Mt Acadia Blvd
San Diego, Ca 92111

Tel. No 565-0201

Mrs. Angela E. Joy
4032 Mt. Acadia Blvd.,
San Diego, CA 92111

E_5021
Sandy
90's





MT. HOPE CEMETERY
RECEIVED
AUG 3 1987

MT. HOPE CEMETERY
RECEIVED
AUG 3 1987

Mount Hope Cemetery
3751 Martin Luther King Way
San Diego, CA 92102

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/16/85 19

CHARGE Mary De Caro

ADDRESS 8701 Mesa Rd - #17, L.T. - 92071

NAME OF DECEASED Lena B. La Commare - dec

OWNER

ADDRESS

MORTUARY Lakeside -

LOT 1107 GR ROW SEC DIV 10	595 00
OPENING/CLOSING TIME 1:00 P.M. DAY DATE Fri - 5/17	320 00
VAULT LINER SIZE Arcuto	345 00
REC. FEE/REMOVAL/FOUNDATION	35 00
Sales Tax -	20 70
TOTAL	13 15 70
PAID RECEIPT NUMBER 32508	13 15 70
BALANCE	-0 0-

Chapel at 1 P.M. - Graveside Committal - about 2:15 P.M.

PAID
MAY 16 1985
32508
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER 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 Mary De Caro

PHONE

ORDER TAKEN BY George

W.O. NO. E 5022

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

№ 32508

DATE 5/16/85 19

FROM Mary De Caro ADDRESS 8701 Mesa Rd - Sp 17 - 92071

Thirteen Hundred fifteen and 70/100 DOLLARS ($ 1315.70)

IN full PAYMENT OF Burial of Lena B La Commare - Lee

LOT 1107 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO.

W.O. E5022

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
MAY 20 1985

ISSUED BY [signature]

CREDIT 25% SALES CARE	67007 77184	119	00
50% SALES OF LOTS	100 77184	476	00
OPENINGS	100 77181	320	00
BOXES	100 77182	345	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	20	70
TOTAL PAID $		1315	70

CR# 5213

AC-212 (REV. 5-81)

E-5022

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lena B. LaCommare	Female	1/25/1896	5/15/1985

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	Mary DeCaro - daughter 8701 Mesa Rd., Sp. 17 Santee, CA 92071

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Lakeside-Santee Funeral Chapel	[illegible]997

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 MAY 16 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Benedy, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 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.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/16/85 19

CHARGE Frank P. Corsello

ADDRESS 125 Pagel Place - SD. 92114

NAME OF DECEASED Delores Corsello

OWNER Same -

ADDRESS

MORTUARY Goodbody - El.

LOT 49 GR ROW SEC 3 ~~DIV~~ 9

OPENING/CLOSING TIME Mon 9AM DAY DATE St. Pete Church - 320 00

VAULT/LINER Yes SIZE S.F. 245 00 14 70

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 614 70

PAID RECEIPT NUMBER

BALANCE

Church and Graveside Com.

Purchased lot Rec #25678 - 3/6/78 - Deed #9246

Will Bring in Check Monday AM

See E-5024

THE CITY CHARTER MAKES NO 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 P. Corsello ORDER TAKEN BY George

W.O. NO. E 5023 INVOICE NO.

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-17 19 85

CHARGE Frank Corsello

ADDRESS 125 Pagel Pl. SD Ca. 92114

NAME OF DECEASED Delores Corsello

OWNER

ADDRESS

MORTUARY Goodbody (Ld)

LOT 49 GR ROW SEC 3 BLK DIV 9		
OPENING/CLOSING TIME 9:00 DAY DATE Mon 5-20-85	195	00
VAULT/LINER SIZE	130	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	367	80
PAID RECEIPT NUMBER 5-20-85 32513	367	80
BALANCE	-0-	

Reneed D-8948
1978

Will bring check Monday

PAID
MAY 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 Frank P. Corsello ORDER TAKEN BY Lang

W.O. NO. E 5024 INVOICE NO.

PY-593 (4-82)

E-5024

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DELORES M. CORSELLO	FEMALE	5/19/1941	5/16/1985

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	MARIE CORSELLO mother 125 PAGEL PLACE SAN DIEGO, CALIFORNIA 92114

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 MAY 20 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 20 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D. mm 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.

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

№ 32513

DATE 5-20 19 85

FROM Frank P. Corsello ADDRESS 125 Pagel Pl. [illegible]

three hundred sixty seven and 50/100 DOLLARS ($ 367.50)

IN full PAYMENT OF Delores Corsello [illegible]

LOT 49 GRAVE ROW SECTION 3 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-5024

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
MAY 24 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	—
50% SALES OF LOTS	100 77184	—
OPENINGS	100 77181	195
BOXES	100 77182	120
REMOVALS FOUNDATIONS	100 77183	25
SALES TAX	60101 9020	4
TOTAL PAID $		367.50

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-20 19 85

CHARGE Darien R. Stewart

ADDRESS 5412 San Angelo Terr. SD 92114

NAME OF DECEASED Wm. Bruce Daniel II

OWNER

ADDRESS

MORTUARY Anderson/Ragsdale (Mission)

LOT 1318 GR ROW SEC 1 ~~BLK~~ DIV 9	100	00
OPENING/CLOSING TIME 11:00 - graveside - DAY DATE TUES. 5-21-85	100	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	235	00
PAID RECEIPT NUMBER 5-24-85 32535	235	00
BALANCE	-0-	

PAID
MAY 24 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

We select (Sheet #7)

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 B. Long

W.O. NO. E 5025

INVOICE NO.

PY-593 (4-82)

E-5025

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIAM BRUCE DANIELS, II	Male	May 14, 1985	May 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	Doreen R. Stewart - Mother 5412 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

- [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 MAY 21 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 MAY 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

№ 32535

DATE 5-24 19 85

FROM Anderson-Ragsdale ADDRESS 5050 Federal Blvd [illegible]

[illegible] Thirty [illegible] and No/100 DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible] Brown Daniels II [illegible]

LOT [illegible] GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-5025

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	
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 5-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/20/85 19

CHARGE Robert G. Watson

ADDRESS 2800 Hoffman Bluff, Carmichael, Ca 95608

NAME OF DECEASED Belle W Garrttson - deceased ⊗

OWNER Family Plot - O.K. to use

ADDRESS

MORTUARY Sierra View - Sacramento

LOT 41 GR 5 ROW SEC 4 ~~BLK~~ DIV 5		0
OPENING/ CLOSING TIME With 72 Hrs DAY DATE Upon arrival TUES 6-11-85		105 00
VAULT/LINER AM SIZE Urn Vault (Tax)		100 00 / 6 00
REC. FEE/REMOVAL/FOUNDATION		35 00
TOTAL		246 00
PAID RECEIPT NUMBER 5-30-85	32556	246 00
BALANCE		0

PAID MAY 30 1985 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Upon Receipt of Cremains if Check has been received inurnment Will be within 72 Hrs. (Center) Payment prior to inurnment. No additional Markers allowed on 41.

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

AUTHORIZED ~~IN PERSON~~ PHONE BY Charollee Watson

ORDER TAKEN BY Gwyen Stetler

W.O. NO. E 5026

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

№ 32556

DATE 5-31 19 85

FROM R. L. Watson ADDRESS [illegible]

[illegible] and [illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 41 GRAVE 5 [illegible] ROW SECTION 4 DIVISION BLOCK 5

INVOICE NO. [illegible]

W.O. E-5026

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	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-215 (REV. 6-81)

E-5026

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Belle W. Garretson	Female	Jan. 28, 1891	May 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
Sacramento	Sacramento	Robert C. Watson (grandson) 2800 Hoffman Bluff Way Carmichael, CA 95608

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
SIERRA VIEW FUNERAL CHAPEL	F924

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 Sacramento County Crematory, Carmichael, CA	DATE CREMATED 5/24/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ George Prather
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 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 5-23-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Paul F. Horn MD. ST.
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]

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

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-20 19 85

CHARGE Steve Sato

ADDRESS

NAME OF DECEASED Tsutaye Sato

OWNER

ADDRESS

MORTUARY Lewis Colonial (Carol)

LOT 4788 GR ROW SEC BLK DIV 10	Prepaid	
OPENING/CLOSING TIME graveside 10:00 DAY DATE Fri 5-24-85	320	00
VAULT/LINER SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 5-20-85 32519	614	70
BALANCE	-0-	

PAID
MAY 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 5027

INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

E-5027

May 20 19 85

The undersigned hereby requests and authorizes the interment of the remains of Tsutaye Sato in Lot 4188 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.

T. Sato. Son

Signature of relative or legal representative

16240 MARNICOIT RD Poway, CA 92064

Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E-5027

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TSUTAYE NMN SATO	MALE	SEPT 1, 1897	MAY 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
CHULA VISTA	SAN DIEGO	NOBUKO SATO - wife 378 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	DATE PERMIT ISSUED	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$3.00	MAY 22 1985	▶ Ronald L. Ramos, M.D.

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION		
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 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

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

№ 32519

DATE 5-20 19 85

FROM Steve Sato ADDRESS 9550 Mid St. Dea. Ga. 92[illegible]

Six hundred seventeen and 70/100 DOLLARS ($ 6[illegible])

IN full PAYMENT OF Postage Late service

LOT 4788 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. none

W.O. E-5027

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 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-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-20 19 85

CHARGE Carmen Hueso

ADDRESS 1410 Coronado Ave SD, Ca 92154

NAME OF DECEASED Preneed Services

OWNER

ADDRESS

MORTUARY

LOT 46 GR 12 ROW SEC 2 BLK DIV 12		
OPENING/CLOSING TIME DAY DATE	320	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 5-20-85 32514	250	00
BALANCE	364	70
5-24-85 32533	200	00
	164	70

PAID
JUL 1 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. (over)

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 Carmen Hueso ORDER TAKEN BY Lang

W.O. NO. E 5028 INVOICE NO.

PY-593 (4-82)

$164.70

6-10-85 *32582 100.00

64.70

7-1-85 32628 64.70

-0-

OFFICIAL RECEIPT

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

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

№ 32628

E-5028

DATE 7-1 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 64.00)

IN [illegible] PAYMENT OF [illegible]

LOT 46 GRAVE [illegible] ROW SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-5028

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JUL 03 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	15
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		64

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-50288

№ 32582

DATE 6-10 19 85

FROM [illegible] ADDRESS [illegible]

One hundred and [illegible] DOLLARS ($ 100 —)

IN [illegible] PAYMENT OF [illegible]

LOT 46 GRAVE 12 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. [illegible]

W.O. E 50288

UNPAID BALANCE AFTER THIS PAYMENT $64.72

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

CITY AUDITOR
JUN 17 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184		
20% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182	100	00
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

№ 32533

E_5028 E_5028

DATE 5-24 19 5

FROM Carmen Nuevo ADDRESS ~~[illegible]~~ Ave. [illegible] Ca. 92154

Two hundred and nineteen DOLLARS ($ 2000)

IN part PAYMENT OF Preneed Services

LOT 46 GRAVE 12 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E 5028

UNPAID BALANCE AFTER THIS PAYMENT $164.00

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	70	00
BOXES	100 77182	130	00
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		[illegible]	

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 32514

E-5028 E-5028

DATE 5-20 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 46 GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-5028

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-212 (REV. 5-81)

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

CITY AUDITOR
MAY 24 1985

ISSUED BY [illegible]

CREDIT	67007	
25% SALES CARE	77184	
60% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 2020	
TOTAL PAID $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-20 19 85

CHARGE Doney Hunter

ADDRESS PO Box 4715, Canyon Lake 92380

NAME OF DECEASED Anna B. Murphy

OWNER

ADDRESS

MORTUARY Cypress View (Mike)

LOT 403 GR ROW SEC BLK DIV 10	Paid	
OPENING/CLOSING TIME delivery only 1:00 DAY DATE Wed. 5-22-85	320	00
	20	70
VAULT/LINER T.S SIZE	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	720	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 Doney Hunter ORDER TAKEN BY Lang

W.O. NO. E 5029 INVOICE NO. 031956 000419

PY-593 (4-82)

E_5029

MOUNT HOPE CEMETERY

May 20 19 85

The undersigned hereby requests and authorizes the interment of the remains of Anna B. Murphy in Lot 403 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.

Doris Hunter
Signature of relative or legal representative

P.O. Box 4715 Canyon Lake Ca 92380
Address & relationship to deceased or authority to sign authorization

Witness

Witness

E-5029

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Anna Belle Murphy	Female	Oct. 31, 1894	May 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	Donez Hunter - Daughter P.O. Box 4715 Canyon Lake, CA. 92380

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 MAY 22 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 22 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Ramos, M.D. KR 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-5029

E-5029

031956 05/30/85 000419	CYPRESS VIEW MORTUARY				06/10/85 CK	072000	720.70	720.70	0.00
	100	072	77181	000072			320.00		PAID IN FULL
	100	072	77182	000072			345.00		
	100	072	77183	000072			35.00		
	60101		9020				20.70		

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 4,020.40

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/21/85 19

CHARGE Bill Williams

ADDRESS 4442 Jocelyn St. S.D. 92105

NAME OF DECEASED Ida Lee Williams - dec

OWNER Same - deceased

ADDRESS

Lewis MORTUARY Colonial/Benbough Mortuary

Care	99.	00
LOT 79 GR 6 ROW SEC 1 DIV 12	396	00
OPENING/CLOSING TIME Chapel & S. 11:00 AM DAY DATE Thurs 5/23	320	00
VAULT/LINER T.S. SIZE	345	00
Sales Tax	20	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1215	70
PAID RECEIPT NUMBER 32520	1215	70
BALANCE	0	0

Chapel & Graveside -

Marker not over 12x24 - flat

PAID

MAY 20 1985

ck #615

MT. HOPE CEMETERY

CITY of SAN DIEGO, CALIF.

THE CITY CHARTER 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 Wild Williams ORDER TAKEN BY George

W.O. NO. E 5030 INVOICE NO.

PY-593 (4-82)

E-50 30

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
IDA LEE WILLIAMS	FEMALE	JAN 20, 1900	MAY 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	WILL WILLIAMS - son 4442 Jocelyn St. San Diego, CA 92105

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 MAY 22 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [illegible] M.D. MV
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 23 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

№ 32520

DATE 5/01/85 19

FROM Will Williams ADDRESS 4442 Jocelyn St SD 92105

One Thousand Two Hundred fifteen & 70/100 DOLLARS ($ 1215.70)

IN full PAYMENT OF Burial fees & Space St Care Ida Lee Williams Lee

LOT 79 GRAVE 6 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO.

W.O. E 5030

UNPAID BALANCE AFTER THIS PAYMENT 0

R#615

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

CITY AUDITOR
MAY 24 1985

ISSUED BY [signature]

CREDIT 25% SALES CARE	67007 77184	99	00
50% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	320	00
BOXES	100 77182	345	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	80	70
TOTAL PAID $		1215	70

AC-212 (REV. 9-81)

Pre need

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/21/85 19

CHARGE Henry J & Nancy L Saladin

ADDRESS 4333-48th St, San Diego, 92115

NAME OF DECEASED Pre-need - For Both - ⊗

OWNER Same -

ADDRESS Same

MORTUARY Greenwood Mortuary - Pre-need -

Pre need Pd - C - 8236 - 1970 Both in same grave	0	0
LOT 1000 GR ____ ROW ____ SEC ____ DIV 10		
OPENING/ CLOSING TIME ____ DAY DATE ____	105	00
Sales Tax	6	00
VAULT/LINER Ash Vault SIZE	100	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	246	00
Same for Spouse	246	00
PAID RECEIPT NUMBER #32522	492	00
BALANCE	0	0

PAID
MAY 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 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~~ Henry J Saladin

ORDER TAKEN BY George W Stelter

W.O. NO. E 5031

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

№ 32522

DATE 5/21/85 19

FROM Henry J & Nancy L Saladin ADDRESS 4333-48th St San Diego - 92115

Four Hundred Ninety two and no/100 DOLLARS ($ 492.00)

IN Deposit PAYMENT OF Investment Pre need of Henry & Nancy -

Pre-need deposit -

LOT 1000 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO.

W.O. E5031

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
MAY 24 1985

Pre need

ISSUED BY [signature]

CREDIT 30% SALES CARE	67007 77184		
30% SALES OF LOTS	100 77184		
OPENINGS	100 77181	210	00
BOXES	100 77182	200	00
REMOVALS FOUNDATIONS	100 77183	70	00
SALES TAX	60101 9020	12	00
TOTAL PAID $		492	00

Pre-need

Cash -

AC-212 (REV. 3-81)

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.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-22 19 25

CHARGE Amos D. Lowder

ADDRESS 8648 Somerset ave SD 92123

NAME OF DECEASED Katherine Lowder

OWNER

ADDRESS

MORTUARY Lewis Colonial (Carol)

LOT 652 GR ROW SEC 1 BLK 8 DIV	Prepaid	
OPENING/CLOSING TIME 8:30 — DELIVERY ONLY — DAY/DATE FRI 5-24-85	320	00
	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 5-22-85 32525	614	70
BALANCE	-0-	

PAID
MAY 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 Amos D. Lowder ORDER TAKEN BY Lang

W.O. NO. E 5032 INVOICE NO.

PY-593 (4-82)

E-5032

MOUNT HOPE CEMETERY

May 22 19 85

The undersigned hereby requests and authorizes the interment of the remains of Katherine Lowder in Lot 652 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.

Elmer D. Lowder — 8648 Somerset Ave SD Ca. 92123

Signature of relative or legal representative — Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E_5032

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KATHERINE E. LOWDER	female	June 21, 1897	May 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	Amos Lowder - son 8648 Somerset Ave. 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. 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 23 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON MAY 24 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D. MR 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

№ 32525

DATE 5-2 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 614.[illegible])

IN full PAYMENT OF [illegible]

LOT 65 GRAVE ROW SECTION 1 DIVISION BLOCK

INVOICE NO. Check

W.O. E-5032

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
MAY 31 1985
010004

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 5/22/85 19

CHARGE Jim Kip HOM LEE

ADDRESS 807 F. St S.D. 92101

NAME OF DECEASED Bing Kell Lee - dec

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 10 GR ROW 7 SEC I BLK DIV CH		—
OPENING/ CLOSING TIME 1:00 P.M. DAY DATE Sat 5/25		700 00
VAULT LINER Chapel + G.S. SIZE		345.00
	Tax	20 70
REC. FEE/REMOVAL/FOUNDATION		35 00
Flower Can		15 90
	TOTAL	1116 60
PAID RECEIPT NUMBER 5-25-85 32536		1116 60
	BALANCE	—

Have Sp 10 + 11 Wish to use The Left as Read Marker at Head. Sat overtime - Vase as Soon Possible

PAID
MAY 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~~ x Jim Kip HOM Lee ORDER TAKEN BY George

W.O. NO. E 5033 INVOICE NO.

PY-593 (4-82)

E_5033

MOUNT HOPE CEMETERY

5/22 1985

The undersigned hereby requests and authorizes the interment of the remains of Bing Kell Lee in Lot 10 Gr ____ Row 7 Sec. ____
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 Grin Soon Hom Lee

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

X Grin Soon Hom
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

№ 32536

DATE 5-30 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 10 GRAVE [illegible] ROW 7 SECTION I DIVISION BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-5033

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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	700	00
BOXES	100 77182	345	00
REMOVALS	100 77183	35	00
FOUNDATIONS		15	00
SALES TAX	60101 9020	21	60
TOTAL PAID $		1116	60

AC-212 (REV. 3-81)

E_5033

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
BING K. LEE	MALE	JAN 22, 1909	MAY 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	GIM YIP HOM LEE - wife 807 - F St. San Diego, CA 92101

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, 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 24 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. Ramos, M.D. Cr SIGNATURE OF PERSON IN CHARGE OF DISPOSITION George W Stelter

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 5/23/85 19

CHARGE Luther Kessell-

ADDRESS 3747-39th St. S.D. 92105

NAME OF DECEASED Pre need-

OWNER Luther and/or Eleanor Kessell

ADDRESS 3747-39th St. S.D. 92105-

MORTUARY Pre need-

	1904	00
LOT 21 GR 4-56-10 ROW SEC J BLK DIV MAS	476	00
OPENING/CLOSING TIME — Pre-need —		
VAULT/LINER — Not Included —		
REC. FEE/REMOVAL/FOUNDATION Not Included —		
TOTAL	2380	00
PAID RECEIPT NUMBER 5-23-85 32529	200	00
BALANCE	2180	00

Paid down #200.00 Bal of #2180 (over) payable at Rate of #200.00 mo starting July 10, 1985 and mo. till Paid in full - Deed within 30 days of final 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 Luther Kessell ORDER TAKEN BY Georgen Stelter

W.O. NO. E 5034 INVOICE NO.

PY-593 (4-82)

12-26-85 32981 ✓ 2180 00
200 00
1980 00
7-11-86 # 33544 ✓ 100.00
1880.00
4-06-87 # 34389 ✓ 280.00.
1600.00

43511

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 3-24, 19 93

From: Luther M. Kessell Address: 5661 S.W. Philonath

Sixty-five Dollars ($ 65.00)

In part Payment of Pre Need Lots

Lot 21 Grave 4, 5, 6, 10 Row Section J Division Block MAS

Invoice No.

Acct. No.

W.O. E-5034

BALANCE DUE $ 445.00

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

CREDIT 20% Sales Care	67007 77184	31	00
80% Sales of Lots	100 77184	34	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		$ 65	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY M. Ferguson

AC-212 (Rev. 1-91) 0104

OFFICIAL RECEIPT

44202

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 10-6, 1993

From: Luther Kessell Address: 419 Copenhagen St. Hemet Ca

One Hundred Twenty 00/100 Dollars ($ 120.00)

In _____ Payment of Pre Need Lots

Lot 21 Grave 4,5,6,10 Row _____ Section TRAS Division ~~Block~~ I

Invoice No. _____

Acct. No. _____

W.O. E-5034

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 J Wait

CREDIT	67007	120	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	$	120	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

№ 43242

Date: 1-14, 1993

From: Luther Kessell Address: 419 Copenhagen St. Hemet, Ca

Sixty-five No/100 Dollars ($ 65.00)

In _____ Payment of Pre-Need Lot

Lot 21 Grave 4,5,6,10 Row _____ Section Mas Division Block J

Invoice No. _____

Acct. No. _____

W.O. E-5034

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 J. Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	65	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	$	65	00

AC-212 (Rev. 1-91) 101

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43288

Date: 1-21, 1993

From: Luther Kissell Address: 419 Copenhagen St, Hemet, Ca

Sixty-five 70/100 Dollars ($ 65.-)

In _____ Payment of Pre-Need Lots

Lot 21 Grave 4,5,6,10 Row _____ Section Mus Division Block J

Invoice No. _____

Acct. No. _____

W.O. E-5034

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

103

AC-212 (Rev. 1-91)

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	65 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	$	65 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

43398

Date: _____, 19__

From: Luther Kessell Address: 419 Copenhagen Hemet ca 92545

Sixty five Dollars ($ 65.00)

In part Payment of Pre Need Lots

Lot 21 Grave 4, 5, 6, 10 Row _____ Section MAS Division ~~Block~~ J

Invoice No. _____

Acct. No. _____

W.O. [redacted].E-5034

BALANCE DUE [redacted] $510.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
96-604/1232

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

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	65	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	$	65	00

AC-212 (Rev. 1-91)

43630

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-27, 1973

From: Luther Kessell Address: 5661 S.W. Philomath Blvd Corvallis Ore

Sixty-five Dollars ($ 65.00)

In part Payment of Pre Need Lot

Lot 21 Grave 4, 5, 6, 10 Row Section J Division ~~Block~~ MAS

Invoice No.

Acct. No.

W.O. E-5034

BALANCE DUE $380.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

0113

AC-212 (Rev. 1-91)

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

ISSUED BY N. Ferguson

CREDIT 20% Sales Care	67007 77184	65	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	$	65	00

OFFICIAL RECEIPT

43852

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 6-29, 1993

From: [illegible] Address: 419 Copenhagen Street

Sixty-five 00/100 Dollars ($ 65.—)

In _____ Payment of Pre-Need Lots

Lot 21 Grave 4 5 6 10 Row _____ Section T Division Block MAP

Invoice No. _____

Acct. No. _____

W.O. E-5034

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	65 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	$	65 00

AC-212 (Rev. 1-91)

122

OFFICIAL RECEIPT

43727

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 5-25, 1973

From: Luther Kendall Address: 5611 S.W. Philomath Bl. Corvallis Or.

Sixty-five Dollars ($ 65.00)

In part Payment of Pre-Need Lot

Lot 21 Grave 45670 Row Section J Division Block MAS

Invoice No.

Acct. No.

W.O. E-5034

BALANCE DUE 315.00

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.

E-5034

ISSUED BY A. Ferguson

CREDIT 20% Sales Care	67007 77184	65	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	$	65	00

44151

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 9-15, 1993

From: Luther Kessell Address: 419 Copenhagen St, Hemet, Ca

Sixty-five Dollars ($ 65.00)

In _____ Payment of Pre-Need Lots

Lot 21 Grave 4,5,6,10 Row — Section J Division Block MAS

Invoice No. _____

Acct. No. _____

W.O. E-5034

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 J Waits

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	65 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	$	65 00

AC-212 (Rev. 1-91)

128

OFFICIAL RECEIPT

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

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

№ 32981

Date: 12-26/85, 19

From: Luther Kessell Address: 3747-39th St - 92105

Two hundred and no/100 Dollars ($ 200.00)

In Partial Payment of Pa need on 4 2p

Lot 21 Grave 4-5-6 & 10 Row Section J Division Block MAS

Invoice No.

Acct. No.

W.O. E5034

Unpaid Balance after this Payment 1980.00

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
005741
JAN 07 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	40	00
80% Sales of Lots	100 77184	160	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	60101 9020		
TOTAL PAID	$	200	00

OFFICIAL RECEIPT

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

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

№ 32529

DATE 5/23/85 19

FROM Luther Kessell ADDRESS 3747-39th St S.D. 92105

Two Hundred DOLLARS ($ 200.00)

IN Part PAYMENT OF Pre-need Purchase of 4 Sp - MAS

Payable $200 mo till Paid - Total Cost $2380.00 Paid - $2180.00

LOT 21 GRAVE 4-5-6 & 10 ROW 0 SECTION J DIVISION BLOCK MAS

INVOICE NO. Cash

W.O. E 5034

UNPAID BALANCE AFTER THIS PAYMENT $2180.00

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

CITY AUDITOR
MAY 31 1985

ISSUED BY [signature]

CREDIT 25% SALES CARE	67007 77184	40.00
25% SALES OF LOTS	100 77184	160.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		200.00

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

№ 33544

Date: 7/11/86, 19

From: Eleanor & Luther Kessell Address: 3658 Central St 92105

One Hundred and 00/100 Dollars ($ 100.00)

In Part Payment of Credit lot Sale
Mo Coupon

Lot 21 Grave 4-5-6-10 Row Section J-MAS Division Block

Invoice No. —

Acct. No. —

W.O. E-5034

Unpaid Balance after this Payment $1880.00

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

1653

AC-212 (Rev. 8-85)

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

CITY AUDITOR
JUL 17 1986
000452

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

№ 34389

OFFICIAL RECEIPT

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

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

Date: Apr 6, 19 87

From: Eleanor & Luther Kessell Address: 3658 Central S.D. 92105

Two hundred eighty dollars and no/00 Dollars ($ 280.00)

In part Payment of Credit lot sales

Lot 21 Grave 4-5-6-10 Row Section J-Mas Division Block

Invoice No. —

Acct. No.

W.O. E-5034

BALANCE DUE 1600

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 Dave Lowney

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	280	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	$	280	00

AC-212 (Rev. 11-86)

Ck # 1749 on Pet Interstate Bank Apr. 6, 1987

OFFICIAL RECEIPT

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

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

№ 37407

Date: 2-28, 1989

From: Lutha Russell Address: 3658 Centralline SD 92105

Fifty dollars no/100 Dollars ($ 50.00)

In _____ Payment of Credit Lot

Lot 81 Grave 4-10 Row _____ Section MAS Division Block J

Invoice No. _____

Acct. No. _____

W.O. E-5034

BALANCE DUE 1550.00

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 06 1989

ISSUED BY Sandy Wind

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	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	$	50	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 41537

Date: 11-18, 1991

From: Eleanor J Kessell Address: 419 Copenhagen St Hemet Ca 92543-2537

Sixty five and 00/100 Dollars ($ 65.00)

In Full Payment of Credit Lots

Lot 21 Grave 4-5-6-10 Row ____ Section J Division/Block MAS

Invoice No. ____

Acct. No. ____

W.O. E-5034

BALANCE DUE ____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #2219

AC-212 (Rev. 1-81)

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

ISSUED BY Robert Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	65.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80701 78390	
TOTAL PAID	$	65.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

No 41597

E-5034

Date: 12-10-, 1991

From: Eleanor J Kellett Address: 2658 Central Ave. S.D. Ca.

Sixty five and 00 Dollars ($ 65.00)

In Part Payment of Credit Let

Lot 21 Grave 4,5,6,10. Row Section J Division Block MAS

Invoice No.

Acct. No.

W.O. E-5034

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

#2229

AC-212 (Rev. 1-91)

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

ISSUED BY Robt Jones

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	65 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	$	65 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42810

Date: 10-6, 1992

From: Kesseee Luther Address: 419 Copenhagen Street, Hemet

One Hundred [illegible] 00/100 Dollars ($ 130.00)

In Payment of Pre-Need LOT 5034 E-

Lot 21 S Grave 4 5 6 10 Row Section J Division Block Mas

Invoice No.

Acct. No.

W.O. E-5034

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

MO# 920924-0125460

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

ISSUED BY V Balotsky

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	130	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	$	130	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

№ 42398

Date: 6-23-, 1972

From: L. Kessell Address: 419 Copenhagen St.

Sixty five and xx/100 Dollars ($ 65.00)

In part Payment of Credit Lot: Coupon 7

Lot 21 Grave 4, 5, 6, 10 Row Section J Division Block MC

Invoice No.

Acct. No.

W.O. E-5034

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 M. J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	65	—
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	$	65	—

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

No 41730

Date: 1-1-1992

From: ELEANOR KOSSELL Address: 414 COPENHAGEN ST. HEMET, CA 92543-237

Sixty Five and 00/100 Dollars ($ 65.00)

In Part Payment of CREDIT LOTS

Lot LOT 81 Grave 4,5,6,7,10 Row Section J Division Block MAS

Invoice No.

Acct. No.

W.O. E-5034

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
#2536

AC-212 (Rev. 1-91)

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	65.00
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	$	65.00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42372

Date: 6-23, 1992

From: Luther Kessell Address: 419 Copenhagen St. Hemet CA 92545

One hundred thirty & 00/100 Dollars ($ 130.00)

In Part Payment of Pre-need lots

Lot 21 Grave 4-5-6-10 Row Section "J" Division Block Mas

Invoice No.

Acct. No.

W.O. E-5034

BALANCE DUE $1070.00

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 K L Wendell

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	130	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	$	130	00

AC-212 (Rev. 1-91) 47009219725

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41890

Date: 2-12, 1972

From: Eleanor Kessell Address: 3658 Central Ave, SD

Sixty-five 70/100 Dollars ($ 65.00)

In _____ Payment of Pre-Need Lots

Lot 21 Grave 4,5,6,10 Row _____ Section MAS Division Block J

Invoice No. _____

Acct. No. _____

W.O. F-5034

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 J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	65 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	$	65 00

AC-212 (Rev. 1-91) 2047

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 41979

Date: 3/5, 1992

From: Eleanor Kessell Address: 419 Copenhagen St, Hemet Calif

Sixty-five 0 90/100 Dollars ($ 65.-)

In _____ Payment of Pre-Need Lots

Lot 21 Grave 4,5,6,10 Row _____ Section 5 MAS Division ~~Block~~ J

Invoice No. _____

Acct. No. _____

W.O. E-5034

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 2230

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	65	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	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42102

Date: 4-7, 1992

From: Eleanor Kessell Address: 419 Copenhagen St. Hemet, Ca.

Sixty-five 910/100 Dollars ($ 65.00)

In _____ Payment of Pre-Need Lots

Lot 21 Grave 4,5,6,10 Row _____ Section J Division ~~Block~~ Mas

Invoice No. _____

Acct. No. _____

W.O. E-5034

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 J Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	65 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 76390	
TOTAL PAID	$	65 00

AC-212 (Rev. 1-91) MO# 45931463591

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42611

Date: 9-12, 1992

From: Luther Russell Address: 419 Copenhagen St. Hen-7 Ca

Sixty-five 70/100 Dollars ($ 65)

In _____ Payment of Pre-Need Lot

Lot 21 Grave 4,5,6,10 Row _____ Section MAS Division Block J

Invoice No. _____

Acct. No. _____

W.O. E- 5034

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 J Watts

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	65 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	$	65 00

AC-212 (Rev. 1-91) MOH 92 906 703240

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 42992

Date: 11-13, 1972

From: Luther Kessel Address: 4109 Copenhagen St. SD

Sixty five 70/100 Dollars ($ 65.-)

In _____ Payment of Pre Need Lots

Lot 21 Grave 4,5,6,10 Row _____ Section MAS Division ~~Block~~ J

Invoice No. _____

Acct. No. _____

W.O. E-5034

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

102

AC-212 (Rev. 1-91)

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

ISSUED BY J Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	65	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	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

№ 43089

Date: 12/7, 1992

From: Luther Kessell Address: 419 Copenhagen St, Hemet, Ca
Sixty-five 710/100 Dollars ($ 65.)

In _____ Payment of Pre-Need Lot

Lot 21 Grave 4,5,6,10 Row _____ Section MAJ Division Block J

Invoice No. _____

Acct. No. _____

W.O. E-5034

BALANCE DUE _____

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

104

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

ISSUED BY Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	65	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	$	65	00

AC-312 (Rev. 1-91)

E-5034

on with each remittance **COUPON** **3**
ITIRE BOOK
Credit Lot E-5034
. & Luther Kessell
enhagen Street
Calif. ~~92345~~ 92545-2337
E-5034

and Day Due Indicated Below

JN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10	

on, or before. $ 65.00

re than ____ days $ ____

$ ____

Amount Received $ ____

STATE ZIP

eck (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**
DO NOT MAIL ENTIRE BOOK
ACCOUNT No. Credit Lot E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92345~~ 92545-2337

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ELEANOR + LUTHER KESSELL
ADDRESS 419 COPENHAGEN ST.
CITY HEMET STATE CA ZIP 92545
☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **1**
DO NOT MAIL ENTIRE BOOK
ACCOUNT No. Credit Lot E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92345~~ 92545-2337

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME E. & L. Kessell
ADDRESS 419 Copenhagen St
CITY HEMET STATE CA ZIP 92545
☑ check (✓) if this is new address

---

coupon with each remittance **COUPON** **6**
L ENTIRE BOOK
. Credit Lot E-5034
ron & Luther Kessell
Copenhagen Street
t, Calif. ~~92345~~ 92545-2337

nth and Day Due Indicated Below

G	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
								10	

n paid on, or before. $ 65.00

id more than ____ days $ ____
ove.

$ ____

Amount Received $ ____

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. Credit Lot E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92345~~ 92545-2337

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME
ADDRESS
CITY STATE ZIP
☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**
DO NOT MAIL ENTIRE BOOK
ACCOUNT No. Credit Lot E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92345~~ 92545-2337

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME
ADDRESS
CITY STATE ZIP
☐ check (✓) if this is new address

E-5034

or bring one coupon with each remittance **COUPON** **12**
O NOT MAIL ENTIRE BOOK
CCOUNT No. Credit Loz E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92343~~ 92545-2337

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									10	

nt due when paid on, or before, ate above. $ 65.00

nt due if paid more than ____ days due date above. $ ____

$ ____

Amount Received $ ____

E ____

RESS ____

STATE ZIP

☐ check (✓) if this is new address

bring one coupon with each remittance **COUPON** **11**
NOT MAIL ENTIRE BOOK
COUNT No. Credit Loz E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92343~~ 92545-2337
E-5034

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
									10	

t due when paid on, or before, e above. $ 65.00

t due if paid more than ____ days e date above. $ ____

$ ____

Amount Received $ ____

ESS ____

STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**
DO NOT MAIL ENTIRE BOOK
ACCOUNT No. Credit Loz E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92343~~ 92545-2337

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
										10	

Amount due when paid on, or before, due date above $ 65.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

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. Credit Loz E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92343~~ 92545-2337

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
										10	

Amount due when paid on, or before, due date above $ 65.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

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. Credit Loz E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92343~~ 92545-2337

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
										10	

Amount due when paid on, or before, due date above $ 65.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

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. Credit Loz E-5034
Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92343~~ 92545-2337

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										10	

Amount due when paid on, or before, due date above $ 65.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY STATE ZIP

☐ check (✓) if this is new address

E-5034

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-5034

Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92343~~ 9?545-?337

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

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. Credit Lot E-5034

Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. ~~92343~~ 9?545-?337

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-5034

Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. 92343

E5034

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

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. Credit Lot E-5034

Eleanor & Luther Kessell
419 Copenhagen Street
Hemet, Calif. 92343

E- 5034

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

E-5034

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-5034

Eleanor & Luther Kessell
419 Copenhagen Street
Homel, Calif. 92343

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
2										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $

E-5034 $

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. Credit Lot E-5034

Eleanor & Luther Kessell
419 Copenhagen Street
Homel, Calif. 92343

E-5034

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
2										10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-5034

Eleanor & Luther Kessell
419 Copenhagen Street
Homel, Calif. 92343

E-5034

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
										10	

Amount due when paid on, or before, due date above. $ 55.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot E-5034

Eleanor & Luther Kessell
419 Copenhagen Street
Homel, Calif. 92343

E-5034

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				1						10	

Amount due when paid on, or before, due date above. $ 65.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-5034

11924

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Eleanor & Luther Kessell for the sum of $ 2380.00 (DOLLARS)

LEGAL DESCRIPTION Lot 21, Graves 4, 5, 6, and 10, Section Masonic, Division J

AS DESCRIBED ON PURCHASE ORDER NUMBER E-5034

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:

SEE CEMETERY MANAGER FOR SIZE PERMITTED

Wendy Jo Teague
Cemetery Manager

J. T. [illegible]
Property Director

PY-584 (Rev. 12-92)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-27 19 85

CHARGE Pearl Nixon 473-9062

ADDRESS PO Box 694 Pine Valley Ca 92062

NAME OF DECEASED L. Grey Osgood

OWNER

ADDRESS

MORTUARY Rogers (Mr. Troyel)

LOT 47 GR 3 ROW SEC 3 BLK DIV 6	Preneed	
OPENING/CLOSING TIME 2:30 -CHAPEL- DAY DATE FRI 5-31-85	320	00
VAULT/LINER T.S.L. SIZE	30 345	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	720	70
PAID RECEIPT NUMBER 5-31-85 32560	720	70
BALANCE	~~0~~	

Preneed - 1947 - #9225

Family to bring check day of service & sign interment order

THE CITY CHARTER MAKES NO 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 5035

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

№ 32560

DATE 5-21 19 85

FROM Pearl Nixon ADDRESS [illegible]

[illegible] and 7/100 DOLLARS ($ 7.23)

IN [illegible] PAYMENT OF [illegible]

LOT 47 GRAVE 3 ROW 1 SECTION 3 DIVISION BLOCK 6

INVOICE NO. [illegible]

W.O. E-5035

UNPAID BALANCE AFTER THIS PAYMENT X

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	
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)

E-5035

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LENA INEZ OSGOOD	Female	Nov. 10, 1897	May 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	Pearl E. Nixon - Daughter P.O. Box 694 Pine Valley, CA 92062

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 MAY 29 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 MAY 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.

E 5036

not included
in this spindle

E4801 _ E5100

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-22 19 85

CHARGE

ADDRESS

NAME OF DECEASED Vera Irene Smith ⊘

OWNER

ADDRESS

MORTUARY Ward Funeral Home - Canada

LOT 153 GR ROW SEC 4 BLK/DIV 8	Prepaid	
OPENING/CLOSING TIME upon delivery DAY/DATE TUES 8-13-85	105	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION Transportation	10 35	00 00
TOTAL	150	00
PAID RECEIPT NUMBER 8985 32716 BALANCE	150	00

PAID
AUG 9 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Cremains
Statement sent Picked up 8-8-85
Ward Funeral Home
109 Reynolds St (Russell
Oakville, Ontario
Canada L6J 3K4

THE CITY CHARTER MAKES NO 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 5037

INVOICE NO.

PY-593 (4-82)

E_5037

WARD FUNERAL HOME

W. J. (JACK) WARD A. M. (ALAN) WARD

Since 1914

August 6, 1985

Mr. George Stelter,
Mount Hope Cemetery,
c/o American Airlines,
San Diego,
California.

Re: The Late Vera Irene Smith

Dear Sir:

This letter, with attachments, accompanies the cremated remains of the late Vera Irene Smith.

Attached are the following documents:

1) Proof of Death Certificate for the late Vera Irene Smith.
2) Certification of cremated remains as packed by crematorium.
3) Permission from next of kin for burial of cremated remains.
4) Deed to cemetery plot, Mount Hope Cemetery, San Diego.
5) Money Orders in the amount of U.S.$150.00 to cover cost of burial of cremated remains.

The cremated remains are to be collected from American Airlines by George Stelter, Funeral Director, California Licence Number F.802, Superintendent of Mount Hope Cemetery, San Diego. Mr. Stelter has undertaken, on our behalf, to supervise the burial of these cremated remains in Mount Hope Cemetery, as requested by the deceased.

Yours very truly,

Dennis Winmill.
Ward Funeral Home,
Russell-Morden Chapel.

DW:jm
Encls.

E-5037

WARD FUNERAL HOME

W.J. (JACK) WARD A.M. (ALAN) WARD

Since 1914

PROOF of DEATH CERTIFICATE

NAME: Vera Irene Smith

SOC. INS. NO.:

RESIDENCE: 1700 Finch Avenue East, Apt. 104, North York, Ontario

PLACE and DATE of DEATH: North York, Ontario January 29, 1985

PLACE and DATE of BIRTH: Toronto, Ontario February 27, 1914

NEXT of KIN: Wilfred Crowdy RELATIONSHIP: Brother

ADDRESS: 3131 Jaguar Valley Drive, # 212, Mississauga, Ontario

PHYSICIAN: Dr. Scaldwell, North York General Hospital, North York, Ontario

DATE nad PLACE of FUNERAL: January 31, 1985 Oakville, Ontario

INTERMENT/CREMATION: Meadowvale Crematorium, R.R. # 10, Brampton, Ontario

DATED at OAKVILLE, ONTARIO this 2nd. day of AUGUST, 1985.

WARD FUNERAL HOME

per:

"McClure Chapel"
52 MAIN ST. SOUTH
BRAMPTON, ONTARIO L6W 2C5
Telephone 451-2124
Manager R.C. WRIGHT

"Weston Chapel"
2035 WESTON ROAD
WESTON, ONTARIO M9N 1X7
Telephone 241-4618
Manager J.C. KRALOVIC

"Russell-Morden Chapel"
109 REYNOLDS STREET
OAKVILLE, ONTARIO L6J 3K4
Telephone 844-3221
Manager D.M. WINMILL

E_5037

Toronto Trust Cemeteries • Founded 1826

MEADOWVALE CEMETERY, CREMATORIUM & MAUSOLEUM

R.R. 10, Brampton, Ontario L6V 3N2 (416) 451-3716

August 2nd, 1985

TO WHOM IT MAY CONCERN:

This is to certify that I did personally supervise the packing of the container holding the cremated remains of the Late Vera Irene Smith and that the said container holds nothing other than the cremated remains of the late Vera Irene Smith when released to the Ward Funeral Home, "Russell Morden Chapel", Oakville, Ontario.

Yours very truly,

James J. Elder,
Manager.

E-5037

August 2, 1985

To the Secretary of Mount Hope Cemetery, San Diego

You are requested to permit the burial of the cremated remains of the

Late Vera Irene Smith in Plot 153 Section 4 Lot 8

Each owner is requested to sign name in full, and in ink.

(Initials cannot be accepted.)

K F Crowdy

(NEXT OF KIN AND NEAREST SURVIVING RELATIVE)

Form B W.T.P.H.

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E_5037

DEED

2/18/1963

OWNERSHIP AND INTERMENT PRIVILEGES

TO Vera I. Smith for the sum of $ 55.00 (DOLLARS)

LEGAL DESCRIPTION Lot 153, Section 4, Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER B-9123

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 Memorial

Raymond W. Dehne
Cemetery Manager

Pauline de Granger Asst.
Park and Recreation Director

FORM PR-584

Register Number 850

Toronto Trust Cemeteries

Administered by
The Trustees of the Toronto General Burying Grounds
FOUNDED IN 1826

E-5037

Certificate of Cremation

FROM REGISTER OF CREMATIONS

MEADOWVALE CREMATORIUM

2nd LINE WEST, R.R. # 10, BRAMPTON, ONTARIO.

L6V 3N2

NAME SMITH, Vera Irene

LATE RESIDENCE Apt # 104-1700 Finch Avenue, North York, Toronto, Ontario.

AGE 69 years

PLACE OF DEATH North York, Toronto, Ontario.

DATE OF DEATH January 29th, 1985

DATE OF CREMATION February 2nd, 1985

FUNERAL DIRECTOR Ward Funeral Home-Oakville Chapel, Oakville, Ontario.

I certify the above to be a true Extract from the Original register of Cremation in my custody.

Date at ~~Toronto~~ Brampton

this 2nd day of February, 1985

James J. Elder

James Elder
Registrar



FROM: WARD FUNERAL HOME
109 REYNOLDS STREET
OAKVILLE, ONTARIO

TEL: 416-844-3221

TO: MR. GEORGE STELTER,
MOUNT HOPE CEMETERY,
c/o AMERICAN AIRLINES,
SAN DIEGO, CALIFORNIA.

E-5037

AMERICAN AIRLINES FLIGHT # 293
DEPART TORONTO 8.25 P.M.
ARRIVE SAN DIEGO 11.35 p.m.

DOCUMENTATION ENCLOSED RE. THE LATE VERA IRENE SMITH

OFFICIAL RECEIPT

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

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

№ 32716

DATE 8-9 19 85

FROM Ward Funeral Home ADDRESS [illegible]

One hundred sixty and [illegible] DOLLARS ($ 150.00)

IN full PAYMENT OF [illegible]

LOT 153 GRAVE ROW SECTION 4 DIVISION BLOCK 8

INVOICE NO. [illegible]

W.O. E-5037

UNPAID BALANCE AFTER THIS PAYMENT

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% SALES OF LOTS	100 77184	
OPENINGS	100 77181	115
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/28/85 19

CHARGE Ola M. Hollins

ADDRESS 5041 La Paz Dr. SD. 92113

NAME OF DECEASED Samuel Terry - Dec.

OWNER Same

ADDRESS

MORTUARY Ragsdale

LOT 127 GR 4 ROW SEC 1 ~~BLK~~ DIV 12	395	00
OPENING/ CLOSING TIME 11 Am DAY DATE Thursday, 5/30	320	00
Chapel + G.S. Tax	14	70
VAULT/LINER SIZE std -	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1009	70
PAID RECEIPT NUMBER 5-29-85 32553	500	00
BALANCE	509	70

PAID
MAY 29 1985
32553
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

04-9-86	50 00
	459 70
11-13-86	25 00
	434.70
12-4-86	25 00
	409.70

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 ~~BY~~ X Ola M. Hollins

ORDER TAKEN BY George W. Stater

W.O. NO. E 5038

INVOICE NO. 031957

013215

PY-593 (4-82)

Col. William Terry
263-3478
Regarding Bal.
on Plot to
Samuel Terry

1274
1-12

E_5038

2-4-87
info given
to Treas.
Carl

Number E-5036

Dated 5/28/85

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 $ 509.10.

Name [illegible]

Address 5041 La Paz Dr

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 [signature] [signature]

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E-5038

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SAMUEL TERRY	Male	April 16,1924	May 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	Verline Terry - Wife 368-54th Street 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: MAY 30 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 (ENTER DATE) MAY 30 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

№ 32553

DATE 5/29/85 19

FROM Ola M Hollins ADDRESS 5041 La Paz Dr - SD 92113

Five Hundred DOLLARS ($ 500 00/xx)

IN Parshall PAYMENT OF Burial fees Samuel Terry - Deceased

LOT 127 GRAVE 4 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO.

W.O. E-5038

UNPAID BALANCE AFTER THIS PAYMENT 509.70

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	79	00
80% SALES OF LOTS	100 77184	316	00
OPENINGS	100 77181	105	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		500	00

Cash & check

AC-212 (REV. 9-81)

CITY of SAN DIEGO

MEMORANDUM

FILE NO.: E-5038

DATE : July 14, 1986

TO : Barbara Long/Mt. Hope MS 72

FROM : Diana Muzquiz/Treasurer Collection MS 61B

SUBJECT: Original signaure notes

I need the original documents on the following accounts for court.

a) Valerie Harrison - Invoice # 032639
b) Ola M. Hollins - Invoice # 031957

The commissioners in small claims court are requesting to see the original documents on all future cases.

Thank you in advance for your cooperation.

Diana Muzquiz

Diana Muzquiz

Treasurer Collection

DM/mb

520 10

FORM CO-160

E-5038

40.17

757 05/30/85 013215 OLA M. HOLLINS 06/17/87 CK 844647 334.70 509.70 0.00

E-5038

100	072	77181	000072	141.16	PAID IN FULL
100	072	77182	000072	160.88	
100	072	77183	000072	22.95	
60101		9020		9.66	

E-5038

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/19/86

DATE: 11/19/86
TIME: 202436
PAGE: 5

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
D31957	05/30/85	013215	DLA M. HOLLINS					11/13/86	CK	4683	25.00	509.70	434.70
			100	072		77181	000072				10.55		PARTIAL PAYMENT
			100	072		77182	000072				12.02		
			100	072		77183	000072				1.72		
			60101			9020					0.71		

E-5038

031957 05/30/85 013215 OLA M. HOLLINS 3614
100 072
100 072
100 072
60101

12/04/86 CK 5005

77181 000072
77182 000072
77183 000072
9020

Mt. Hope

25.00 H
10.56
12.02
1.72
0.71

509.70

409.70
PARTIAL PAYMENT

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-28 19 85

CHARGE Miriam Y. Lee 262-8280

ADDRESS 2168-39th St. SD Ca 92105

NAME OF DECEASED Prenced lot

OWNER

ADDRESS

MORTUARY

LOT 118 GR 6 ROW SEC 1 BLK DIV 11	595	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	595	00
PAID RECEIPT NUMBER 5-28-85 32549	50	00
BALANCE	545	00
6-18-85 32599	545.00	
	-0-	

PAID
JUN 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 Miriam Y Lee ORDER TAKEN BY Lang

W.O. NO. E 5039 INVOICE NO.

PY-593 (4-82) #11166

OFFICIAL RECEIPT

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

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

No. 32599

DATE 6/18/85 19

FROM Miriam N Lee ADDRESS 2168-39th St. SD 92105

Five hundred forty five and 00/100 DOLLARS ($ 545.00)

IN -full- PAYMENT OF Re-open grave Property -

LOT 118 GRAVE 6 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO.

W.O. E-5039

UNPAID BALANCE AFTER THIS PAYMENT 0

CK #034193

AC-212 (REV. 5-81)

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

CITY AUDITOR
JUN 21 1985

ISSUED BY Georgia Stetler

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 $		545 00

OFFICIAL RECEIPT

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

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

№ 32549

DATE 5-31 19 85

FROM Miriam V. Lee ADDRESS [illegible]

Fifty and no/100 DOLLARS ($ 50.00)

IN Cash PAYMENT OF Pre-need lot

LOT 11 GRAVE 6 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-5039

UNPAID BALANCE AFTER THIS PAYMENT 4345.00

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	11
80% 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. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/28/85 19

CHARGE John Monette -

ADDRESS 508 - Ballard - El Cav 92021

NAME OF DECEASED Florence Henriksen - Dec

OWNER Same

ADDRESS

MORTUARY Goodbody

		Pre need deed #	4592
LOT 1357 GR ROW SEC 3 DIV 8			
OPENING/ CLOSING TIME Graveside DAY DATE Thur - 10:30 5-30-85		320	00
VAULT/LINER SIZE Std		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
	Sale Tax	14	70
	TOTAL	614	70
PAID RECEIPT NUMBER 32551	5/29/85	614	70
	BALANCE	0	0

PAID
MAY 29 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Graveside only -
Thur at 10:30 AM -
will mail ck today -

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

AUTHORIZED IN PERSON John L. Monette

ORDER TAKEN BY Gaye

W.O. NO. E 5040

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 32551

DATE 5/29/85 19

FROM John L. Monette ADDRESS 508 Ballard St El Cajon 92021

~~Six Hundred Fourteen~~ 70/100 DOLLARS ($ ~~614~~ 70/xx)

IN full PAYMENT OF Burial of Florence Henrikson - Doe

LOT 1357 GRAVE — ROW — SECTION 3 DIVISION 8 BLOCK 8

INVOICE NO. —

W.O. E-5040

UNPAID BALANCE AFTER THIS PAYMENT 0

R#55

AC-212 (REV. 7-81)

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

CITY AUDITOR
MAY 31 1985

ISSUED BY Loya

CREDIT 20% SALES CARE	67007 77184		
20% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

E-5040

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HARTOGENSER BOLT HENRIKSEN	FEMALE	5/3/1907	5/28/1985

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	JOHN MONETTE son-in-law 508 BALLARD EL CAJON, CA 92021

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		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 30 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (DATE) MAY 30 1985		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Harold M. 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.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-30 19 85

CHARGE W.A. Snell

ADDRESS 5601 Albion Little River Rd Little River Ca 95456 - 937-4664

NAME OF DECEASED Iva Lee R. Snell

OWNER

ADDRESS 707-964-5601

MORTUARY Cannarr Fairlee (Fort Bragg)

LOT 41 GR 17 ROW SEC MAS BLK DIV T	Preneed		
OPENING/CLOSING TIME 2:00 (GRAVESIDE) DAY DATE Mon 6-3-85	320	00	
VAULT/LINER Bell SIZE	14 245	70 00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	614	70	
PAID RECEIPT NUMBER 6-2-85 32561	614	70	
BALANCE	-0-		

Preneed A-1384

PAID
JUN 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 Brian Fairlee ORDER TAKEN BY Lang

W.O. NO. E 5041 INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

E-5041

June 3 1985

The undersigned hereby requests and authorizes the interment of the remains of Iva Lee R. Snell in Lot 41 Gr 17 Row _____ Sec. MAS ~~Block~~ Division I 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.

W. A. Snell

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

№ 32561

DATE 6-3 19 85

FROM W.A. Snell ADDRESS 560 Albion [illegible]

Six hundred fourteen and 70/100 DOLLARS ($ 614.70)

IN full PAYMENT OF Dora Lee R. Snell Service

LOT 41 GRAVE 17 ROW SECTION MAS DIVISION BLOCK T

INVOICE NO. Check

W.O. E-5041

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. Fang

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	3[illegible]
BOXES	100 77182	2[illegible]
REMOVALS FOUNDATIONS	100 77183	35
SALES TAX	60101 9020	14
TOTAL PAID $		614

AC-215 (REV. 5-81)

E-5041

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LUCY IVALOO R. SNELL	female	Dec. 18, 1917	May 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
Little River	Mendocino	W. A. Snell, husband 5601 Albion-Little River Road Little River, California

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cannarr-Fairlee	370

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 5-30-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Cynthia M. Allen, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 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.

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 5-31 19 85

CHARGE Pearl Fairley -264-3620

ADDRESS 4931 Reynolds St SDCa 92113

NAME OF DECEASED Pierced Ist

OWNER

ADDRESS

MORTUARY

LOT 139 GR 2 ROW SEC 1 ~~BLK~~ DIV 12	395	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	395	00
PAID RECEIPT NUMBER 6-17-85 32595	395	00
BALANCE	-0-	

Will start paying
6-15-85

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

ORDER TAKEN BY Long

W.O. NO. E 5042

INVOICE NO.

PY-593 (4-82) #11173

OFFICIAL RECEIPT

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

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

№ 32595

DATE 6-17 19 85

FROM Carl Fairley ADDRESS 4931 Reynolds St [illegible]

Three hundred ninety five and no/100 DOLLARS ($ 395.00)

IN full PAYMENT OF Pre-need lot

LOT 139 GRAVE 2 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-5042

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JUN 21 1985

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	79.00
80% 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

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/30/85 19

CHARGE Evalena Spotts King

ADDRESS 4233-41st St. S.D. 92105

NAME OF DECEASED Pre need for Herself

OWNER Same

ADDRESS

MORTUARY Humphreys

LOT 6 GR 2 ROW SEC 5 BLK DIV 5		
OPENING/CLOSING TIME	DAY DATE	320 00
VAULT/LINER	SIZE Std	245 00
REC. FEE/REMOVAL/FOUNDATION		35 00
	S. Tax	14 70
	TOTAL	614 70
PAID RECEIPT NUMBER 32554		
	BALANCE	-0-

PAID
MAY 30 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 Evalena Spotts King ORDER TAKEN BY [signature]

W.O. NO. E 5043 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

№ 32554

E-5043

DATE 5/30/85 19

FROM Evalena Spotts King ADDRESS 4233-41st St SD 92105

Six hundred fourteen and 70/100 DOLLARS ($ 614 70/xx)

IN full PAYMENT OF Pre need open & closing & liner

Has Pre need at Humphrey Mortuary

LOT 6 GRAVE ROW SECTION 5 DIVISION BLOCK 5

INVOICE NO.

W.O. E-5043

UNPAID BALANCE AFTER THIS PAYMENT Pre-need 0

Cash

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		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

AC-213 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/30/85 19

CHARGE H. West Rockie

ADDRESS 3637 - 44th St, San D. 92105

NAME OF DECEASED Pre need for ~~Ward~~
Ward L. West — Pre need.

OWNER Same —

ADDRESS

MORTUARY

LOT ____ GR 64 ROW 6 SEC 6 BLK DIV 7	595	00
OPENING/CLOSING TIME NOT Paid DATE	—	
VAULT/LINER NOT PAID SIZE	—	
REC. FEE/REMOVAL/FOUNDATION	—	
TOTAL	595	00
PAID RECEIPT NUMBER 32558 —	100	00
Pre-need Lot Space Only	495	00
BALANCE 6-25-85 32619	200	00
	295	00
PAID AUG 7 1985 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.		
PAID MAY 30 1985 8/7 32710 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.	295	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~~ H West Rockie ORDER TAKEN BY Georgia Mills

W.O. NO. E 5044 INVOICE NO.

PY-593 (4-82) E 11193

OFFICIAL RECEIPT

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

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

No 32710

DATE 4-7 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 59.40)

IN full PAYMENT OF [illegible]

LOT [illegible] GRAVE 64 ROW 6 SECTION 6 DIVISION 7 BLOCK

INVOICE NO. new

W.O. E-5044

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 9-81)

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

CITY AUDITOR
AUG 12 1985

ISSUED BY [illegible]

CREDIT 35% SALES CARE	67007 77184	59 40
35% SALES OF LOTS	100 77184	230 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

No 32619

DATE 6-25-85 19

FROM A. Vert Rockie ADDRESS 3637-44th St SD 92105

Two Hundred & no/00 DOLLARS ($ 200 00/2)

IN Part PAYMENT OF Pre-need Lease for Ward L. West

LOT GRAVE 64 ROW 6 SECTION 6 DIVISION 7 BLOCK

INVOICE NO.

W.O. E-5044

UNPAID BALANCE AFTER THIS PAYMENT 295 00/2

CR#1637

AC-211 (REV. 9-81)

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

CITY AUDITOR
JUN 30 1985

ISSUED BY

CREDIT	67007	40 00
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	160 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALE FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		200 00

OFFICIAL RECEIPT

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

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

№ 32558

DATE 5/30/85 19

FROM H. West Rockie ADDRESS 3637-44th St SD 92105

One Hundred DOLLARS ($ 100.00)

IN Part PAYMENT OF Pre-need Grave for Ward L. West

CITY AUDITOR
JUN 10 1985

LOT GRAVE 64 ROW 6 SECTION 6 DIVISION BLOCK 7

INVOICE NO.

W.O. E 5044

— Pre-need —

UNPAID BALANCE AFTER THIS PAYMENT 495.00

Ck # 1498

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

010352

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	20	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. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5/30/85 19

CHARGE Paul Bell

ADDRESS 7564 Pacific Ave - Lemon Grove 92045

NAME OF DECEASED Ruth E Bell - deceased Ø

OWNER — Same —

ADDRESS

MORTUARY Conrad -

✓ LOT 24 GR ROW 100F SEC BLK 47	Pd	
OPENING/ CLOSING TIME Drop By: Office DAY DATE Mon - 6-3-85	105	00
VAULT/LINER SIZE ⊕ ash Tax	6	00
	100	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	—	
PAID RECEIPT NUMBER 32559	246	00
BALANCE	Ø	Ø

No graveside Service
Mortuary to deliver Cremains for
Interment within 48 Hrs.

PAID
MAY 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~~ [signature] P. Bell

ORDER TAKEN BY [signature]

W.O. NO. E 5045

INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

E-5045

5/30/86 19

The undersigned hereby requests and authorizes the interment of the remains of Ruth Bell in Lot 24 Gr 100F Row Sec.
Block
~~Division~~ 47 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 [signature] [illegible]

Signature of relative or legal representative

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

№ 32559

DATE 5/30/85 19

FROM Paul Bell ADDRESS 7564 Pacific Av Lemon Gr 92045

Two hundred forty Six and 00/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Inurnment of Ruth Bell - deceased

LOT 24 GRAVE — ROW — SECTION 100F DIVISION BLOCK 47

INVOICE NO.

W.O. E 5045

UNPAID BALANCE AFTER THIS PAYMENT full

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

CITY AUDITOR
JUN 10 1985
010

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	105.00
BOXES	100 77182	100.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	6.00
TOTAL PAID $		246.00

CR 1489

AC-212 (REV. 2-81)

E-5045

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUTH ELIZABETH BELL	Female	Jan. 3, 1892	May 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
Lemon Grove	San Diego	Louine E. Bell - Cousin 7564 Pacific Avenue Lemon Grove, CA 92045

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

- ☐ 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 Highway 80 El Cajon, CA 92021	DATE CREMATED 6/2/85	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 3751 Market Street 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 MAY 30 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) JUN 3 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.

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 5-31 19 85

CHARGE Minnie Simmons -264305

ADDRESS 7431 Viewcrest Dr SD Ca 92114

NAME OF DECEASED Easter Virginia Davis

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 48 GR 10 ROW SEC 3 BLK DIV 12	495	00
OPENING/CLOSING TIME 2:00 -CHURCH- DAY DATE MON 6-3-85	330	00
VAULT/LINER T.S. SIZE	20 345	70 00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	1215	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 Minnie Simmons ORDER TAKEN BY Lane

W.O. NO. E 5046 INVOICE NO. 032211 013277

PY-593 (4-82)

MOUNT HOPE CEMETERY

E_5046

May 31, 1985

The undersigned hereby requests and authorizes the interment of the remains of Easter Virginia Davis in Lot 48 Gr 10 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.

Minnie Simmons
Signature of relative or legal representative

Same
Address & relationship to deceased or authority to sign authorization

Barbara Long
Witness

Witness

Number E-5046

Dated 5-31-85

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 $ 1215.70.

Name Minnie Simmons

Address 7431 Viewcrest Dr.

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.

Minnie Simmons	Same as Above
NAME (PROPERTY OWNED BY YOU)	ADDRESS

FORM PW-1573 (REV. 9-67)

E-5046

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EASTER VIRGINIA DAVIS	Female	March 26,1910	May 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
National City	San Diego	Minnie Simmons - Daughter 7431 Viewcrest Dr. 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: JUN 03 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: JUN 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.

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/11/85

DATE: 07/11/85
TIME: 223022
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
032211	06/07/85	013277	MINNIE SIMMONS					07/08/85	CK	3540	1,215.70	1,215.70	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				345.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				396.00		
			60101			9020					20.70		
			67007			77184					99.00		

E-5.40

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,215.70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-3 19 85

CHARGE Tyrone Brown

ADDRESS

NAME OF DECEASED Property transfer from

OWNER Helen Retowski for

ADDRESS Joe Slipenski (deceased)

MORTUARY

LOT 40 GR 2 ROW SEC 17 BLK DIV 7		
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 6-3-85 32562	35	00
BALANCE	-0-	

PAID

JUN 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 Tyrone Brown

ORDER TAKEN BY Lang

W.O. NO. E 5047

INVOICE NO.

PY-593 (4-82)

RECORDING REQUESTED BY [illegible] 1981
AND MAIL TO:

LOUIS B. HANSOTTE
HANSOTTE & LANGE
Attorneys at Law
6955 Golfcrest Drive
San Diego, California 92119

(714) 463-6405; 463-0205

E-5047

FILED
DEC 1 1981
ROBERT D. ZUMWALT
CLERK, SAN DIEGO COUNTY
CALIFORNIA

Attorneys for Petitioner

Judgment Entered Dec. 16, 81
Book 13891 Page 839

SUPERIOR COURT OF CALIFORNIA

COUNTY OF SAN DIEGO, STATE OF CALIFORNIA

Estate of JOSEPH SLIZEWSKI, Deceased	No. 126 120 JUDGMENT SETTLING FIRST and FINAL REPORT and ACCOUNT OF EXECUTRIX; PETITION FOR FEES and FINAL DISTRIBUTION

Petitioner, HELEN KITOWSKI, as Executrix of the Will of JOSEPH SLIZEWSKI, deceased, having heretofore filed a First and Final Report and Petition for Final Distribution, and the same coming on regularly for hearing on December 4, 1981, the Court finds:

Due notice of the hearing of the petition has been regularly given as required by law.

All of the allegations of the petition are true.

JOSEPH SLIZEWSKI died testate on February 20, 1981, in San Diego County, California, being at the time of his death a resident of the County of San Diego, State of California.

Decedent's will dated September 14, 1940, was admitted to probate by order of this Court dated May 7, 1981.

All of that certain real property known as 4128-30 Delta Street, San Diego, California, and legally described as:

Lots 31 and 32 in Block 488 of R.K. Porter's subdivision of the Northwest Quarter of Puebloe Lot 1346, according to the map thereof in Book 15, Page 36 of Deeds, in the office of the County Recorder of San Diego County. (This deed was recorded on July 8, 1960.)

WHEREFORE, IT IS ORDERED THAT:

1. The administration of this estate be brought to a close;

2. The accounting submitted herewith is approved;

3. All the acts and proceedings of Petitioner as Executrix are confirmed and approved;

4. Petitioner is authorized to pay HANSOTTE & LANGE, Attorneys at Law, and herself as Executrix of the estate, $1,937.00 as the statutory fees for services to the estate;

5. The assets described in this decree of distribution comprise the entire estate on hand for distribution; and;

6. Distribution of the estate in Petitioner's hands and any other property of the decedent hereafter discovered which is not now known be made to Mrs. Helen Kitowski.

Dated: DEC 9 1981

MILTON MILKES

Judge

The foregoing instrument is a full, true and correct copy of the original on file in this office.

ATTEST: DEC 28 1981

COUNTY CLERK
County Clerk and Clerk of the Superior Court of the State of California in and for the County of San Diego.

By _____ Deputy

E-5047

QUIT-CLAIM AND RELEASE OF ALL INTEREST IN CEMENTARY PROPERTY AND MERCHANDISE

DATE 5-31st-85

THAT I/WE, HELEN KITOWSKI

RESIDING AT 12609 GRAVOIS RD St Louis CO mo. 63127
street city state zip

COUNTY OF St Louis STATE OF MO

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 40 GRAVE 2 Sect 17 DIV-7

NAME OF CEMETERY MT HOPE

ADDRESS: Market St SAN Diego CA 92102
STREET CITY STATE ZIP

FURTHER I/WE DO HEREBY TRANSFER GIVE AND ASSIGN THE MONEY EQUITY OF

one Dollar ($ 1.00) TO

NAME: Tyrone A. BROWN

ADDRESS: 5488 OLVERA SAN Diego CA 92114
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: 5-31st-85

mo.

State of [redacted]
County of St Louis } SS.

X Helen Kitowski

On this 31st day of May 19 85
before me a Notary Public personally appeared
HELEN KITOWSKI
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

Dolores F. Loebig
Notary Public

DOLORES F. LOEBIG
NOTARY PUBLIC/STATE OF MISSOURI
ST. LOUIS COUNTY
MY COMMISSION EXPIRES APRIL 19, 1987

Notary Seal

OFFICIAL RECEIPT

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

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

№ 32562

DATE 6-3 19 85

FROM Helen Ketowski ADDRESS 12609 Gradi[illegible] St Louis Mo

Thirty five and no/100 DOLLARS ($ 35)

IN full PAYMENT OF Property Transfer

LOT 40 GRAVE 2 ROW SECTION 17 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-5047

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	
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)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-3 19 85

CHARGE Tyron Brown

ADDRESS 5488 Olivera SD. 92114

NAME OF DECEASED Susie Cartwright

OWNER

ADDRESS

MORTUARY Anderson-Ragsdale

LOT 40 GR 2 ROW SEC 17 BLK DIV 7	Preneed	
OPENING/CLOSING TIME 2:00 DAY DATE Thurs. 6-6-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 6-5-85 32573	35	00
BALANCE	-0-	

PAID
JUN 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 L. Lang

W.O. NO. E 5048

INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

E_5048 6-3 1985

The undersigned hereby requests and authorizes the interment of the remains of Susie Carter Wright in Lot 40 Gr 2 Row _____ Sec. 17 ~~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.

Signature of relative or legal representative

5488 Olvera San Diego CA 92114
Address & relationship to deceased or authority to sign authorization

Barbara L Lyons
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 32573

DATE 6-5 19 85

FROM [illegible] ADDRESS 5427 [illegible] Ave. [illegible]

[illegible] DOLLARS ($ 25)

IN [illegible] PAYMENT OF [illegible]

LOT 40 GRAVE 2 ROW SECTION 17 DIVISION BLOCK 7

INVOICE NO. [illegible]

W.O. E-5048

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	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	25
SALES TAX	60101 9020	
TOTAL PAID $		25

AC-212 (REV. 5-81)

E-5048

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
SUSIE MAE CARTWRIGHT	Female	Sept. 26, 1925	May 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
National City	San Diego	Emma Police - Daughter 802 Dassco 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
- [ ] 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 JUN 03 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 JUN 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 6-3 19 85

CHARGE Geo + Chiyeko Hosaka

ADDRESS 434 E. St Chula Vista, Ca 92011

NAME OF DECEASED Prenced Lots

OWNER 4610 - Geo

ADDRESS 4611 Chiyeko

MORTUARY

5695 ea.		
LOT 4610 + 4611 GR ROW SEC BLK DIV 10	1390	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	1390	00
PAID RECEIPT NUMBER 6385 32564	1390	00
BALANCE	-0-	

Upright monument area

mail deed

PAID
JUN 3 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CAL.

THE CITY CHARTER MAKES NO 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 5049

INVOICE NO.

PY-593 (4-82) #11161

OFFICIAL RECEIPT

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

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

№ 32564

DATE 6-3 19 85

FROM Chiseko Hosaka ADDRESS 434 [illegible] Chula Vista, Ca 92011

[illegible] and three hundred ninety and [illegible] DOLLARS ($ 1390.00)

IN full PAYMENT OF Pre-need lots (2)

LOT 4610 + 4611 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-5049

UNPAID BALANCE AFTER THIS PAYMENT X

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	278.00
80% SALES OF LOTS	100 77184	1112.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		1390.00

AC-212 (REV. 6-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6/3/ 19 85

CHARGE CONTI & SON MONUMENT COMPANY

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 May 1985 TOTAL	$2070	00
PAID RECEIPT NUMBER ____		
BALANCE	$2070	00

AS PER ATTACHED LIST

THE CITY CHARTER MAKES NO 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 5050 INVOICE NO. 032215

PY-593 (4-82) Acct #004821

MAY 1985

E-5050

5/6/85	Foundation	- Mills, William S.	$160.
"	2x1 Marker	- Bledsoe, Jonathan	125.
"	"	- Hale, Wilda	125.
"	"	- Westbrook, Sammy T.	125.
"	"	- Lee, Toy R. Doo	125.
5/10/85	"	- Cofey, Lizzie	125.
5/14/85	Foundation	- Phillips, Frank W.	160.
5/15/85	2x1 Marker	- Wilhelm, August F.	125.
"	"	- Frandzen, Emma L.	125.
5/21/85	"	- Chaffee, George	125.
5/24/85	"	- Kaigler, Clarence	125.
"	"	- Vaugh, Mattie	125.
"	"	- Evans, Ezekiel	125.
"	"	- Gersthner, Goldie	125.
5/28/85	"	- Higgins, Mabel E.	125.
"	"	- Lowe, Myrtle Finn	125.

Total Due$2070.00

OFFICIAL RECEIPT

6/21/85

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

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

№ 32597

DATE 6/17/85 19

FROM Conti & Sons ADDRESS 3871 Imperial Ave - SD 92113

Two Thousand Seventy and no/100 DOLLARS ($ 2070.00)

IN full PAYMENT OF Installing Markers

LOT GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. 032215

Acct 004821

W.O. E-5050

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	
95% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		2070.00

Ck 4608

AC-212 (REV. 9-81)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. G55-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/21/85

DATE: 06/21/85
TIME: 210558
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
032215	06/07/85	004821	CONTI AND SON MEMORIAL CO					06/17/85	CK	4608	2,070.00	2,070.00	0.00
E-5050			100	072		77183	000072				2,070.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 2,070.00

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6/4/ 19 85

CHARGE SEAMAN-POE MONUMENT COMPANY

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 May 85 TOTAL $1005 00

PAID RECEIPT NUMBER

BALANCE $1005 00

(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 B. Lang

W.O. NO. E 5051

INVOICE NO. D32213

Acct. #000253

PY-593 (4-82)

MAY 1985

4/26	-*10x20 Marker	- Willmarth, Robert	- $40.
4/30	-*10x20 Marker	- Lowry, Nicalena	- $40.
4/30	-*10x20 Marker	- Warren, Rashed	- $40.
5/7	- 2x1 Marker	- Earnhart, Rosa	$125.
"	- "	- Fairchild, Marj.	125.
5/14	- "	- O'Rear, Susana	125.
"	- "	- Pendarvis, Moses	125.
5/17	- "	- Hogan, Shirley J.	125.
"	- "	- Nash, Charlene F.	125.
"	- "	- West, Willie Mae	125.
"	- "	- Burkett, Mardell	125.
5/20	- "	- Edge, Maurine	125.
		Total Due	$1005.00

*Credit for overcharge in April 1985.

OFFICIAL RECEIPT

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

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

№ 32639

DATE 7-5 19 85

FROM Salmon-Pal ADDRESS 3093 Imperial, S.D. Ca. 92113

Unthousand five and [illegible] DOLLARS ($ 1005.00)

IN full PAYMENT OF Memorial installations for May 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. Check

Inv # 13226

W.O. E-5651

UNPAID BALANCE AFTER THIS PAYMENT X

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

FOR AUDIT ONLY
JUL 10 '85
CITY TREAS. SAN DIEGO

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	1005.00
SALES TAX	60101 9020	
TOTAL PAID $		1005.00

AC-212 (REV. 9-81)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/10/85

DATE: 07/10/8
TIME: 214241
PAGE: 20

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

E-505

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
032213	06/07/85	000253	SEAMAN/POE MONUMENT CO					07/09/85	CK	6155	1,005.00	1,005.00	0.00
			100	072		77163	000072				1,005.00		PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-5 19 85

CHARGE Atty. Robert Ward - 223 A' St

ADDRESS 234-6468 SD Ca 92101

NAME OF DECEASED Gladis Smith

OWNER

ADDRESS

MORTUARY Ragsdale (Marcello)

LOT 139 GR 5 ROW SEC 1 BLK DIV 12	395	00
OPENING/CLOSING TIME 11:00 -CHURCH- DAY DATE Fri 6-7-85	320	00
VAULT/LINER SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1109	70
PAID RECEIPT NUMBER Marker Setting fee	135	00
BALANCE	1144	70

Bill Estate.

Paid 6/12/85

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 Marcella

ORDER TAKEN BY Lang

W.O. NO. E 5052

INVOICE NO. 032634 032206 013275

PY-593 (4-82)

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
6/7/85	Gladis Smith Service	
	Lot 139, Grave 5, Section 1, Divn 12	$ 395.00
	Opening/Closing	320.00
	Concrete liner	245.00
	Tax on liner	14.70
	Recording fee	35.00
	Marker Setting fee	130.00
		$1139.70
	TOTAL	**$ 1139.70**

CREDITOR'S CLAIM

PR-17 (Rev 10-84)

E-5052

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
Atty. Robert Ward 233 A Street San Diego, CA 92101	234-6468	FILED FOR APPROVAL (DATE) (DEPUTY) DUPLICATE MAILED (DATE) (DEPUTY) PRESENTED TO COURT FOR APPROVAL (DATE) (DEPUTY)
ATTORNEY FOR: Gladis Smith		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
ESTATE OF: Gladis Smith, 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: $ ~~1139.70~~ 1144.70

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: 6/12/85

5. George Stelter, Cemetery Manager — George W Stelter, Mgr
   (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)).

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5052

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GLADIS SMITH	Male	Jan. 18, 1906	June 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	Betty Dotson - Niece 709 Cotton 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

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 JUN 06 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald W. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 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-5052

Form Approved
OMB No. 2900-0003

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)
Gladis SMITH

2A. SOCIAL SECURITY NO. OF VETERAN: 425 07 7915

2B. VA FILE NO.: C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Estate of Gladis Smith c/o Attn. Robert Ward

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city - P.O., State and ZIP Code)
233 "A" Street, San Diego, CA 92101

4. RELATIONSHIP TO VETERAN
Attorney for estate

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. 18, 1906	Farmerville, Louisiana	June 3, 1985	San Diego, CA	June 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)
None

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
Plez Smith

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Delie Smith

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
01/13/44		3852428	12/19/44		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

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, 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
$ $1139.70	6/5/1985		☐ YES ☒ NO	$ 1139.70

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: Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

Estate of Gladis Smith, c/o Atty. Robert Ward
233 'A' St., San Diego, CA 92101

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)

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

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 381-486/2769

E-5052

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)
Gladis Smith

2A. SOCIAL SECURITY NO. OF VETERAN
425 07 7915

2B. VA FILE NO.
C- 16 205 526/00

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
an. 18,1906	Farmersville, Louisiana	June 3, 1985	San Diego, CA	June 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)	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)
N/A	Plez Smith	Celie Gibson Smith

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
01/13/44		3852428	12/19/44		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
$ $1144.70

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-5052

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

28. COST OF BURIAL PLOT (Individual Grave Site): $ [redacted]395.00

29A. DATE OF PURCHASE: 6-5-85

29B. DATE OF PAYMENT: —

30A. HAVE BILLS BEEN PAID IN FULL? ☐ YES ☒ NO (If "No," complete Item 30B)

30B. AMOUNT UNPAID: $ 1144.70

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 claimant is firm, corporation, or state agency, complete Items 34B and 35): George W Stelter

34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY: Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT: [redacted] 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): Bettye Dotson

36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print): BETTYE DOTSON

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code): 709 Cotton Street San Diego, CA 92102

38. DATE: 9/16/85

39. RELATIONSHIP TO VETERAN: Niece

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: [redacted]

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.

[redacted]r additional information and an application, contact the nearest Veterans Administration Office. Please state whether you wish to a[redacted] for a Government headstone or marker or whether you wish to apply for limited reimbursement for costs incurred in acquiring a [redacted]overnment headstone or marker.

☆U 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

11-18

Nº 32899

DATE 11-12 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 139 GRAVE 5 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	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 $		

AC-212 (REV. 9-61)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6/4/85 19

CHARGE Bill Estate of

ADDRESS

NAME OF DECEASED Avalynn S. Croft - dec

OWNER - Self -

ADDRESS

MORTUARY Greenwood

						Pre need	
LOT 70	GR	ROW 100F	SEC	BLK 30			
OPENING/ CLOSING TIME 1:00 PM		DAY DATE Thur. 6/6/85				320	00
VAULT/LINER		SIZE Dripby Std				245	00
					Marker fee	130	00
REC. FEE/REMOVAL/FOUNDATION						35	00
Bill Estate - Estate Claim					S.T.	14	70
					TOTAL	744	70
PAID RECEIPT NUMBER							
					BALANCE		

Burial in Pre-need Property -
nephew making arrangement at Greenwood.
Inv. & Cr Claim mailed 6-14-85
Atty Judith M. Copeland
2442 - 4th ave
S.D. Ca. 92101
- 232-5050

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

AUTHORIZED ~~IN PERSON~~ PHONE BY

ORDER TAKEN BY [signature]

W.O. NO. E 5053

INVOICE NO. 032209
013276

PY-593 (4-82)

E-5053

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
Atty. Judith M. Copeland 2442 - 4th Avenue San Diego, CA 92101	232-5050	FILED FOR APPROVAL (DATE) (DEPUTY) DUPLICATE MAILED (DATE) (DEPUTY) PRESENTED TO COURT FOR APPROVAL (DATE) (DEPUTY)
ATTORNEY FOR: Ivalynn Schmidt Croft		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
ESTATE OF: Ivalynn Schmidt Croft 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: $ $744.70

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, 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: 6/12/85

5. George Stelter, Cemetery Manager — George W Stelter, mgr.
   (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)).

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
6/06/85	Ivalynn Schmidt Croft service	
	Lot 70 Section IOOF Block 30	
	Opening/Closing	$ 320.00
	Concrete Liner	245.00
	Tax on liner	14.70
	Recording Fee	35.00
	Marker Setting Fee (Marble/granite)	130.00
		$744.70
	TOTAL	**$ 744.70**

CREDITOR'S CLAIM

PR-17 (Rev 10-84)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5053

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ivalynn Schmidt Croft	Female	Jan. 25, 1917	June 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	Richard Schmidt-Nephew RR 1 Box 123 M Sedalia, Missouri 65301

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 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: JUN 6 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Bonar, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JUN 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

10/11/85

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

No. 32832

DATE 10-1 19

FROM Judith Copeland ADDRESS 2442 4th Ave. S.D. 92101

Seven hundred forty four and 74/100 DOLLARS ($ 744.75)

IN full PAYMENT OF Dwayne L. Croft Service

LOT 70 GRAVE ROW SECTION 100F DIVISION BLOCK

INVOICE NO. 032209

Acct 013276

W.O. E-5053

UNPAID BALANCE AFTER THIS PAYMENT 4

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 $		744.75

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

№ 33209

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. 8-86)

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

ISSUED BY _____

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77194	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	60101 9020	
TOTAL PAID	$	

032209 06/07/85 013276 ATTY JUDITH M. COPELAND ✓ 10/06/85 CK E-5053 744.70 744.70 0.00

E-5053

100	072	77161	000072	744.70	
100	072	77162	000072	320.00	
100	072	77163	000072	245.00	
60101		9020		165.00	
				14.70	

Mt. Hope

PAID IN FULL

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-5 19 85

CHARGE Dr. Gordon L Butler 747-6285

ADDRESS 3445 Ryan Dr. Escondido, Ca 92025

NAME OF DECEASED Donald E. Butler

OWNER

ADDRESS

MORTUARY Featheringill

LOT 2353 GR ROW SEC BLK DIV 10	Preneed	
OPENING/CLOSING TIME 11:00 DAY DATE Mon 6-10-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER Marker installation	135	00
BALANCE	170	00

Preneed - D-1742

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 5054

INVOICE NO. 032635
008622

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5054

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DONALD EDWARD BUTLER	Male	June 1, 1893	June 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	Dr.Gordon L. Butler, Brother 3445 Ryan Dr. Escondido, Ca. 92025

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 JUN 07 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) JUN 10 1985		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. Cor 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.

032635	06/20/85	008622	FEATHERINGILL MORTUARY		07/05/85	CK	E-5054	170.00	170.00	0.00
			100 072	77183 000072				170.00		PAID IN FULL

E-5054

OFFICIAL RECEIPT

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

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

№ 32640

DATE 7-5 19 85

FROM Teatricinnic Mot ADDRESS [illegible]

One hundred seventy and no/100 DOLLARS ($ 170.00)

IN full PAYMENT OF Donald A. Butler service

LOT 2353 GRAVE ROW SECTION DIVISION BLOCK 11

INVOICE NO. 032635

W.O. E-5054

UNPAID BALANCE AFTER THIS PAYMENT X

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

FOR AUDIT ONLY
JUL 10 '85
CITY TREAS.
SAN DIEGO

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 $		170.00

AC-375 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-6 19 85

CHARGE Tyrone Brown

ADDRESS

NAME OF DECEASED Bernice Allison

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 2 GR 12 ROW SEC 3 BLK DIV 12	Prepaid	
OPENING/CLOSING TIME -CHAPEL- 2:00 DAY DATE Fri 6-7-85	320	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 6-6-85 32576	614	70
BALANCE	-0-	

Prepaid - E 4693

PAID
JUN 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 Tyrone Brown ORDER TAKEN BY Lang

W.O. NO. E 5055 INVOICE NO.

PY-593 (4-82)

E-5055

MOUNT HOPE CEMETERY

June 6 19 85

The undersigned hereby requests and authorizes the interment of the remains of Bernice Allison in Lot 2 Gr 12 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.

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Long
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

№ 32576

DATE 6-6 1985

FROM Tyrone Brown ADDRESS 5480 Cerro Ave. S.D. Ca. 92114

Sixty hundred seventeen and 70/100 DOLLARS ($ 6.14 78)

IN Full PAYMENT OF Fernie Allison Fernie

LOT 2 GRAVE 12 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-5055

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	[illegible]
BOXES	100 77182	[illegible]
REMOVALS FOUNDATIONS	100 77183	[illegible]
SALES TAX	60101 9020	[illegible]
TOTAL PAID $		[illegible]

AC-312 (REV. 9-81)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5055

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Bernice Ellison	Female	July 18,1928	May 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	Deborah Lewis - Daughter 721 West 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 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 JUN 0 6 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 7 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Rowe, M.D. pd 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 6-6 19 85

CHARGE Nathaniel Jones 239-6595

ADDRESS 437 No. 28th, SD Ca 92102

NAME OF DECEASED Carsula Jones

OWNER

ADDRESS

MORTUARY Bagdale

(DIP)

		Proceed	
LOT 2 GR 10 ROW SEC 3 BLK DIV 12			
OPENING/CLOSING TIME 1:00 DAY DATE Mon 6-10-85		320	00
VAULT/LINER TS SIZE		345	70
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		720	70
PAID RECEIPT NUMBER 6-7-85 32580		720	70
BALANCE		0	

PAID
JUN 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 X Nathaniel Jones Jr ORDER TAKEN BY Lang

W.O. NO. E 5056 INVOICE NO.

PY-593 (4-82)

E-5056

MOUNT HOPE CEMETERY

6-6 19 85

The undersigned hereby requests and authorizes the interment of the remains of Ursula Jones in Lot 2 Gr 10 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.

X Nathaniel Jones Jr — 630 Chateau Rd Barstow, Ca 92311

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara L Lacy
Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5056

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EARSULA JONES	Female	Feb. 28,1910	June 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	Nathaniel Jones - Husband 427 North 28th 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: 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 JUN 10 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 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
284-3151

No 32580

DATE 6-7 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 736)

IN full PAYMENT OF [illegible]

LOT 2 GRAVE 10 ROW [illegible] SECTION [illegible] DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E 5056

UNPAID BALANCE AFTER THIS PAYMENT 1

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

CITY AUDITOR
JUN 17 1985

ISSUED BY [illegible]

CREDIT	67007	
85% SALES CARE	77184	
85% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 5020	
TOTAL PAID $		

AC-212 (REV. 2-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6/6/85 19

CHARGE Valerie Hanison

ADDRESS 3265 - Oceanview Blvd apt 1 - S.D. 92103

NAME OF DECEASED Adrain Trimble

OWNER Same

ADDRESS

MORTUARY Ragsdale

LOT 1394 GR ~~1394~~ ROW SEC 1 BLK DIV 9	100	00
OPENING/ CLOSING TIME 10:00 DAY DATE TUES 6-11-85	130	00
VAULT/LINER Drapped for McCord Unite SIZE	~~130~~	~~00~~
REC. FEE/REMOVAL/FOUNDATION	35	00
S.T.	~~7~~	~~80~~
TOTAL	~~402~~	~~80~~
	265	00
PAID RECEIPT NUMBER		
BALANCE		

Time open - Bell Lines
Total due - ~~$402.80~~ - Decided
On McCord Fiberglass - $265.00 Total
Open grave for 32 X 16 X 13 Hi. Gwd

VAC 32-16-13

See order below

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

AUTHORIZED IN PERSON ~~PHONE BY~~ Valerie Hanison ORDER TAKEN BY Leroy [illegible]

W.O. NO. E 5057 INVOICE NO. 032639 013411

PY-593 (4-82)

E-5057

MOUNT HOPE CEMETERY

6/6/85 19____

The undersigned hereby requests and authorizes the interment of the remains of ~~that~~ Adrian Tremble in Lot____ Gr. 134 Row____ Sec. 1 Block Division 9 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 Valerie Harrison

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5057

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Adrian "W" Trimble	Female	Feb. 23, 1985	June 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	Valerie Harrison - Mother 3265 Oceanview Blvd. 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 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 JUN 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 JUN 11 1985 (BURIAL 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-5057

CITY of SAN DIEGO

MEMORANDUM

FILE NO.:

DATE : July 14, 1986

TO : Barbara Long/Mt. Hope MS 72

FROM : Diana Muzquiz/Treasurer Collection MS 61B

SUBJECT: Original signaure notes

I need the original documents on the following accounts for court.

a) Valerie Harrison - Invoice # 032639
b) Ola M. Hollins - Invoice # 031957

The commissioners in small claims court are requesting to see the original documents on all future cases.

Thank you in advance for your cooperation.

Diana Muzquiz

Diana Muzquiz

Treasurer Collection

DM/mb

FORM CD-160

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6/7/85 19

CHARGE Indigent Burial Officer

ADDRESS

NAME OF DECEASED Judith Ann Cahoon - Dec

OWNER County Cas 114-93

ADDRESS

MORTUARY Mayer Mortuary

LOT ~~5,6,7~~ 98 GR 5,6,7, ROW (DIP) SEC 4 ~~BLK~~ DIV 7	55	00
OPENING/ CLOSING TIME Drop off 1:00 P.M DAY DATE MON - 6/10/85	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 Gaye

W.O. NO. E 5058

INVOICE NO. 032630

000952

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5058

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Judith Ann Cahoonm	Female	Feb.12,1941	Found June 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
Ch Chula Vista	San Diego	Public Administrator 5201-A Ruffin Road San Diego, CA. 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
M Mayer Mortuary	1424

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 Cemetery3751 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 JUN 10 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 JUN 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.

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/19/85

DATE: 07/19/85
TIME: 205229
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
032630	06/20/85	000952	COUNTY OF SAN DIEGO					07/16/85	CK	449123	145.00	145.00	0.00
		E 5058	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 6-10 19 85

CHARGE Donald Burkop - Don

ADDRESS 12205 Kozy Crest Lane Poway Ca

NAME OF DECEASED Louise D. Burkop

OWNER

ADDRESS

MORTUARY Pacific Beach Mortuary

LOT 91 GR ROW SEC 5 ~~BLK~~ DIV 8

OPENING/CLOSING TIME 10:00 DAY DATE Wed. 6-12-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

Preneed	
	320 00
14	70
245	00
35	00
TOTAL 614	70
614	70
BALANCE -0-	

PAID RECEIPT NUMBER 6-13-85 32590

Preneed - A7646 - 1954

PAID
JUN 13 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary to bring check

Will mail check - Per tele conv

THE CITY CHARTER MAKES NO 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 5059

INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS.

E-5059

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Louise Dorothy Burhop	Female	June 15, 1890	June 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
La Jolla	San Diego	Donald Burhop -son 12305 Kozy Crest Lane Poway, Calif.

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-2751 MarketSt., 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 JUN 10 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Rempel M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 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
264-3191

№ 32590

DATE 6-13 19 85

FROM [illegible] ADDRESS 4210 Cass St. SDCa 92109

Six hundred fourteen and 70/100 DOLLARS ($ 614 70)

IN full PAYMENT OF Louise D. Burhop Service

LOT 91 GRAVE ROW SECTION 5 DIVISION BLOCK 7

INVOICE NO. Check

W.O. E-5059

UNPAID BALANCE AFTER THIS PAYMENT

NOT VALID FOR PURPOSE [illegible] UNLESS STAMPED "PAID" IN THIS SPACE

CITY AUDITOR
JUN 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 $		614 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

№ 32779

DATE 9-13 19 85

FROM Carol G. Chuck ADDRESS [illegible]

Forty One and 00/100 DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF Flowery vases for [illegible]

Walter M. Burke

LOT [illegible] GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Chuck

W.O. [illegible] E-5059

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 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-213 (REV. 9-81)

ORDER MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-10 19 85

CHARGE Ann Miller

ADDRESS 1747 Chalcedony #8 S.D Ca 92109

NAME OF DECEASED Mattie Rebecca Frei

OWNER

ADDRESS

MORTUARY Pacific Beach (Dorothy)

LOT 41 GR ROW SEC 1 BLK DIV 8	Preneed	
OPENING/CLOSING TIME 10:30 DAY DATE TUES 6-11-85	320	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 6-11-85 32585	614	70
BALANCE	-0-	

Preneed - A8232 - 1955

Mortuary to bring check

PAID
JUN 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 5060

INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5060

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mattie Rebecca Frei	Female	Sept. 16,1902	June 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	Ann Miller -sister 1747 Chalcedony Apt. 8 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 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 JUN 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 JUN 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.

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

№ 32585

DATE 6-11 19

FROM [illegible] ADDRESS [illegible]

[illegible] fourteen and 70/100 DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF Mother R. Free services

LOT 41 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-5060

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

NOT VALID FOR PURPOSE STATED UNLESS STAMPED [illegible] IN THIS SPACE.

CITY AUDITOR
JUN 17 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-312 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-10 19 85

CHARGE Richard L. Relyea

ADDRESS 4286 Mt Foster St La Co 92117

NAME OF DECEASED Marguerite Relyea

OWNER

ADDRESS

MORTUARY Pacific Beach (Dorothy)

LOT 61 GR 2 ROW SEC 4 ~~BLK~~ DIV 7	Opened		
OPENING/CLOSING TIME 1:30 DAY DATE THURS 6-13-85	320	00	
VAULT/LINER T.S. SIZE	20 345	70 00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	720	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 Richard E. Relyea ORDER TAKEN BY Lang

W.O. NO. E 5061

INVOICE NO. 032637
013409

PY-593 (4-82)

Number E-5061

Dated 6-11-85

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 $ 720.70.

Name Richard E. Relyea

Address 4286 Mt. Foster Ave
SD 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.

Richard E. Relyea — 4286 Mt. Foster Ave.

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E-5061

MOUNT HOPE CEMETERY

June 11 19 85

The undersigned hereby requests and authorizes the interment of the remains of Marguerite Relyea in Lot 61 Gr 2 Row _____ Sec. 4 ~~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.

Richard E. Relyea — 4786 Mt. Foster Ave. Son

Signature of relative or legal representative — Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5061

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Marguerite Harriet Relyea	Female	May 18,1891	June 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	Richard E. Relyea - son 4286 Mt. Foster 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 JUN 11 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powell M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 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 . . . . REVAIN

7/15/85

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

№ 32649

DATE 7-9 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 61 GRAVE [illegible] ROW SECTION [illegible] DIVISION BLOCK [illegible]

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	
10% 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)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/15/85

DATE: 07/15/85
TIME: 223401
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 ND / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
032637	06/20/85	013409	RICHARD E. RELYEA					07/09/85	CK		720.70	720.70	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				345.00		
			100	072		77183	000072				35.00		
			60101			9020					20.70		

E-5061

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 720.70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-11 19 85

CHARGE James Carlin - Nephew

ADDRESS 6909 Galewood St SD Ca 92120

NAME OF DECEASED Elizabeth Freyler

OWNER

ADDRESS

MORTUARY Cypress View (Mike)

LOT 56 GR 7 ROW SEC 2 BLK DIV 7	Prepaid	
OPENING/CLOSING TIME 10:00 DAY DATE THURS 6-13-85 — DELIVERY ONLY —	320	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER		
BALANCE		

Bill Cypress View

$246.07

Bill PA Pam $ 368.63

Pub. Guardian $ 614.70

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

ORDER TAKEN BY Lang

acct 000419

W.O. NO. E 5062

INVOICE NO. 032633

PY-593 (4-82)

INV # 32632 ↔ 000952

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5062

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Elizabeth S. Freyler	Female	Jan. 6, 1894	June 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
National City	San Diego	James Carlin - Nephew 6909 Galewood Street San Diego, CA. 92120

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: JUN 12 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Bonnet M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 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.

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/10/85

DATE: 08/10/85
TIME: 005350
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	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
032632	06/20/85	000952	COUNTY OF SAN DIEGO					08/06/85	CK	129859	366.63	366.63	0.00
			100	072		77161	000072				73.93		PAID IN FULL
	E-5062		100	072		77162	000072				245.00		
			100	072		77163	000072				33.00		
			60101			9020					14.70		

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/16/85

DATE: 07/16/85
TIME: 235149
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
032633	06/20/85	000419	CYPRESS VIEW MORTUARY					07/11/85	CK	072255	246.07	246.07	0.00
			100	072		77181	000072				246.07		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 246.07

E-5062

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-11 19 85

CHARGE John Cavanaugh - 789-1879 92065

ADDRESS 15665 Mussey Grade Rd Ramona, Ca

NAME OF DECEASED Maude V. Cavanaugh ✓

OWNER

ADDRESS

MORTUARY Menke Funeral Home

LOT 3 GR 9 ROW SEC 7 BLK DIV 5	Preneed	
OPENING/CLOSING TIME AFTERNOON DAY DATE WED 6-12-85	105	00
VAULT/LINER Asph SIZE	100	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	240	00
PAID RECEIPT NUMBER 6-11-85 32586	240	00
BALANCE	-0-	

Head & grave

PAID
JUN 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 John Cavanaugh ORDER TAKEN BY Lang

W.O. NO. E 5063 INVOICE NO.

PY-593 (4-82)

E-5063

MOUNT HOPE CEMETERY

June 11 1985

The undersigned hereby requests and authorizes the interment of the remains of Maude V. Cavanaugh in Lot 3 Gr 9 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.

John M. Cavanaugh
Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

CEMETERY OR CREMATORY COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES — VITAL RECORDS SECTION
BURIAL — TRANSIT PERMIT

REGISTRAR'S FILE NO. E-5063 1096

Courtesy Permit #

IDENTIFICATION OF DECEASED

NAME OF DECEASED	A. FIRST	B. MIDDLE	C. LAST	SEX	AGE	RACE OR COLOR
1	Maude	Viola	Cavanaugh	2 Female	3 92	4 White

DATE OF DEATH	PLACE OF DEATH	A. TOWN OR CITY	B. COUNTY	C. STATE
5 May 27, 1985	6	Phoenix	Maricopa	Arizona

CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)
7

MANNER AND PLACE OF DISPOSITION

☐ BURIAL ☐ OTHER (SPECIFY)
☐ CREMATION
☒ REMOVAL of cremains
8

FUNERAL HOME — A. NAME — B. ST. ADDRESS — C. CITY AND STATE
9 Menke Funeral Home 12420 N. 103rd Ave. Sun City, AZ 85351

FUNERAL DIRECTOR'S SIGNATURE
10 ▶ Jennie Thorpski

DATE SIGNED
11 6-7-85

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

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

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

REGISTRAR'S SIGNATURE	REG. DISTRICT	DATE SIGNED
14 ▶	15	16

VS-7 REV. 7-74

OFFICIAL RECEIPT

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

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

№ 32586

DATE 6-11 19 85

FROM [illegible] ADDRESS 15665 [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 3 GRAVE 9 ROW SECTION 7 DIVISION BLOCK 5

INVOICE NO. [illegible]

W.O. E-5063

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JUN 17 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 5020	[illegible]
TOTAL PAID $		[illegible]

AC-212 (REV. 3-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-11 19 85

CHARGE Mae Willie Solomon

ADDRESS 3474 Florence St. SD Ca 92113

NAME OF DECEASED O. B. Williams

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 70 GR 5 ROW SEC 3 DIV 12	495	00
OPENING/CLOSING TIME 2:00 -CHAPEL- DAY DATE Mon 6-17-85	320	00
VAULT/LINER Bell SIZE	245	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1109	70
PAID RECEIPT NUMBER 6-11-85 32587	1109	70
BALANCE	-0-	

PAID
JUN 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 Mae Willie Solomon ORDER TAKEN BY Lang

W.O. NO. E 5064 INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5064

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
O. B. Williams	Male	March 16, 1910	June 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	Mae Willie Solomon - Sister 3474 Florence 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

- ☒ 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 JUN 13 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 E. 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.

OFFICIAL RECEIPT

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

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

№ 32587

DATE 6-11 19 85

FROM Mac Willis Solomon ADDRESS 3474 Hermes St. Sea 9 [illegible]

[illegible] hundred nine and 70/100 — DOLLARS ($ 1109.70)

IN full PAYMENT OF O. B. Williams Services

LOT 70 GRAVE 5 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. Cash

W.O. E-5064

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
JUN 17 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77184	99 [illegible]
35% SALES OF LOTS	100 77184	396 [illegible]
OPENINGS	100 77181	32[illegible]
BOXES	100 77182	245 [illegible]
REMOVALS FOUNDATIONS	100 77183	25 [illegible]
SALES TAX	60101 9020	14 [illegible]
TOTAL PAID $		1109 [illegible]

AC-215 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6/12/85 19

CHARGE Bessie M. Nedd

ADDRESS 704 Euphuphamian Ave. S.D. 92154

NAME OF DECEASED Willie F. Nedd - deceased

OWNER Same

ADDRESS

MORTUARY none

LOT 138 GR 8 ROW SEC 1 ~~BLK~~ DIV 12		
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION Vase	15	00
Tax		90
TOTAL	15	90
PAID RECEIPT NUMBER 32588 - 6/12/85		
BALANCE	15	90

Install Vase on grave of Willie Nedd

PAID

JUN 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 REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON
PHONE BY x Bessie M. Nedd

ORDER TAKEN Joyce

W.O. NO. E 5065

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

№ 32588

DATE 6/12 1985

FROM Bessie Nedd ADDRESS 704 Raphupham - 92154

~~[illegible]~~ Fifteen & 90/100 DOLLARS ($ 15.90)

IN full PAYMENT OF Vase —

LOT 138 GRAVE 8 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO.

W.O. E-5065

UNPAID BALANCE AFTER THIS PAYMENT full

Cash

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

CITY AUDITOR
JUN 17 1985

ISSUED BY George

CREDIT 20% SALES CARE	67007 77184	
20% 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)

565-5842

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-12 19 85

CHARGE Indigent Burial - Pat Wms

ADDRESS 5201 'A' Ruffin Rd SD Ca.

NAME OF DECEASED James Isaac Williams

OWNER Case # 11508

ADDRESS

MORTUARY Ragsdale (Narvella)

(DIP)

LOT 98 GR 5,6,7 ROW SEC 4 ~~BLK~~ DIV 7	55	00
OPENING/ CLOSING TIME — GRAVESIDE — 2:00 DAY DATE Fri 6-14-85	90	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	145	00
PAID RECEIPT NUMBER		
BALANCE		

Bill Indigent Officer

1st burial 6-10-85

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 Lang

W.O. NO. E 5066

INVOICE NO. 032631

000952

FY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5066

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
James Isaac Williams	Male	Dec. 15,1962	June 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	Frank Williams - Father 4462 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

- ☒ 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 JUN 12 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 L. Ramos, 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.

E-5066

032631	06/20/85	000952	COUNTY OF SAN DIEGO			07/16/85	CK	449123	145.00	145.00	0.0
			100	072	77181	000072			90.00		
			100	072	77184	000072			55.00		PAID IN FULL

E-5066

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 290.00

E-5066

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-13 19 85

CHARGE Karen Rhinow - 278-7306

ADDRESS 2649 Ulysses St SDCa 92123

NAME OF DECEASED Marie A. Gustafson

OWNER ag 80 -

ADDRESS

MORTUARY Telephone #20927

LOT 2116 GR ROW SEC BLK DIV 10	Prenced		
OPENING/ CLOSING TIME 3:00 -GRAVESIDE- DAY DATE THUR 6-20-85	10	00	
VAULT/LINER ASH SIZE	10	60 00	
REC. FEE/REMOVAL/FOUNDATION	—		
TOTAL	20	60	
PAID RECEIPT NUMBER 32607	20	60	
BALANCE	0	0	

PAID
JUN 20 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Pr[illegible]

E-4866 - 2-20-85

Cremains delivered 6/18/85 - 1 P.M. [illegible]

Meet at the 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 Lang

W.O. NO. E 5067

INVOICE NO.

PY-593 (4-82)

E-5067

MOUNT HOPE CEMETERY

Feb. 24 1985

The undersigned hereby requests and authorizes the interment of the cremains of

Marie A. Gustafson in Lot 2116 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.

Karen Rhiner	2649 Elyssee St., San Diego, CA 92123
Karen Rhiner	daughter and conservator MH# 71 664
Signature of relative or legal representative	Address & relationship to deceased or authority to sign authorization

Witness

Witness

20927

E-5067

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Marie Antoinette Gustafson	Female	08-31-04	06-12-85

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	PRENEED TELOPHASE: 2649 Elyssee St. San Diego, CA 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
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 CREMATORIUM-ANAHEIM, CA	DATE CREMATED: 6-17-85	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 3751 Market St. San Diego		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: PRENEED TELOPHASE: ▶ Cheryl White DATE SIGNED: June 13, 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: JUN 14 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 6-21-85 (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

№ 32607

DATE 6/20/85 19

FROM Karen R Hiner ADDRESS 278-7306 -

Twenty and 60/100 DOLLARS ($ 20 60/2)

IN full PAYMENT OF Interment, Jean Marie Gustafson

LOT 2116 GRAVE ROW SECTION FD DIVISION BLOCK 10

INVOICE NO.

W.O. E5067

UNPAID BALANCE AFTER THIS PAYMENT full Pd

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

CITY AUDITOR
JUN 25 1985

ISSUED BY [signature]

CREDIT 25% SALES GARE	67007 77184		
25% SALES OF LOTS	100 77184		
OPENINGS	100 77181	10	00
BOXES	100 77182	10	00
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		60
TOTAL PAID $		20	60

CR 352

AC-212 (REV. 9-81)

498
Lot ~~283~~ Del Water Pay
215 - Pur

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6/13/85 19

CHARGE Mattie Green

ADDRESS 1127-57th St - S.D. 92114

NAME OF DECEASED Lucille Breland

OWNER

ADDRESS

MORTUARY Anderson-Ragsdale

LOT 109 GR 11 ROW SEC 1 ~~BLK~~ DIV 12	395	00
OPENING/ CLOSING TIME 10:00 AM DAY Chapel & G.S. DATE Tues-6-18	320	00
VAULT/LINER SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sales Tax	14	70
TOTAL	1009	70
PAID RECEIPT NUMBER 6/17/85-32591-	500	00
BALANCE	509	70

7-1-85 - 32630

Will Bring good deposit by 6/17 - 509.70

Bal in ~~[illegible]~~ -60- days -0-

8-13-85

PAID

JUL 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 Mattie Green ORDER TAKEN BY Joye

W.O. NO. E 5068 INVOICE NO. 032638 013410

PY-593 (4-82)

E 5068

CITY TREASURER
SAN DIEGO, CALIF.

Inv #
32638

OFFICIAL RECEIPT

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

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

No 32591

DATE 6-17- 19 85

FROM Mattie Green ADDRESS 1127-57th St SD 92114

Five Hundred and no/100 DOLLARS ($ 500 00)

IN Part PAYMENT OF Burial of Lucille Breland - dec

LOT 109 GRAVE 11 ROW SECTION 1 DIVISION 12 BLOCK

INVOICE NO.

W.O. E5068

UNPAID BALANCE AFTER THIS PAYMENT 509 00

Ck #116

NOT VALID FOR PURPOSE CITED UNLESS STAMPED 'PAID' IN THIS BOX.

010759 JUN 21 1985 CITY AUDITOR

ISSUED BY

CREDIT	67007		
20% SALES CARE	77184		
80% SALES OF LOTS	100 77184	316	00
OPENINGS	100 77181	184	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		500	00

SC-512 (REV. 9-81)

OFFICIAL RECEIPT

E5068

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

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

№ 32630

DATE 7-1 19 85

FROM Edwardy Breland ADDRESS 129 W. University Ave. Sd 9-

Five hundred nine and 70/100 DOLLARS ($ 509.70)

IN full PAYMENT OF Lucille Breland Service

LOT 109 GRAVE 11 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. L 32638

Cert # 013410

W.O. E-5068

UNPAID BALANCE AFTER THIS PAYMENT 8

NOT VALID FOR PURPOSES OF ... UNLESS STAMPED "PAID" IN ...

SAN DIEGO CITY TREAS. JUL 1 '85 PAID

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 $		[illegible]

AC-212 (REV. 9-81)

032638	06/20/85	013410	MATTIE GREEN			07/01/85 CK	509.70	509.70	0.00
			100	072	77181	000072	136.00		PAID IN FULL
			100	072	77182	000072	245.00		
			100	072	77183	000072	35.00		
			60101		9020		14.70		
			67007		77184		79.00		

E 5068

E 5068

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6/17/85 19

CHARGE Wm. H. McIntyre - 17160 Signature Dr. Granada Hills, Ca 91344

ADDRESS

NAME OF DECEASED John F. McIntyre - dec

OWNER Same

ADDRESS

MORTUARY Clairemont -

LOT 13 GR 11 ROW SEC 2 ~~BLK~~ DIV 12	Pre need	
OPENING/ CLOSING TIME Chapel - + GS 10 AM DAY DATE Tues - 6/18	320	00
VAULT/LINER SIZE	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sales Tax TOTAL	20	70
PAID RECEIPT NUMBER 32592 6-17-85	720	70
	500	00
BALANCE	220	70

Chapel & Burial Service Tuesday, Claremont to Drop Vault from Sale at 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~~ Bill McIntyre - ORDER TAKEN BY Royce

W.O. NO. E 5069 INVOICE NO. 032636 013408

FY-593 (4-82)

E-5069

MOUNT HOPE CEMETERY

6/17/[illegible] 19___

The undersigned hereby requests and authorizes the interment of the remains of John F McAntyre in Lot 13 Gr 11 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.

X [illegible] McAntyre

son of deceased

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

[illegible]

Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-5069

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Francis McIntyre	Male	Dec. 13, 1913	June 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	Bill McIntyre-Son 17165 Signature Drive Granada Hill, CA 91344

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 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: JUN 18 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 _____ (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. 32592

DATE 6/17 19 85

FROM Wm H McIntyre ADDRESS 17160 Segunture Dr Glendale Ariz 85304

Five Hundred DOLLARS ($ 500.00)

IN part PAYMENT OF Interment Fees on John F McIntyre - Dec

LOT 13 GRAVE 11 ROW SECTION 2 DIVISION 12 BLOCK

INVOICE NO.

W.O. E 5069

UNPAID BALANCE AFTER THIS PAYMENT

CR # 412

AC-212 (REV. 9-81)

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

CITY AUDITOR
JUN 21 1985

ISSUED BY

CREDIT	67007	
20% SALES CARE	77184	
80% SALES OF LOTS	100 77184	
OPENINGS	100 77181	320 00
BOXES	100 77182	180 00
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		500 00

OFFICIAL RECEIPT

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

8/30/85

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

№ 32744

DATE 8-28 19 85

FROM Wm. B. McIntyre ADDRESS [illegible]

two hundred twenty and 74/100 DOLLARS ($ [illegible])

IN full PAYMENT OF John F. McIntyre Service

LOT 12 GRAVE 11 ROW SECTION 2 DIVISION BLOCK

INVOICE NO. 133636

Cert 613408

W.O. E-5069

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)

ACR02U PSWD: INVOICE DATA ENTRY EG

ACTION: A BY: BLL ACCOUNT: 013408 INVOICE: 032636 INV DATE: 08 20 85

NAME: WILLIAM H. MC INTYRE

1) 17160 SIGNATURE DRIVE 2)

3) 4)

CITY: CRANADA HILLS ST: CA ZIP: 91344 COUNTRY:

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 284 3151

REFER NO: E-5069 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: 220.70

DESCRIPTION OF CHARGE	AMOUNT
JOHN F. MC INTYRE SERVICE	
OPENING/CLOSING	320.00
TOP SEAL VAULT	345.00
TAX ON VAULT	20.70
RECORDING FEE	35.00
LESS PAYMENT R-32592	500.00-

TOTAL DUE 220.70

LATE CHARGE $1 - $2 DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

PAID
AUG 28 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

HARRISON & WATSON
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
SUITE 2201, CALIFORNIA FIRST BANK BUILDING
530 B STREET
SAN DIEGO, CALIFORNIA 92101-4457

E-5069

SAN DIEGO, CA 921
PM
8 JUL
1985

ALWAYS USE ZIP CODE

B. Lantz

City of San Diego
City Treasurer
P. O. Box 2289
San Diego, California 92112

E-5069

JACK M. HARRISON (1915-1982)

MAURICE T. WATSON
RAYMOND L. HEIDEMANN
STEVEN B. DAVIS
ROBERT ROBINSON
MARK E. ZATT
H. PAUL KONDRICK

HARRISON & WATSON
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
SUITE 2201, CALIFORNIA FIRST BANK BUILDING
530 B STREET
SAN DIEGO, CALIFORNIA 92101-4457

TELEPHONE
(619) 238-1919

July 8, 1985

Mt. Hope
Inv# 032636

City of San Diego
City Treasurer
P. O. Box 2289
San Diego, California 92112

Re: Estate of John F. McIntyre
Account #013408

Gentlemen:

Receipt is acknowledged of your statement for payment from the above estate.

Please complete the enclosed form of creditor's claim for the amount due you and return the claim to our office for processing. Be sure to fill in all of the information required on the claim, including your name, address, and the date of execution.

Very truly yours,

Jacqueline E Rhodes

Jacqueline E. Rhodes
Probate Administrator

Enclosure
jer

RECEIVED
AUG 7 1985
MT. HOPE CEMETERY

E-5069

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	TELEPHONE NO.	FOR COURT USE ONLY
HARRISON & WATSON A Professional Corporation 530 "B" Street, Suite 2201 San Diego, California 92101 ATTORNEY FOR (Name): William H. McIntyre	619 238-1919	Filed for approval: (date) (Deputy) Duplicate mailed: (date) (Deputy) Presented to court for approval: (date) (Deputy)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 220 West Broadway MAILING ADDRESS: 220 West Broadway CITY AND ZIP CODE: San Diego, California 92101 BRANCH NAME:		
ESTATE OF (NAME): JOHN FRANCIS McINTYRE DECEDENT		
CREDITOR'S CLAIM*		CASE NUMBER: 138199

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: $ 220.70 + Interest
2. Claimant *(name)*:
   a. [XX] an individual.
   b. [ ] an individual or entity doing business under the fictitious name of *(specify)*:
   c. [ ] a partnership. The person signing has authority to sign on behalf of the partnership.
   d. [ ] a corporation. The person signing has authority to sign on behalf of the corporation.
3. Address of claimant *(specify)*: 3751 Market St.
   San Diego, CA 92102
4. I am authorized to make this claim which is justly due or may become due. To my knowledge there are no offsets or payments that have not been credited.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: 08/07/85

George Stelter,
Cemetery Manager
(TYPE OR PRINT NAME AND TITLE)

George W. Stelter
(SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

5. Date of first issuance of letters:
6. Date of death:
7. This claim was presented on *(date)*:
8. Estimated value of estate:
9. [ ] Claim is allowed for: $
   [ ] Claim is rejected for: $
10. [ ] The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSONAL REPRESENTATIVE)

11. [ ] Approved for: $ [ ] Rejected for: $

Date:

SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

12. [ ] Number of pages attached: [ ] Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

ESTATE OF (NAME):	CASE NUMBER:
John F. Mc Intyre — Decedent	

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. Debts incurred after the date of death, except funeral claims, must not be included on this claim form.

If the claim is based upon a note or other written instrument, a copy of the 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
06/20/85	John F. McIntyre Service	
	Lot 13, Grave 11, Secion 2, Division 12	
	Opening/Closing	$ 320.00
	Concrete Top Seal Vault	345.00
	Tax on Vault	20.70
	Recording Fee	35.00
	Total Due	720.70
	Less payment Receipt #32592	- 500.00
	Balance Due	$ 220.70
	TOTAL	$ 220.70

NOTICE

State Health and Safety Code Division 7, Part 1, Chapter 3, Section 7101 "...Costs of funeral services, together with interest thereon from 60 days after date of death, shall be considered as part of the funeral expenses..."

Monthly interest in the amount of 2.20 will be added starting 8-14-85

CITY OF SAN DIEGO
RISK MGT.
'85 AUG 16 AM 8 47

E-5069

JACK M. HARRISON (1915-1982)

MAURICE T. WATSON
RAYMOND L. HEIDEMANN
STEVEN B. DAVIS
ROBERT ROBINSON
MARK E. ZATT
H. PAUL KONDRICK

HARRISON & WATSON
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
SUITE 2201, CALIFORNIA FIRST BANK BUILDING
530 B STREET
SAN DIEGO, CALIFORNIA 92101-4457

TELEPHONE
(619) 236-1919

July 8, 1985

City of San Diego
City Treasurer
P. O. Box 2289
San Diego, California 92112

Re: Estate of John F. McIntyre
Account #013408

Gentlemen:

Receipt is acknowledged of your statement for payment from the above estate.

Please complete the enclosed form of creditor's claim for the amount due you and return the claim to our office for processing. Be sure to fill in all of the information required on the claim, including your name, address, and the date of execution.

Very truly yours,

Jacqueline E. Rhodes

Jacqueline E. Rhodes
Probate Administrator

Enclosure
jer

E-5069

MOUNT HOPE CEMETERY

June 13 1985

The undersigned hereby requests and authorizes the interment of the remains of Lucille Broland in Lot 109 Gr 11 Row _____ Sec. ~~Block~~ 1- 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.

Mattie Green

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E-5069

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LUCILLE BRELAND	Female	Dec. 25, 1902	June 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
National City	San Diego	Mattie Green - Daughter 1127 57th 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 JUN 17 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 (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 6-17 1985

CHARGE Virginia Coney

ADDRESS 3653 Logan Ave. SD Ca. 92113

NAME OF DECEASED Planned lot

OWNER

ADDRESS

MORTUARY

LOT 135 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 6-17-85 32594	495	00
BALANCE	-0-	

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

ORDER TAKEN BY Lang

W.O. NO. E 5070

INVOICE NO.

PY-893 (4-82) #11174

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

NO. 32594

DATE 6-17 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 125 GRAVE 9 ROW [illegible] SECTION [illegible] DIVISION [illegible] BLOCK [illegible]

INVOICE NO. [illegible]

W.O. E-217

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-512 (REV. 9-81)

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

CITY AUDITOR
JUN 21 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 $		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-19 19 85

CHARGE Wynes Buckland

ADDRESS 2185 Leon, SD, Ca 92154

NAME OF DECEASED Preneed lot

OWNER

ADDRESS

MORTUARY

LOT 168 GR 5 ROW SEC 1 BLK DIV 12	395	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	395	00
PAID RECEIPT NUMBER 6-19-85 32603	395	00
BALANCE	-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 5071

INVOICE NO.

PY-593 (4-82) #11168

OFFICIAL RECEIPT

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

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

No 32603

DATE 6-19 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-5071

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

AC-213 (REV. 9-81)

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

CITY AUDITOR
JUN 21 1985

ISSUED BY [illegible]

CREDIT	67007	
20% SALES CARE	77184	
20% 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 6/20/85 19

CHARGE Dorthy Silas

ADDRESS 260-50th St. apt B, S.D. 92113

NAME OF DECEASED For Dorothy Silas -

OWNER Same

ADDRESS

MORTUARY

LOT 107 GR 12 ROW SEC 1 ~~BLOCK~~ DIV 12		395 00
OPENING/ CLOSING TIME	DAY DATE	
VAULT/LINER	SIZE	
REC. FEE/REMOVAL/FOUNDATION		
	TOTAL	
PAID RECEIPT NUMBER 32605 — 6-20-85		395 00
	BALANCE	00

PAID

JUN 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~~ Fleeter Leonard ORDER TAKEN BY Loope

W.O. NO. E 5072 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 32605

DATE 6-20-85 19

FROM Dorthy Sibal ADDRESS 260-50th St apt B. SD 92113

Three Hundred ninty five 00/100 DOLLARS ($ 395.00)

IN full PAYMENT OF Pre-Need Grave - No service Charge Pd

LOT 107 GRAVE 12 ROW CITY AUDITOR SECTION -1- DIVISION BLOCK 12

INVOICE NO. 28010

JUN 25 1985

W.O. E-5072

UNPAID BALANCE AFTER THIS PAYMENT 0

ISSUED BY

CREDIT	67007	79 00
20% SALES CARE	77184	
80% 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

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

AC-212 (REV. 4-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-20-85 19

CHARGE Dorthy Selan-

ADDRESS 260-50th St. apt B, S.D. 92113

NAME OF DECEASED Pre-need for Herself.

OWNER Same

ADDRESS

MORTUARY

		Pre need
✓ LOT 107 GR 12 ROW SEC 1 BLK DIV 12		Paid
OPENING/CLOSING TIME DAY DATE		320 00
VAULT LINER SIZE Std-Cement		245 00
REC. FEE/REMOVAL/FOUNDATION Sales Tax-		35 00 14 70
TOTAL		614 70
PAID RECEIPT NUMBER 32606 - 6-21-85		557 00
Due on usage see below	BALANCE	57 70
6-26-85 32622		57.70

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. -0-

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 BY Hester Leonard ORDER TAKEN BY Peggy

W.O. NO. E 5073 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

№ 32606

DATE 6-20-85 19

FROM Dorothy Silas ADDRESS 260-50th St apt B SD 92113

Five Hundred fifty seven and no/100 DOLLARS ($ 557.00)

IN Part PAYMENT OF Pre need interment fees - no guarantee -
See stamped in Red

LOT 107 GRAVE 12 ROW — SECTION -1- DIVISION BLOCK 12

INVOICE NO.

W.O. E 5073

UNPAID BALANCE AFTER THIS PAYMENT 57.70

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

CITY AUDITOR
JUN 25 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	320.00
BOXES	100 77182	237.00
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		557.00

AC-212 (REV. 9-81)

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.

OFFICIAL RECEIPT

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

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

Zip 92102

№ 32622

DATE 6/26 19 85

FROM Mary Lee Newman ADDRESS 522 Armacost Rd. 92114

Fifty Seven 70/100 DOLLARS ($ 57.70)

IN full PAYMENT OF Service Dorothy Silas

LOT ~~Full~~ 107 GRAVE ~~#~~ 12" ROW SECTION 1 DIVISION ~~BLOCK~~ 13

INVOICE NO.

CK# 1934

W.O.

UNPAID BALANCE
AFTER THIS PAYMENT

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		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182	8	50
REMOVALS FOUNDATIONS	100 77183	35	
SALES TAX	60101 8020	14	70
TOTAL PAID $		57	70

AC-212 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-21 19 85

CHARGE Violet Succetti

ADDRESS 7481 Beagle SD, Ca. 92111

NAME OF DECEASED Irene D. Cooper

OWNER

ADDRESS

MORTUARY Cypress View

LOT 81 GR ROW SEC ~~5~~ BLK 2 DIV 3			
OPENING/CLOSING TIME 11:30 CHAPEL DAY DATE Mon 6-24-85	320	00	
VAULT/LINER Bell SIZE	245	00	
REC. FEE/REMOVAL/FOUNDATION	35	00	
TOTAL	614	70	
PAID RECEIPT NUMBER 6-24-85 32613	614	70	
BALANCE			

Mortuary to bring check

PAID

JUN 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 Lola J. Lure

ORDER TAKEN BY Lang

W.O. NO. E 5074

INVOICE NO.

PY-593 (4-82)

E-5074

MOUNT HOPE CEMETERY

6-21 19 85

The undersigned hereby requests and authorizes the interment of the remains of Irene D. Cooper in Lot 81 Gr ____ Row ____ Sec. GAR Block 2 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.

Ida J. Torre
Signature of relative or legal representative

3766 Mastibby St. S.D 92117 Daughter
Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E-5014

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Irene Daisy Cooper	Female	Feb. 3, 1901	June 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	Violet C. Succetti - Daughter 12646 Oakbrook Court Poway, CA. 92064

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: JUN 24 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Camras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 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

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

№ 32613

DATE 6-24 19 85

FROM Violet C. [illegible] ADDRESS 7481 Eagle St. [illegible] 92111

[illegible] hundred [illegible] and 70/100 DOLLARS ($ 614.78)

IN full PAYMENT OF [illegible]

LOT 81 GRAVE ROW SECTION DIVISION BLOCK 3

INVOICE NO. [illegible]

W.O. E-5074

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JUN 30 1985

ISSUED BY [illegible]

CREDIT 20% 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)

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-24 1985

CHARGE Pearl Y. Gregory

ADDRESS 934 Prescott Ave. El Cajon 92020

NAME OF DECEASED Vernon Yeuhl Gregory

OWNER

ADDRESS

MORTUARY El Cajon (Steven) 442-6677

LOT 133 GR ROW SEC ~~BLK~~ DIV 10		Preneed	
OPENING/ CLOSING TIME -CHURCH- 1:00 DAY DATE Wed 6-26-85		320	00
		20	70
VAULT/LINER SIZE		345	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		720	70
PAID RECEIPT NUMBER 6-24-85	32610	720	70
BALANCE		0	

PAID
JUN 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 X Pearl Y. Gregory

ORDER TAKEN BY Lang

W.O. NO. E 5075

INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

E-5075

6-24 19 85

The undersigned hereby requests and authorizes the interment of the remains of Vernon Y. Gregory in Lot 133 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 Pearl Y. Gregory

X Pearl Y. Gregory
Signature of relative or legal representative

X 934 S. Prescott ave, Echajon Calif. 92021
Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E-5075

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Vernon Yeuhll Gregory	Male	Sept. 9, 1908	June 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
El Cajon	San Diego	Pearl Yvonne Gregory - Wife 934 So. Prescott 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, Market Street, 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 6-25-85	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 JUN 26 1985 (MONTH 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

№ 32610

DATE 6-24 19 85

FROM Pearl J. Gregory ADDRESS 934 Prospect Ave. Alpine 92[illegible]

Seven hundred twenty and 70/100 DOLLARS ($ 72[illegible])

IN full PAYMENT OF Vernon J. Gregory [illegible]

LOT 133 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-5075

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR
JUN 30 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	320 00
BOXES	100 77182	345 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	20 70
TOTAL PAID $		720 70

AC-512 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-24 19 85

CHARGE Wayne Kellis - 440-7481

ADDRESS 447 Dewane Dr. El Cajon 92020

NAME OF DECEASED Mary E Blake

OWNER

ADDRESS

MORTUARY Cypress View (Jerry)

LOT 75 GR 9 ROW SEC 2 BLK DIV 7

OPENING/CLOSING TIME 11:30 DAY DATE Wed. 6-26-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

Prepaid		
	320	00
	245	70
	35	00
TOTAL	614	70
	614	70
BALANCE	-0-	

PAID RECEIPT NUMBER 6-24-85 32608

Will Pre-set Casket

PAID
JUN 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 Wayne J. Kellis

ORDER TAKEN BY Lang

W.O. NO. E 5076

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

№ 32608

DATE 6-24 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

CITY AUDITOR
JUN 30 1985

LOT 75 GRAVE 9 ROW SECTION 3 DIVISION BLOCK 7

INVOICE NO. [illegible]

W.O. E-5076

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

010984

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)

E - 5076

MOUNT HOPE CEMETERY

6-24 1985

The undersigned hereby requests and authorizes the interment of the remains of Mary E. Blake in Lot 75 Gr 9 Row _____ Sec. 2 ~~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.

Wayne L. Ellis
Signature of relative or legal representative

Nephew
Address & relationship to deceased or authority to sign authorization

Barbara L. Lang
Witness

Witness

E5076

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Elizabeth Blake	Female	Oct. 28, 1899	June 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	Wayne J. Kellio - Nephew 447 Dewane Drive El Cajon, CA. 92020

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: JUN 25 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Connas, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 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.

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 6-24 19 85

CHARGE Lakeside Mortuary

ADDRESS 9840 Maine, Lakeside Ca 92040

NAME OF DECEASED Walter Locker

OWNER

ADDRESS 443-3918

MORTUARY Lakeside Mort (Dan)

✓ Disinter + Reinter	700	00
LOT 102 GR ROW SEC 5 BLK DIV 8	250	00
OPENING/CLOSING TIME -CHAPEL- 11:00 DAY DATE THURS 6-27-85	160	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1404	70
PAID RECEIPT NUMBER 6-28-85 32627	1404	70
BALANCE	-0-	

Marker info

Lot burial 7-54 (L...

PAID
JUN 28 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Checking w/ family re payment

Statement to Lakeside Mort 6/26

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

AUTHORIZED
IN PERSON
PHONE BY Verda L. Locker ORDER TAKEN BY Lang

W.O. NO. E 5077 INVOICE NO.

PY-593 (4-82)

E 5077

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

6-24 MONTH 85 YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Hedwig M. Locher

from Lot 102 Grave _____ Section 5 Row _____ Block _____ Div 8 and to remove the same to and reinter said remains in Lot 102 Grave _____ Section 5 Row _____ Block _____ Div 8.

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.

Margaret Hoyer	x Ann M. Hanson	x Fay G. Spirz
Signature	Signature	Signature
Daughter	Daughter	Daughter
Relation to deceased	Relation to deceased	Relation to deceased
132 Avocado Crest	11155 Oak Creek Dr.	13771 Hwy 8 Bus
Address	Address	Address

I hereby authorized the above disinterment:

_____

(Lot owner must sign if not legal custodian)

E5077

MOUNT HOPE CEMETERY

6-24 19 85

The undersigned hereby requests and authorizes the interment of the remains of Walter Locker in Lot 102 Gr ____ Row ____ Sec. 5 ~~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 Irene M Locker

x

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E-5077

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Walter Herman Locher	Male	12/1/1899	6/23/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Heidi Locher - daughter 13771 Hwy. 8 Bus. El Cajon, CA 92021

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] 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 6-25-85
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 27 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Ramsey, 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

№ 32627

DATE 6-28 19 15

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT [illegible] GRAVE _____ ROW _____ SECTION 5 DIVISION ~~BLOCK~~ 1

INVOICE NO. [illegible]

W.O. [illegible]

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR 000001

JUL 03 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 6-24 19 85

CHARGE Public Guardian - Ms. Womack

ADDRESS 5201-A Ruffin Rd SD

NAME OF DECEASED Alfonso Lambert

OWNER

ADDRESS

MORTUARY Goodbody (Pat)

LOT 27 GR 3 ROW SEC 3 BLK DIV 12	Prepaid	
OPENING/CLOSING TIME 2:00 DAY DATE TUES 6-25 85	320	00
VAULT/LINER Bell SIZE	245	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER		
BALANCE		

Bill PA
Creditors Claim

THE CITY CHARTER MAKES NO 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 5078

INVOICE NO. 032875

PY-593 (4-82)

000952

E 5078

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALFONSE LAMBERT	MALE	8/17/1896	6/18/1985

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	ROBERT WOMACK-PUBLIC ADMINISTRATOR 5201-A Ruffin Rd. San Diego, CA 92123

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: 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: JUN 24 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold E. Powers, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JUN 25 1985 (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

7/17/85

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

№ 32656

DATE 7-12 19 85

FROM County of S.D. ADDRESS 5201-A Kelvin Rd [illegible]

six hundred fourteen and 70/100 DOLLARS ($ 614.70)

IN full PAYMENT OF Alphonse Lambert service

LOT 27 GRAVE 3 ROW SECTION 3 DIVISION BLOCK

INVOICE NO. 032875

Cust 00095

W.O. 2-5078

UNPAID BALANCE AFTER THIS PAYMENT X

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 $		614.70

AC-212 (REV. 9-81)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/17/85

DATE: 07/17/85
TIME: 204903
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
032875	07/02/85	000952	COUNTY OF SAN DIEGO					07/12/85	CK	E-5078	614.70	614.70	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			60101			9020					14.70		

E-5078

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 614.70

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

R. Scott

DATE 6-24 19 85

CHARGE Public Admin - Estate of

ADDRESS PO Box 113, Riverside, Ca 92502

NAME OF DECEASED Alice M. Harris

OWNER 714-787-2621

ADDRESS (714-674-3141) PA

MORTUARY (Olivier Mortuary) (R. Scott)

LOT 444 GR ROW SEC 5 BLK/DIV 8		Reneed	
OPENING/CLOSING TIME 11:00 – DROP OFF –	DAY/DATE WED 6-26-85	320	00
VAULT/LINER Bell	SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	614	70
PAID RECEIPT NUMBER			
	BALANCE		

Bill Riverside PA
Creditors Claim

Creditors Claim
8-27-85

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 Lara

W.O. NO. E 5079

INVOICE NO. 032876
013503

PY-593 (4-82)

E 5079

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ALICE M. HARRIS	FEMALE	OCTOBER 22,1887	JUNE 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
RIVERSIDE	RIVERSIDE	SELF PRE NEED

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
EVANS BROWN ELSINORE MORTUARY	F 120

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	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		PERMIT # 966-134
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: JUNE 24,1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ E.J. GALLAGHER, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

E 5079

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
WILLIAM J.DYKES Public Administrator P.O. Box 113 Riverside, California 92502	787-2687	Filed for approval (Date) (Deputy)
ATTORNEY FOR:		Duplicate mailed (Date) (Deputy)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☒ 4050 Main St. (P O. Box 431), Riverside, Ca. 92502 ☐ 46209 Oasis St. Rm 104 (P.O. Box 1748), Indio, Ca 92202		Presented to court for approval (Date) (Deputy)
ESTATE OF: Alice M. Harris DECEDENT		CASE NUMBER:
CREDITOR'S CLAIM*		

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: $ 614.70

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 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): August 27, 1985 at (Place): , California.

5. George Stelter, Cemetery Manager. _____
   (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: 6-18-85
7. This claim was presented on (Date):
8. Claim is ☐ allowed for: $ ☐ Rejected for: $
9. Estimated value of estate:

WILLIAM J. DYKES _____
(Type name and title) (Signature)

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)).

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
06/26/85	Alice M. Harris service	$
	Lot 444, Section 5, Division 8	
	Opening/Closing	320.00
	Concrete Liner	245.00
	Tax on liner	14.70
	Recording Fee	35.00
	TOTAL	$ 614.70

CREDITOR'S CLAIM

E 5079

OFFICE OF
PUBLIC ADMINISTRATOR
County Administrative Center
4080 Lemon Street, Room 4
P.O. Box 113
Riverside, California 92502
Telephone: (714) 787-2687

WILLIAM J. DYKES
Coroner & Public Administrator
Ex Officio Public Guardian
Public Conservator

JACQUELINE KING
Chief Deputy Public
Administrator & Public
Guardian

August 14, 1985

REPLY TO Jacqueline King

City Treasurer
P.O. Box 2289
San Diego, California 92112

THE ESTATE OF ALICE M. HARRIS, Deceased

DATE OF DEATH 6-18-85

PROBATE NO. _____

FINAL DATE FOR
PRESENTING CLAIMS _____

ACCOUNT NO. 013503

Dear Sirs:

This is to advise you of the death of the above decedent and to inform you that WILLIAM J. DYKES, the Public Administrator of Riverside County, California, has been appointed Administrator of the above-named estate.

We have information indicating that you are a creditor of the above-named decedent. Therefore, we are enclosing forms for your convenience in preparing and submitting a claim against the estate for consideration by this office. The claim forms must be typewritten and also must be completed, signed, and dated in duplicate. Once the forms have been completed, please return them to us at P.O. Box 113, Riverside, California 92502.

Please note that claims must be presented to us, as Administrator, on or before the above-stated date. Failure to do so will result in the claim being forever barred in accordance with Section 707 of the Probate Code.

Sincerely yours,

WILLIAM J. DYKES,
Administrator of the Estate
of the above-named decedent

By John M. Larkin
John M. Larkin,
Deputy Public Administrator

JML:jj

Enclosures

E 50579

NAME AND ADDRESS OF ATTORNEY:	TELEPHONE NO.:	FOR COURT USE ONLY
WILLIAM J.DYKES Public Administrator P.O. Box 113 Riverside, California 92502	787-2687	Filed for approval . . . . . (Date) (Deputy) Duplicate mailed . . . . . (Date) (Deputy) Presented to court for approval . . . . . (Date) _____ (Deputy)
ATTORNEY FOR:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE . . . . . ☒ 4050 Main St. (P.O. Box 431), Riverside, Ca. 92502 ☐ 46209 Oasis St. Rm 104 (P.O. Box 1748), Indio, Ca 92202		
ESTATE OF: Alice M. Harris DECEDENT		CASE NUMBER:
CREDITOR'S CLAIM*		

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:$ 614.70 + Interest

2. Claimant (Name): Mt. Hope Cemetery, 3751 Market St., SD.,CA 92102
   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): August 27, 1985 at (Place): , California.

5. George Stelter, Cemetery Manager — George Stelter
   (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: 6-18-85
7. This claim was presented on (Date):
8. Claim is ☐ allowed for: $ ☐ Rejected for: $
9. Estimated value of estate:

WILLIAM J. DYKES — _____
(Type name and title) (Signature)

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)).

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
06/26/85	Alice M. Harris service	$
	Lot 444, Section 5, Division 8	
	Opening/Closing	320.00
	Concrete Liner	245.00
	Tax on liner	14.70
	Recording Fee	35.00
	TOTAL	$. 614.70

NOTICE

State Health and Safety Code Division 7, Part 1, Chapter [illegible] Section 7101 "__Costs of funeral [illegible], together with interest thereon from [illegible] after date of death, shall be considered as part of the funeral expenses__"

Monthly interest in the amount of 6.15

will be added starting 9-18-85

9-

CREDITOR'S CLAIM

OFFICIAL RECEIPT

10/01/85

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

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

No 32803

DATE 9-27 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 444 GRAVE ROW SECTION 5 DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-5074

UNPAID BALANCE AFTER THIS PAYMENT

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

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 $		

AC-212 (REV. 3-61)

032876	07/02/85	013503	PUBLIC ADMINISTRATOR			09/27/85	CK	4790	621.33	614.70
		100	072	77181	000072				320.00	
		100	072	77182	000072				245.00	
		100	072	77183	000072				35.00	
		60101		9020					14.70	
		63021		90222					6.63	
									OVERPAYMENT	6.63-

E-5079 Mt. Hope

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-24- 1985

CHARGE Laura Talmage - 92071

ADDRESS 9841 Mission Vega Rd - #4 - Santee

NAME OF DECEASED Laura D Devine - Dec. ⊗

OWNER Philip V. Devine - Deceased - 1944

ADDRESS Phone - 272-8204 - Beach

MORTUARY Rogers - 440-0496

						P.N.	
LOT 18	GR	ROW	SEC	BLK 25			
OPENING/ CLOSING TIME 9:30		DAY DATE Fri 6-28-85				105	00
VAULT/LINER		SIZE ashvault				100	00
REC. FEE/REMOVAL/FOUNDATION						35	00
		Sales Tax				6	00
					TOTAL	246	00
PAID RECEIPT NUMBER 32614		Vase				15	90
						261	90
					BALANCE	0	0

We will make Incumment and Call when Complete.

23rd Pl Leave Will deliver

PAID
JUN 24 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

(Head)

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

AUTHORIZED IN PERSON ~~PAID BY~~ x Laura Talmage

ORDER TAKEN BY Roger [illegible]

W.O. NO. E 5080

INVOICE NO.

PY-593 (4-82)

E5080

MOUNT HOPE CEMETERY

6-24-80 19____

The undersigned hereby requests and authorizes the interment of the remains of Laura Devine in Lot 18 Gr____ Row____ Sec. IOOF-2[redacted] 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.

* Laura Talmage

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E 5080

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LAURA D. DEVINE	FEMALE	March 24, 1890	June 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	Laura B. Talmage - Daughter 9841 Mission Vega #4 Santee, CA 92071

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 N/A		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Leneda Crematory-14065 Olde Highway 80	DATE CREMATED 6/26/85	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 Street -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 JUN 25 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUN 28 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [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

NO 32614

DATE 6-24-85 19

FROM Laura Talmage ADDRESS 9841 Mission Vega Rd #4
Santee 92071 // Two Hundred Sixty One and 90/100 DOLLARS ($ 261.90)
IN full PAYMENT OF Interment of Laura Devere @

LOT 18 GRAVE ROW SECTION IOOF DIVISION 35 BLOCK

INVOICE NO.

W.O. E-5080

UNPAID BALANCE AFTER THIS PAYMENT 0

CR #184

AC-213 (REV. 9-81)

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

CITY AUDITOR
JUN 30 1985

ISSUED BY

CREDIT	67007		
30% SALES CARE	77184		
30% SALES OF LOTS	100 77184		
OPENINGS	100 77181	105	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	50	00
SALES TAX	60101 9020	6	90
TOTAL PAID $		261	90

3-3-86

MEMO E5080

☒ URGENT – REPLY IMMEDIATELY

☐ NO REPLY REQUIRED

TO Alpia - TC

FOLD

MESSAGE Please apply over payment on $86.63
Inv. 032876 - Acct 013503
PA of Riverside to
Fund 100
Dept 072
Acct 77183
Thanks.

264-3151

SIGNED Barbara Lang

REPLY

FOLD

SIGNED | DATE

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

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-24-85

CHARGE Will Williams

ADDRESS #442 Jocelyn St. S.D. 92105

NAME OF DECEASED The need for himself

OWNER

ADDRESS

MORTUARY

LOT 79 GR 3 ROW SEC 1 BLK DIV 12		396	00
OPENING/CLOSING TIME 0 DAY DATE	Cash	99	00
VAULT/LINER 0 SIZE			
REC. FEE/REMOVAL/FOUNDATION 0			
TOTAL		495	00
PAID RECEIPT NUMBER 32617-		495	00
BALANCE		0	0

PAID
JUN 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~~
~~BY~~ Will Williams ORDER TAKEN BY Joye

W.O. NO. E 5081 INVOICE NO.

PY-593 (4-82) #11170

OFFICIAL RECEIPT

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

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

№ 32617

DATE 6-24-85 19

FROM Will Williams ADDRESS 4442 Jocelyn St SD 92105

Four Hundred Ninety five and 00/100 DOLLARS ($ 495.00)

IN full PAYMENT OF Pre Need Grave Space & Care

LOT 79 GRAVE 3 ROW — SECTION 4 — DIVISION BLOCK 12

INVOICE NO.

W.O. E-5081

UNPAID BALANCE AFTER THIS PAYMENT ck

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	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

#156

AC-313 (REV. 8-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-24-85 19

CHARGE Beatrice Williams

ADDRESS 4442 Jocelyn St. S.D. 92109

NAME OF DECEASED Purchased for herself.

OWNER

ADDRESS

MORTUARY

	396	00
LOT 79 GR 4 ROW SEC 1 BLK DIV 12	99	00
OPENING/CLOSING TIME 8 DAY DATE	—	
VAULT/LINER SIZE	—	
REC. FEE/REMOVAL/FOUNDATION	—	
32615 - TOTAL	495	00
PAID RECEIPT NUMBER		
BALANCE	0	0

PAID

JUN 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~~ Beatrice Williams ORDER TAKEN Joyce

W.O. NO. E 5082

INVOICE NO.

PY-593 (4-82) #11171

OFFICIAL RECEIPT

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

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

№ 32615

DATE 6-24 1985

FROM Beatrice Williams ADDRESS 4442 Jocelyn St. SD 92105

Four Hundred ninety five 00/100 DOLLARS ($ 495.00)

IN full PAYMENT OF Pre need grave & Care only

LOT 79 GRAVE 4 ROW SECTION -/- DIVISION BLOCK 12

INVOICE NO.

W.O. E-5082

UNPAID BALANCE AFTER THIS PAYMENT 0

Cash

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

CITY AUDITOR
JUN 30 1985

ISSUED BY George

CREDIT 20% SALES CARE	67007 77184	396 00
80% SALES OF LOTS	100 77184	99 00
OPENINGS	100 77181	—
BOXES	100 77182	—
REMOVALS FOUNDATIONS	100 77183	—
SALES TAX	60101 9020	—
TOTAL PAID $		495 00

AC-212 (REV. 9-61)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-24-85 19

CHARGE Franklin D. Williams

ADDRESS 4442 Jocelyn St. S.D. 92109

NAME OF DECEASED Pre need for Himself

OWNER

ADDRESS

MORTUARY

	396	00
LOT 79 GR 5 ROW SEC 1 BLK DIV 12	99	00
OPENING/CLOSING TIME DAY DATE	-0-	
VAULT/LINER SIZE	-0-	
REC. FEE/REMOVAL/FOUNDATION	-0-	
TOTAL	495	00
PAID RECEIPT NUMBER 32616	495	00
BALANCE	0	0

PAID

JUN 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 Franklin D Williams ORDER TAKEN Joyce

W.O. NO. E 5083 INVOICE NO.

PY-593 (4-82) #11172

OFFICIAL RECEIPT

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

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

No 32616

DATE 6-24-85 19

FROM Franklin D Williams ADDRESS 4442 Jocelyn St SD 92105

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

IN full PAYMENT OF Perpetual Care Open & Close

LOT 79 GRAVE 5 ROW — SECTION -1- DIVISION BLOCK 12

INVOICE NO. —

W.O. E-5083

UNPAID BALANCE AFTER THIS PAYMENT 0

Cash

AC-212 (NRV. 9-81)

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

CITY AUDITOR
JUN 30 1985

ISSUED BY

CREDIT	67007	99 00
30% SALES CARE	77184	
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

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-25-85 19

CHARGE Marilyn McCormic 232-5740

ADDRESS 3644 Birch St SD Ca 92113

NAME OF DECEASED Pre need for Marilyn McCormic

OWNER For Rev personal usage at death

ADDRESS

MORTUARY Berge-Roberts Mortuary-Pre-need

Traded to 104-8-2-11

LOT 104	GR -1-	ROW	SEC -1-	DIV 12		395	00
OPENING/CLOSING TIME —		DAY DATE —				—	—
VAULT/LINER —		SIZE Later				—	
REC. FEE/REMOVAL/FOUNDATION						—	
					TOTAL	395	00
PAID RECEIPT NUMBER 32618						60	00
					BALANCE	335	00

8-5-85 - 32700 40.00

295.00

Will pay monthly - $50.00 down + 10.00 mon more (over)

Per Month -

Father Peter P. Borda - 477-5547

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

AUTHORIZED IN PERSON Marilyn McCormic

PHONE BY ~~per~~ Rev Peter Borda

ORDER TAKEN BY George

W.O. NO. E 5084

INVOICE NO.

PY-593 (4-62)

25-86 33077

295.00
60.00
235.00

Payments applied toward #250.00 lot
See E-5769

3-5-86

Lot 45 Gr. 8 Sec 2
Down 11

1871

16-8/1220

PETER P. BORDA
1430 E 4th St
N.C. 92050

June 26, 1985

PAY TO THE ORDER OF Mount Hope Cemetry $ 60.00

Sixty 00/100 DOLLARS

CROCKER NATIONAL BANK
CHULA VISTA OFFICE
481 BROADWAY, CHULA VISTA, CALIFORNIA 92010

MEMO Deposit + 10 per mfly

Peter P. Borda

⑆122000085⑆ 1871 ⑆19172159⑈33

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-25-85 19

CHARGE Marilyn McCormic

ADDRESS

NAME OF DECEASED Pre need for Marilyn McCormic

OWNER For her personal usage at death

ADDRESS

MORTUARY Berge - Roberts Mortuary - Pre-need

LOT 104 GR -1- ROW SEC -1- DIV 12	395	00
OPENING/ CLOSING TIME — DAY DATE —	—	
VAULT/LINER — SIZE Later	—	
REC. FEE/REMOVAL/FOUNDATION	—	
TOTAL	395	00
PAID RECEIPT NUMBER 32618	60	00
BALANCE	335	00

Will pay monthly -
$50.00 down + 10.00 mo or more
Per Month -

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

AUTHORIZED IN PERSON Marilyn McCormic
PHONE BY per Rev Peter P. Borda
ORDER TAKEN BY George

W.O. NO. E 5084

INVOICE NO.

PY-593 (4-82)

E 5084

OFFICIAL RECEIPT

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

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

№ 33077

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 07 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

№ 32700

DATE 8-5 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 41 [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 104 GRAVE 1 ROW SECTION 1 DIVISION BLOCK

INVOICE NO. [illegible]

W.O. E-5[illegible]

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 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 $		41 [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

№ 32618

DATE 6-25-85 19

FROM Marilyn McCormic ADDRESS 3644 Birch St SD Ca 92105

Sixty and no/100 DOLLARS ($ 60.00)

IN Part PAYMENT OF Pu need grave for Marilyn McCormic to be paid on Payment Plan

LOT 104 GRAVE -/- ROW — SECTION -/- DIVISION BLOCK 12

INVOICE NO.

W.O. E 5084

UNPAID BALANCE AFTER THIS PAYMENT 335.00

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	12	00
80% SALES OF LOTS	100 77184	48	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		60	00

Ck #

AC-272 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-25 19 85

CHARGE Mable Mossberger - 443-0612

ADDRESS 13655 Hwy 8: Sp 55 - El Cajon 92021

NAME OF DECEASED George H. Parsons Sr.

OWNER Same -

ADDRESS

MORTUARY El Cajon - Steven

(DIP)

LOT 46 GR 8 ROW SEC MAS ~~BLK~~ DIV S

OPENING/CLOSING TIME - DELIVERY ONLY - 10:00 DAY DATE Mon 7-1-85

VAULT LINER T.S. SIZE Sld.

REC. FEE/REMOVAL/FOUNDATION

Sales Tax

PAID RECEIPT NUMBER 32621

Preneed		
	320	00
	345	00
	35	00
TOTAL	20	70
	720	70
BALANCE	~~0~~	~~0~~

1st Burial 1970

W/vault

Use a sealed Vault -

PAID

JUN 25 1985

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED
IN PERSON PHONE Mable L. Mossberger ORDER TAKEN BY Lang

W.O. NO. E 5085 INVOICE NO.

PY-593 (4-82)

		350.00
6-18-86	33470 ✓	150.00
		200.00
04-14-87	34429 ✓	100.00
12-10-87	35423	100.00
		100.00

Post card sent 04-03-87

E 5085

MOUNT HOPE CEMETERY

6-25-85 19

The undersigned hereby requests and authorizes the interment of the remains of Loyd H. Parsons in Lot 46 Gr 8 Row _____ Sec. MAS 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.

X Mabel L. Messenger

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

Sealer - 345
Levi 245



E 5085

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
George Henry Parsons	Male	April 23, 1895	June 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	Mable L. Mossberger - Daughter 13655 Highway 8, Bus. Sp.#55 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 $3.00 / DATE PERMIT ISSUED 6-27-85	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 JUL 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

№ 32621

DATE 6-25 1985

FROM Mable Mossberger ADDRESS 13655 - Hwy 8 - Sp 55

Seven Hundred Twenty and 70/100 — DOLLARS ($ 720.70)

IN full PAYMENT OF Burial of George H. Parsons Dr

LOT 46 GRAVE 8 ROW SECTION Mar DIVISION BLOCK S

INVOICE NO.

W.O. E 5085

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	—	
20% SALES OF LOTS	100 77184	—	
OPENINGS	100 77181	320	00
BOXES	100 77182	345	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	20	70
TOTAL PAID $		720	70

AC-313 (REV. 5-61)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-26-85 19

CHARGE Willie Mae Vickers

ADDRESS 273 Redfern Dr. S.D. 92114

NAME OF DECEASED Pre need for Willie + one for Son Herbert Maurice Vickers.

OWNER

ADDRESS

MORTUARY — Pre-need —

LOT 32 GR (2) 10+12 ROW SEC 1 DIV 11	990	00
OPENING/CLOSING TIME DAY DATE	-0-	-0-
VAULT/LINER SIZE	-0-	-0-
REC. FEE/REMOVAL/FOUNDATION	-0-	-0-
TOTAL	990	00
PAID RECEIPT NUMBER 32623 6-26-85	~~390~~	~~00~~
BALANCE	600	00

Paid 12/11/87

Pre need - Bal by Monthly

8-9-85 32715 ✓ 50.00

12/6/85 32937 ✓ 550.00 100.00

3/14/86 33191 ✓ 450.00 100.00 350.00

PAID
JUN 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.

(over)

AUTHORIZED
IN PERSON
~~PHONE-DU~~

ORDER TAKEN BY George

W.O. NO. E 5086

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

№ 32937

Date: 12-6, 19[illegible]

From: [illegible] Address: [illegible] Ca 92114

One hundred and no/00 Dollars ($ 100.00)

In part Payment of Pruned Lot

Lot 32 Grave 10 & 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. F-5086

Unpaid Balance after this Payment $450.00

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 [illegible]

CREDIT 20% Sales Care	67007 77184	20.00
80% Sales of Lots	100 77184	80.00
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)

OFFICIAL RECEIPT

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

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

№ 32715

DATE 8-9 19

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT GRAVE ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. [illegible]

W.O. [illegible]

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR

AUG 12 1985

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	50
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

No 32623

DATE 6-26-85 19

FROM Willie Mae Vickers ADDRESS 273 Rexview Dr

Three Hundred Ninety and no/100 DOLLARS ($ 390 00)

IN Part PAYMENT OF Pre need - 2 spaces + Case fee -

One for Willie + one for Herbert Marvin Vickers

LOT 32 GRAVE 10 & 12 ROW — SECTION -/- DIVISION BLOCK 11

INVOICE NO. —

W.O. E-5086

UNPAID BALANCE AFTER THIS PAYMENT 600 00

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

CITY AUDITOR
JUN 30 1985

ISSUED BY [signature]

CREDIT 50% SALES CARE	67007 77184	
50% SALES OF LOTS	100 77184	390 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		390 00

A-147

AC-315 (REV. 9-81)

OFFICIAL RECEIPT

№ 34429

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

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

Date: 04-14, 19

From: Willie M. Vickers Address: 273 Rainview Dr. S Ca 92104

One hundred and no/100 Dollars ($ 100.00)

In part Payment of Preneed Lot (s)

Lot 32 # Grave 10 & 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E5086

BALANCE DUE $100.00

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	100.00
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	$	100.00

AC-212 (Rev. 11-86)

OFFICIAL RECEIPT

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

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

No. 35423

Date: 12-16, 1987

From: Willie M. Vickers Address: 273 Lakeview Dr. S.H. 92114

(One hundred dollars) & 00/100 Dollars ($ 100.00)

In _____ Payment of Credit lot

Lot 32 Grave 10 & 12 Row — Section 1 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-5086

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1124

AC-212 (Rev. 10-87)

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

ISSUED BY Nora Black

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	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

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

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

№ 33470

Date: 06-18, 19 86

From: Wilbur M. Vickers Address: 273 Rexview Dr. S.D. Ca 92110

One hundred fifty and no/100 Dollars ($ 150.00)

In art Payment of Preneed lot(s)

Lot 23 Grave 10 & 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-5086

Unpaid Balance after this Payment $200.00

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	30.00
80% Sales of Lots	100 77184	120.00
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

№ 33191

Date: 03-14, 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-5086

Unpaid Balance after this Payment $350.00

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

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

CITY AUDITOR
MAR 17 1986

ISSUED BY [illegible]

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

AC-212 (Rev. 8-85)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-26- 19 85

CHARGE Daniel Tam

ADDRESS 2012 Tulip St SD 92105

NAME OF DECEASED Wie Doo Tam

OWNER

ADDRESS

MORTUARY Greenwood (Lynn)

LOT GR 5 ROW 10 SEC CH BLK DIV I	Preneed	
OPENING/CLOSING TIME CHAPEL 1:00 DAY DATE MON 7-1-85	320	00
VAULT/LINER TS SIZE	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	720	70
PAID RECEIPT NUMBER 32625 6-26 85	720	70
BALANCE	0	

PAID
JUN 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 5087

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 5087

№ 32625

DATE 6-26 19 85

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-5087

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

CITY AUDITOR
JUN 30 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)

E 5087

MOUNT HOPE CEMETERY

6-26 19 85

The undersigned hereby requests and authorizes the interment of the remains of Wee Doo Tam in Lot 5 Gr ____ Row 10 Sec. CH ~~Block~~ Division I 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 Daniel W.S. Tam

Signature of relative or legal representative

X SON 2012 Tulip Street San Diego, CA 92105

Address & relationship to deceased or authority to sign authorization

Barbara L. Lang

Witness

Witness

E 5087

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Wee Doo Tam	Male	Aug. 16, 1902	June 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	Daniel Tam-Son 2012 Tulip Street San Diego, CA

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 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 JUN 27 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 JUL 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 6-27-85 19

CHARGE Lucy Ann Kado

ADDRESS 6292 Alderley St. S.D. 92114

NAME OF DECEASED Adam Kado, Jr. - decand.

OWNER Same

ADDRESS

MORTUARY Anderson - Ragsdale

✓ LOT 32 GR 6 ROW SEC 1 DIV 11	495	00
OPENING/ CLOSING TIME 2:00 Chapel DATE Tuesday 7-2-85	320	00
VAULT/LINER SIZE Std	245	00
REC. FEE/REMOVAL/FOUNDATION GI - Bronze	135	00
Rec. fee	35	00
Sales Tax TOTAL	14	70
PAID RECEIPT NUMBER		
BALANCE	1244	70

Will put on 45 to 60 day max. to pay account. Home owner in S.D.

Res. Sp 5 for 60 days -

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

AUTHORIZED IN PERSON ~~PHONE BY~~ Lucy Ann Kado ORDER TAKEN BY Gwoyer

W.O. NO. E 5088 INVOICE NO. 032964 013547

PY-593 (4-82)

Number E-5088

Dated 6-28-85

San Diego, California

Thirty (60) days from the above date, the undersigned for valuable consideration hereby promises to pay to the City of San Diego the sum of $ 1244.70.

Name Lucy ann Kado

Address 6212 alderley St
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.

X- Lucy Ann Kado my Home - 6212 alderley St
NAME (PROPERTY OWNED BY YOU) ADDRESS
San Dieo

FORM PW-1573 (REV. 9-67)

E 5088

MOUNT HOPE CEMETERY

6-28-1955

The undersigned hereby requests and authorizes the interment of the remains of Adam in Lot 32 Gr 6 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 Lucy Ann Kada

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

032964	07/09/85	013547	LUCY ANN KADO			07/30/85 CA	1,244.70	1,244.70	0.00
			100	072	77181	000072	320.00		PAID IN FULL
			100	072	77182	000072	245.00		
			100	072	77183	000072	170.00		
			100	072	77184	000072	396.00		
			60101		9020		14.70		
			67007		77184		99.00		

E-5088

NUMBER OF INVOICES PAID 4
TOTAL AMOUNT PAID 1,679.70

E 5088

BOOK 8 ENTRY 404

HONORABLE DISCHARGE

OF

ADAM KADO, JR.

ARMY OF THE UNITED STATES

Honorable Discharge

This is to Certify That

ADAM KADO, JR.

38 487 999 FIRST SERGEANT 472ND AMPHIBIAN 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 4 FEBRUARY 1946

(Signed) D. A. Lind
D. A. LIND
Major AC

LMP

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

1. Last Name - First Name - Middle Initial	2. Army Serial No.	3. Grade
KADO ADAM JR	38 487 999	1 SGT

4. Arm or Service	5. Component	6. Organization	7. Date of Separation
TC	AUS	472ND AMPHIBIAN TRK CO	4 Feb 46

8. Place of Separation: Separation Center Camp Fannin Texas

9. Permanent Address for Mailing Purposes: 1447 Eve St Box 1023 Baton Rouge E Baton Rouge Pa La

10. Date of Birth: 24 May 24

11. Place of Birth: New Roads La

12. Address from which Employment will be Sought: See 9

13. Color Eyes	14. Color Hair	15. Height	16. Weight	17. No. Depend.
Brown	Brown	5' 11"	175 lbs.	0

18. Race: White x; Negro; Other(Specify)

19. Marital Status: Single; Married x; Other(Specify)

20. U. S. Citizen: yes x; no

21. Civilian Occupation and No.: Student Trade School 4-X

MILITARY HISTORY

22. Date of Induction	23. Date of Enlistment	24. Date of Entry into Active Service
9 Aug 43		9 Aug 43

25. Place of Entry into Service: nd Sta Lafayette La

SELECTIVE SERVICE DATA

26. Registered: Yes x; No

27. Local S. S. Board No.: 1

28. County and State: W Baton Rouge La

29. Home Address at Time of Entry into Service: New Orleans Orleans Pa La

30. Military Occupational Specialty and No.: First Sergeant 927

31. Military Qualification and Date (i.e.infantry,aviation and marksmanship badges,etc.)

E 5088

(Signed) D. A. Lind
D. A. LIND
Major AC

LMP [redacted]

ENLISTED RECORD AND REPORT OF SEPARATION

HONORABLE DISCHARGE

1. Last Name - First Name - Middle Initial	2. Army Serial No.	3. Grade
KADO ADAM JR	38 487 999	1 SGT

4. Arm or Service	5. Component	6. Organization	7. Date of Separation
TC	AUS	472ND AMPHIBIAN TRK CO	4 Feb 46

8. Place of Separation	9. Permanent Address for Mailing Purposes
Separation Center Camp Fannin Texas	1447 Eve St Box 1023 Baton Rouge E Baton Rouge Pa La

10. Date of Birth	11. Place of Birth	12. Address from which Employment will be Sought
24 May 24	New Roads La	See 9

13. Color Eyes	14. Color Hair	15. Height	16. Weight	17. No. Depend.
[redacted]rown	Brown	5' 11"	175 lbs.	0

18. Race			19. Marital Status		
White	Negro	Other(Specify)	Single	Married	Other(Specify)
x				x	

20. U. S. Citizen		21. Civilian Occupation and No.
yes	no	
x		Student Trade School 4-X

MILITARY HISTORY

22. Date of Induction	23. Date of Enlistment	24. Date of Entry into Active Service
9 Aug 43		9 Aug 43

25. Place of Entry into Service	SELECTIVE SERVICE DATA	26. Registered Yes	No	27. Local S. S. Board No.
Ind Sta Lafayette La		x		1

28. County and State	29. Home Address at Time of Entry into Service	30. Military Occupational Specialty and No.
[redacted] Baton Rouge La	New Orleans Orleans Pa La	First Sergeant 927

31. Military Qualification and Date (i.e.infentry,aviation and marksmanship badges,etc.)

Marksman Rifle 20 Sep 43

32. Battles and Campaigns	33. Decorations and Citations
Southern Philippines Ryukyus Go 33 WD 45	Good Conduct Medal World War 2 Victory Medal Asiatic-Pacific Campaign Medal with 2 Bronze Stars & 1 Bronze Arrowhead Philippine Liberation Ribbon with 2 Bronze Stars

34. Wounds Received in Action	35. Latest Immunization Dates			
	Smallpox	Typhoid	Tetanus	Other(Specify)
None	30Jan45	30Jan45	24Mar44	Typhus 2Dec45

[redacted]

E 5088

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ADAM KADO, JR.	MALE	May 24, 1934	June 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	Lucy Kado - Wife 6212 Alderley Street 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 JUL 01 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 JUL 2 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

9/2/85

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

№ 32690

DATE 7-31 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. [illegible]

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

ISSUED BY [illegible]

CREDIT	67007	
30% SALES CARE	77184	
40% 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)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-27 19 85

CHARGE Mary L. Newman

ADDRESS 922 Arnacost Rd SD Ca 92114

NAME OF DECEASED Dorathy Silas

OWNER

ADDRESS

MORTUARY Anderson-Ragsdale

LOT 107 GR 12 ROW SEC 1 ~~BLK~~ DIV 12 Spaced

OPENING/CLOSING TIME 11:00 -CHURCH- DAY DATE Mon 7-1-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL

PAID RECEIPT NUMBER

BALANCE

Spaced E5012, E5013

THE CITY CHARTER MAKES NO 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 5089

INVOICE NO.

PY-593 (4-82)

E 5089

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DOROTHY HILBURN SILAS	FEMALE	10-22-16	6-26-85

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	Mary L. Newman - Daughter-in-law 922 Armacost 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

- ☒ 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 JUN 28 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 1 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos M.D. C.S.

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 6-27 19 85

CHARGE Pat Williams

ADDRESS 6241 Broadway SDCa 92114

NAME OF DECEASED Arthur Williams

OWNER

ADDRESS

MORTUARY Anderson-Ragsdale

LOT 178 GR 1 ROW SEC 1 ~~BLK~~ DIV 12	Interred	
OPENING/CLOSING TIME 2:00 CHAPEL DAY DATE Mon. 7-1-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION		35 00
TOTAL		35 00
PAID RECEIPT NUMBER 7-1-85 32629		35 00
BALANCE		-0-

Interred 1980 E1879

PAID
JUL 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 Pat Williams ORDER TAKEN BY Lang

W.O. NO. E 5090 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

№ 32629

DATE 7-1 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-5090

CITY AUDITOR
JUL 03 1985

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

000001

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. 8-81)

E 5090

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ARTHUR WILLIAMS	MALE	July 27, 1914	June 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
National City	San Diego	Alberta Williams - Wife 427 North 47th 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
- [ ] 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: JUL 01 1985 — SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Rowe, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JUL 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 32833

DATE 10-8 19 85

FROM Alberta Williams ADDRESS [illegible]

One hundred twenty five and no/100 DOLLARS ($ 125.00)

IN [illegible] PAYMENT OF Marker installation for Alberta + Arthur Williams

LOT 178 GRAVE 1 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-5090

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 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	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 6-28 19 85

CHARGE County of S.D. - Indigent

ADDRESS Judy Gretton - Indig Permit # 11593

NAME OF DECEASED John Doe #5485

OWNER

ADDRESS

MORTUARY Neptune

LOT ~~103~~ 98 GR 2 59 ROW SEC ~~2~~ 4 ~~BLK~~ DIV 7	55	00
OPENING/CLOSING TIME - DROP OFF - 1:30 DAY DATE Mon 7-1-85	90	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	145	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 Judy Grettan ORDER TAKEN BY Lang

W.O. NO. E 5091 INVOICE NO. 032947 000952

PY-593 (4-82)

E5091

Mount Hope Cemetery

3754 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
06/28/85	E-5091

TO:
County of San Diego
Indicgent Burial
5201-A Ruffin Rd.
San Diego, CA 92123

DESCRIPTION OF CHARGE	AMOUNT
John Doe - Case #5485	
Lot 98, Grave 9, Section 4, Divn 7	$55.00
Opening/Closing	90.00
Total Due	$145.00

FORM PR-955 (10/64)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/02/85

DATE: 08/02/85
TIME: 210104
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
032947	07/09/85	000952	COUNTY OF SAN DIEGO					07/29/85	CK	04-456489	145.00	145.00	0.00
			100	072		77181	000072				90.00		PAID IN FULL
			100	072		77184	000072				55.00		

E 5091

E 5091

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe CC#54-85	Male	Unknown	Found 1-7-1985

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	PUBLIC ADMINISTRATOR (EXECUTOR

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
NEPTUNE SOCIETY	F-1352	5201-A Ruffin Road San Diego, CA 92123

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 JUL 01 1985
			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 (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

8/2/85

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

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

№ 32684

DATE 7-29 19 85

FROM County of S.D. ADDRESS 5201-A Rubenstein St. Ca 92

One hundred forty five and [illegible] DOLLARS ($ 145.00)

IN full PAYMENT OF [illegible]

LOT 98 GRAVE 9 ROW SECTION 4 DIVISION BLOCK 7

INVOICE NO. Check

Inv #132947

W.O. E-5091

UNPAID BALANCE AFTER THIS PAYMENT X

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

ISSUED BY [illegible]

CREDIT 35% 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 $		145

AC-213 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-28 19 85

CHARGE County of S.D. - Indigent

ADDRESS Judy Gretton - Ind Pkr. # 11592

NAME OF DECEASED John Doe # 19385-

OWNER

ADDRESS

MORTUARY Neptune

LOT ~~98~~ GR 10 ROW SEC ~~4~~ BLK DIV 7	55	00
OPENING/CLOSING TIME 1:30 DROP OFF B.B DAY DATE Mon 7-1-85	90	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	145	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 Judy Gretton ORDER TAKEN BY Lang

W.O. NO. E 5092 INVOICE NO. 032949 000952

PY-593 (4-82)

E 5092

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
06/28/85	E-5092

TO:

County of San Diego
Indigent Burial
5201-A Ruffin Rd.
San Diego, CA 92123

DESCRIPTION OF CHARGE	AMOUNT
John Doe - Case #19385	
Lot 98, Gr 10, Sec 4 Divn 7	$55.00
Opening/closing	90.00
Total due	$145.00

FORM PR-955 (10/64)

E5092

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE FOUND
John Doe CC#193-85	Male	Unk.	1-23-1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Valley Center	San Diego	PUBLIC ADMINISTRATOR (EXECUTOR 5201-A Ruffin Road San Diego, CA 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY	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 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 JUL 1 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Cowan, 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.

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

8/2/85

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

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

№ 32685

DATE 7-29 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ 145)

IN [illegible] PAYMENT OF [illegible]

LOT 91 GRAVE 10 ROW SECTION 4 DIVISION BLOCK 7

INVOICE NO. [illegible]

[illegible]

W.O. E-5092

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 $		145

AC-212 (REV. 9-81)

032949	07/09/85	000952	COUNTY OF SAN DIEGO				07/29/85	CK	04-456489	145.00	145.00	0.00
			100	072	77181	000072				90.00		PAID IN FULL
			100	072	77184	000072				55.00		

E5092

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6-28 19 85

CHARGE County of SD Indigent

ADDRESS

NAME OF DECEASED Vineta Ruth Ross

OWNER Case # 11596

ADDRESS 753-1143

MORTUARY Encinitas Mort (Ed)

LOT 98 GR D ROW SEC 4 ~~BLK~~ DIV 7		55	00
OPENING/CLOSING TIME 10:00 - DROP OFF DAY DATE Mon 7-1-85		90	00
VAULT/LINER SIZE			
REC. FEE/REMOVAL/FOUNDATION			
TOTAL		145	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 Mark

ORDER TAKEN BY Lang

W.O. NO. E 5093

INVOICE NO. 032951 000952

PY-593 (4-82)

Mount Pope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
06/28/85	E-5093

TO:

County of San Diego
Indigent Burial
5201-A Ruffin Rd.
San Diego, CA 92123

DESCRIPTION OF CHARGE	AMOUNT
Vineta Ruth Ross Service	
Case #11596	
Lot 98, Grave 8, Section 4 Divn 7	$55.00
Opening/closing	90.00
Total Due	145.00

FORM PR-955 (10/64)

E 5093

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
R Vineta Ruth Ross	Female	1/4/10	† 6/27/85

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Carlsbad	San Diego	Donald L. Coffman - Son 7241 Mimosa Drive Carlsbad, CA 92008

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Encinitas Mortuary	857

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		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 IN THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID 3.00	DATE PERMIT ISSUED JUN 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 JUL 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

8/2/85

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

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

№ 32686

DATE 7-29 19 85

FROM County H & D ADDRESS 5201-A Kuhn Rd [illegible]

One hundred forty seven and no/100 DOLLARS ($ 145.00)

IN full PAYMENT OF Vinata Ruth Ross Service

Case #11596

LOT 98 GRAVE 8 ROW SECTION 4 DIVISION BLOCK 7

INVOICE NO. 032951

Acct 000952

W.O. E-5093

UNPAID BALANCE AFTER THIS PAYMENT 0

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 $		145.00

AC-212 (REV. 9-81)

032951	07/09/85	000952	COUNTY OF SAN DIEGO			07/29/85	CK	04-456489	145.00	145.00	0.00
			100	072	77181	000072			90.00		PAID IN FULL
		E 5093	100	072	77184	000072			55.00		

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-1 19 85

CHARGE Anderson-Ragsdale

ADDRESS 550 Federal Blvd SD 92102

NAME OF DECEASED Mary A. Wright

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 1193 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME 9:00 -CHURCH- DAY DATE TUES. 7-2-85	320	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1109	70
PAID RECEIPT NUMBER 7-1-85 32631	1109	70
BALANCE	-0-	

PAID

JUL 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 Ragsdale

ORDER TAKEN BY Lang

W.O. NO. E 5094

INVOICE NO.

PY-593 (4-62)

E 5094

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY ALICE WRIGHT	FEMALE	Jan. 15, 1936	June 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	Edna Watson - Sister 5406 Trinidad Way San Diego, California

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 3351 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: JUN 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 (ENTER DATE): JUL 2 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

№ 32631

DATE 7-1 19 85

FROM Anderson Sandra ADDRESS 5050 Federal Blvd S.D. Ca 92114

Eleven hundred nine and 74/100 DOLLARS ($ 1109.75)

IN full PAYMENT OF Perry & Wright Service

LOT 1193 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-5094

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR

JUL 03 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)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/1/85 19

CHARGE Estate of James Bledsoe, deceased

ADDRESS % Martha R. Logan, Attd. Law.

NAME OF DECEASED James Bledsoe, deceased

OWNER

ADDRESS

MORTUARY Rogsdale

LOT 48 GR 9 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME 11AM - Church DAY DATE Tues - 7/2	320	00
VAULT/LINER SIZE Std	245	00
REC. FEE/REMOVAL/FOUNDATION Setting H.I + R. Fee	170	00
Sales Tax	14	70
TOTAL	1244	70
PAID RECEIPT NUMBER		
BALANCE	1244	70

Bill estate - See letter attached - maybe 6 mo.

Bronze H.I. marker Setting fee Ave.

THE CITY CHARTER MAKES NO 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 Letter from Logan ORDER TAKEN BY George

W.O. NO. E 5095 INVOICE NO. 032965
013548

PY-593 (4-82)

E 5095

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
James Harold Bledsoe	Male	April 20, 1925	June 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	Ruth D. Moore - Sister 5207 San Bernardo Terrace 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 JUN 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 JUL 2 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 5095

MARTHA R. LOGAN
ATTORNEY AT LAW
5106 FEDERAL BOULEVARD
SUITE 207
SAN DIEGO, CALIFORNIA 92105
TELEPHONE (619) 266-8006

July 1, 1985

OK Gwd

Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

48-9-1-11

Attn: George Stelter

Re: JAMES BLEDSOE, Deceased

Dear Mr. Stelter:

As per our telephone conversation of today, we wish to request that you take care of the necessary services to provide burial for the above-named decedent.

E 5095

You are hereby authorized to bill the Estate for payment of these services. I will advise you of the Probate case number as soon as we file our Petition.

Thank you for your courtesy and cooperation.

Yours truly,

Martha R. Logan

MARTHA R. LOGAN, ESQ.
Attorney at Law

MRL:vn

495.00
320.00
245.00
135.00
35.00
14.70
#1244.70

032965 07/09/85 013548	MARTHA R. LOGAN ✓				06/04/86 CK 081		1,244.70	1,244.70	PAID IN FULL
	100	072	Mt. Hope	77181	000072		320.00		
	100	072		77182	000072		245.00		
	100	072		77183	000072		170.00		
	100	072		77184	000072		396.00		
	00101			9020			14.70		
	07007			77184			99.00		

E 5095

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/1/85 19

CHARGE Jim Tung

ADDRESS 310 Market St, S.D. 92101

NAME OF DECEASED Tung, Mo-Tung

OWNER Section -

ADDRESS

MORTUARY Greenwood

Chinese Section

LOT GR 12 ROW 10 SEC BLK DIV

OPENING/CLOSING TIME -GRAVESIDE- 2:00- DAY DATE Wed 7-3-85 105 00

VAULT/LINER Fiberglass SIZE 100 00

REC. FEE/REMOVAL/FOUNDATION 35 00

Sales Tax 6 00

TOTAL 246 00

PAID RECEIPT NUMBER 32632

BALANCE 00

PAID
JUL 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 X

ORDER TAKEN BY

W.O. NO. E 5096

INVOICE NO.

PY-593 (4-82)

E 5046

MOUNT HOPE CEMETERY

7/1/85 19

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

Tung-Mo Tung in Lot Gr 12 Row 10 Sec.

Block

Division Chinese 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 [signature] Treas.

Signature of relative or legal representative

CCBA

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc, owners.

Witness

Witness

E 5096

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mo-Tung Tung	Male	Feb. 5, 1915	June 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
Oceanside	San Diego	Lien-Ngo Tung-Wife 310 Market Street, #208 San Diego, California 92101

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 JUL 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 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 JUN 28 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 3 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W. Stetler

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

№ 32632

DATE 7/1/85 19

FROM Jim Tung ADDRESS 310 Market St 92101

Two Hundred forty Six 00/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Burial of Cremains of Mo-Tuy Chinese name

LOT GRAVE 12 ROW 10 SECTION DIVISION BLOCK

INVOICE NO.

W.O. E5096

UNPAID BALANCE AFTER THIS PAYMENT 0

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

000214

ISSUED BY George

CREDIT 20% SALES CARE	67007 7718A	
40% SALES OF LOTS	100 7718A	
OPENINGS	100 77181	105.00
BOXES	100 77182	100.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	6.00
TOTAL PAID $		246.00

Ck# 2285

AC-212 (REV. 5-61)

- ORDER -

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-2 19 85

CHARGE ~~Irma Reuman~~ Irma Reumann

ADDRESS 1433 Estralita Ct Upland, Ca. 91786

NAME OF DECEASED Blanche Willimann

OWNER

ADDRESS Mrs.

MORTUARY Skyview Mem Lawn Lintrip

LOT 98 GR 3 ROW SEC 1 BLK DIV 11		Preneed
OPENING/CLOSING TIME 3:00 DATE Fri 7-5-85	-DIRECT BURIAL-	
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION		35 00
TOTAL		35 00
PAID RECEIPT NUMBER 7-5-85 32643		35 00
BALANCE		0

Preneed 1978 - D-9149

PAID
JUL 5 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Coming from Valle
To set up
One relative to come by.

THE CITY CHARTER MAKES NO 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 5097

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

№ 32643

DATE 7-5 19 15

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 91 GRAVE [illegible] ROW [illegible] SECTION [illegible] DIVISION BLOCK [illegible]

INVOICE NO. [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	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		

AC-212 (REV. 9-61)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-2 19 85

CHARGE B. J. Smith

ADDRESS 3037 Valley Ave SD Ca. 92113

NAME OF DECEASED Property transfer from

OWNER Erma Minear

ADDRESS

MORTUARY

LOT 488 + 489 GR ROW SEC 1 ~~BLK~~ DIV 8		
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION Transfer	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 7285 32633	35	00
BALANCE	-0-	

PAID

JUL 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 5098

INVOICE NO.

PY-593 (4-82) #11182

E 5098
7/1/1969

4407

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Erma L. Minear for the sum of $ 400.00 (DOLLARS)

LEGAL DESCRIPTION Lots 488 & 489 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-7395

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 MARKERS ONLY

P. W. Dehne/DO
Cemetery Manager

Eric Quant
Public Works Director

FORM PW-584

E 5098

QUIT-CLAIM AND RELEASE OF ALL INTEREST IN CEMENTARY PROPERTY AND MERCHANDISE

DATE 7-1-85

THAT I/WE, Erma Minear

RESIDING AT 5040 Westminister Terr CA
street city state zip

COUNTY OF San Diego STATE OF Calif

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:

Lots 488 & 489 Div 8 Sec 1

NAME OF CEMETERY Mt Hope

ADDRESS: Market Street San Diego Ca 92102
STREET CITY STATE ZIP

FURTHER I/WE DO HEREBY TRANSFER GIVE AND ASSIGN THE MONEY EQUITY OF

One Dollar ($ 1.00) TO

NAME: B.L. Smith

ADDRESS: 3037 Valley Ave San Diego Ca 92113
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: July 2, 1985

Erma L. Minear

State of California
County of San Diego } SS.

On this 2nd day of July 19 85
before me a Notary Public personally appeared
Erma L. Minear
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

Victoria E. McElyea
Notary Public

Victoria E. McElyea

OFFICIAL SEAL
Victoria E. McElyea
Notary Public-California
Principal Office In
San Diego County
My Comm. Exp. May 4, 1987

Notary Seal

OFFICIAL RECEIPT

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

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

№ 32633

DATE 7-2 19 85

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF Property Transfer

LOT [illegible] GRAVE _____ ROW _____ SECTION 1 DIVISION BLOCK 1

INVOICE NO. [illegible]

W.O. E-5091

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

000814

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	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 7-2 19 85

CHARGE Zephal M. Davis

ADDRESS 891-41st St SD, Ca 92102

NAME OF DECEASED Claudia Johnson

OWNER

ADDRESS

MORTUARY Bagsdale

✓

LOT 489 GR ROW SEC 1 ~~BLK~~ DIV 8 Owned

OPENING/CLOSING TIME 11:00 -Church- DAY DATE Wed 7-3-85 320 00

VAULT/LINER T.S. SIZE 20 345 70 00

REC. FEE/REMOVAL/FOUNDATION 25 00

TOTAL 720 70

PAID RECEIPT NUMBER

BALANCE

30 Day Note

Wants to use portable tent.

THE CITY CHARTER MAKES NO 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. Zephal M. Davis ORDER TAKEN BY Lang

W.O. NO. E 5099 INVOICE NO. 032962 013546

PY-893 (4-82)

032962	07/09/85	013546	ZEPHAL M. DAVIS		08/05/85 CK	8065	720.70	720.70	0.00
			100 072	77181	000072		320.00		PAID IN FULL
			100 072	77182	000072		345.00		
			100 072	77183	000072		35.00		
			60101	9020			20.70		

E-5099

E5099

MOUNT HOPE CEMETERY

July 2 19 85

The undersigned hereby requests and authorizes the interment of the remains of Claudia Johnson in Lot 489 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.

✓ Mrs. Zephal M. Davis

✓

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Long

Witness

Witness

Number E-5099

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 $ 720.70 .

Name Zephal M. Davis

Address 891-41st 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.

Mrs. Zephal M. Davis — Same as Above — 891-41st St. San Diego CA 92102

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E5099

MOUNT HOPE CEMETERY

July 2 19 85

The undersigned hereby requests and authorizes the interment of the remains of Claudia Johnson in Lot 489 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.

X _____ X _____

X _____ X _____

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Bill Wilson
Witness

_____
Witness

E5099

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLAUDIA M. JOHNSON	Female	June 22, 1909	June 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	Zephal Davis - Daughter 891 - 41st 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 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 JUL 03 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald A. Camara, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		JUL 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 7-2 19 85

CHARGE Bee Lee & Clara Gilbert

ADDRESS 404 Milbrae S.D. Ca. 92102

NAME OF DECEASED Property transfer

OWNER

ADDRESS

MORTUARY

LOT 486 & 487 GR ROW SEC 1 ~~BLK~~ DIV 8		
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION Transfer	35	00
TOTAL	35	00
PAID RECEIPT NUMBER J285 32634	35	00
BALANCE	-0-	

PAID
JUL 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 Long

W.O. NO. E 5100

INVOICE NO.

PY-593 (4-82)

E5100

QUIT-CLAIM AND RELEASE OF ALL INTEREST IN CEMENTARY PROPERTY AND MERCHANDISE

DATE 7-1 85

THAT I/WE, ERMA MINEAR

RESIDING AT 5040 Westminster CA
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:

Lots 486+487 Div 8 sec 1

NAME OF CEMETERY MT Hope

ADDRESS: Market Street San Diego CA 92102
STREET CITY STATE ZIP

FURTHER I/WE DO HEREBY TRANSFER GIVE AND ASSIGN THE MONEY EQUITY OF

One Dollar ($ 1.00) TO

NAME: MR Bee Lee & Clare Gilbert

ADDRESS: 404 Milbrae San Diego CA 92102
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: July 2, 1985

Erma L. Minear

State of California
County of San Diego } ss.

On this 2nd day of July 19 85
before me a Notary Public personally appeared
Erma L. Minear
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

Victoria E. McElyea
Notary Public
Victoria E. McElyea

OFFICIAL SEAL
Victoria E. McElyea
Notary Public-California
Principal Office In
San Diego County
My Comm. Exp. May 4, 1987

Notary Seal

E5100 6/26/1971

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

5665

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Erma L. Minear for the sum of $ 400.00 (DOLLARS)

LEGAL DESCRIPTION Lots 486 & 487 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER D-502

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:

12" x 24" Single flush Markers only

R. W. Dehne
Cemetery Manager

William Richards
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

OFFICIAL RECEIPT

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

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

№ 32634

DATE 7-2 19 [illegible]

FROM [illegible] ADDRESS [illegible]

[illegible] DOLLARS ($ [illegible])

IN [illegible] PAYMENT OF [illegible]

LOT 416 + 417 GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. [illegible]

W.O. E-5100

UNPAID BALANCE AFTER THIS PAYMENT [illegible]

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

000214

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	[illegible]
SALES TAX	60101 9020	
TOTAL PAID $		[illegible]

AC-212 (REV. 9-51)

E 5101

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-3 1985

CHARGE Linda Rowley

ADDRESS 4382 Wilson St, SD Ca 92104

NAME OF DECEASED Ashable Franklin Rowley

OWNER

ADDRESS

MORTUARY Rogers

(8-7-6) 3 Sp-Pre-need

	1980	00
LOT 59 GR 9 ROW SEC 5 ~~BLK~~ DIV 2	~~495~~	~~00~~
OPENING/CLOSING TIME 10: G.S. about 10:15 DAY DATE TUES. 7-9-85	320	00
	20	70
VAULT/LINER SIZE	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sp (3) (Pre-need) TOTAL	~~1215~~	~~70~~
PAID RECEIPT NUMBER	2700	70
7-3-85 32636 BALANCE	2700	70

Leaving Rogers 10 AM - escort

PAID
JUL 3 1985
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Need Shovel -

Month

THE CITY CHARTER MAKES NO 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 Linda Rowley ORDER TAKEN BY George

W.O. NO. E 5101 INVOICE NO.

PY-593 (4-82) #11185

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-5181

E 5101

№ 32636

DATE 7-3-85 19

FROM Lada Rawley ADDRESS 4382 Wilson Ave, S.D. - 92104

Twenty Seven hundred and 70/100 DOLLARS ($2700.70)

IN full PAYMENT OF 4 Sp lot - One to be for Ashabh Franklin Rawley - Dawn

LOT 59 GRAVE 9-8-26 ROW SECTION 5 DIVISION ~~BLOCK~~ 2

INVOICE NO.

W.O. E 5101

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY Geoyer Stitt

CREDIT 10% SALES CARE	67007 77184	396	00
10% SALES OF LOTS	100 77184	1584	00
OPENINGS	100 77181	320	00
BOXES	100 77182	345	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	20	70
TOTAL PAID $		2700	70

AC-1103

AC-214 (REV. 8-81)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5101

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ASHABIE FRANKLIN ROWLEY	Male	Feb. 27, 1908	July 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	Luda Rowley - Wife 4362 Wilson Avenue San Diego, 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

- [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 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 JUL 09 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 JUL 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.

E 5102

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-3 19 85

CHARGE Raymond L. Paul Jr.

ADDRESS 1555 Satellite, #129, SD 92154

NAME OF DECEASED Danny Ray Paul

OWNER

ADDRESS

MORTUARY Humphrey, C.V.

LOT 1772 GR ROW SEC 1 BLK DIV 9	100	00
OPENING/CLOSING TIME —GRAVESIDE— 2:00 DAY DATE Fri 7-5-85	100	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	235	00
PAID RECEIPT NUMBER 7-5-85 32638	235	00
BALANCE	-0-	

PAID
JUL 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 Raymond L Paul Jr ORDER TAKEN BY Lang

W.O. NO. E 5102 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
264-3181

t5102

№ 32638

DATE 7-5 1925

FROM Raymond L. Paul, Jr. ADDRESS 1555 Satellite #129, SD Ca 92150

Two hundred thirty five and no/100 DOLLARS ($ 235.00)

IN full PAYMENT OF Danny Ray Paul Irvine

LOT 177 GRAVE ROW SECTION 1 DIVISION ~~BLOCK~~ 7

INVOICE NO. Cash

W.O. E-5102

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77154	20.00
35% SALES OF LOTS	100 77154	60.00
OPENINGS	100 77151	100.00
BOXES	100 77152	
REMOVALS FOUNDATIONS	100 77153	35.00
SALES TAX	60101 8020	
TOTAL PAID $		235.00

AC-212 (REV. 9-61)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5102

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DANNY RAY PAUL	Male	July 02, 1985	July 02, 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	Raymond G. Paul (Father) 1555 Satellite Blvd. #129 San Diego, Ca. 92150

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 JUL 05 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 5 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. 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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

E5103
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-5 19 85

CHARGE Public Administrator

ADDRESS 5201-A-Riffey Rd.

NAME OF DECEASED Lorna Lampkin

OWNER

ADDRESS

MORTUARY Merkley-Mitchell

LOT 137 GR 12 ROW SEC 1 ~~BLK~~ DIV 12		
OPENING/CLOSING TIME -GRAVESIDE- 1:00 DAY DATE Mon 7-8-85	320	00
VAULT/LINER SIZE 14	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
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 5103

INVOICE NO. 032958
000952

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5103

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LORNA LAMPKIN	FEMALE	FEB 15, 1895	JUL 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	PUBLIC GUARDIAN 5201A RUFFIN ROAD SAN DIEGO, CA 92123

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, 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 JUL 05 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Remer, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 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.

E 5/03

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/05/85

DATE: 08/05/85
TIME: 220755
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
032956	07/09/85	000952	COUNTY OF SAN DIEGO					07/31/85	CK	129690	614.70	614.70	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			60101			9020					14.70		

E-5/03

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 614.70

E5104

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-5 19 85

CHARGE PA-Indigent Burial Officer

ADDRESS 5201-A Ruffin Rd

NAME OF DECEASED John Doe # 11600
#39085

OWNER

ADDRESS 281-7055

MORTUARY John Mayer Mortuary

LOT 69 GR 4 ROW SEC 2 BLK DIV 11	55	00
OPENING/CLOSING TIME 1:00 — DELIVERY ONLY — DAY DATE Fri 7-5-85	90	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	145	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 5104

INVOICE NO. 032954
000952

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5104

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe #39085	MaLE	Unk	Found February 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
Escondido	San Diego	Public Administrator 5201-A Ruffin Road 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

- [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 JUL 5 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 5 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. 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.

E5104

ACRO2U RSWD: INVOICE DATA ENTRY RG 1
ACTION: [redacted] ACCOUNT: 000952 [redacted] INV DATE: 07 09 85
NAME: [redacted]
1) [redacted] 2) 201-A [illegible]FFIN RD
3) 4)
CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY:
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO [redacted] 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: 145.00

DESCRIPTION OF CHARGE	AMOUNT
[redacted]	
LOT 69 GR 4 SEC 2 DIV 11	55.00
OPENING/CLOSING	90.00

TOTAL DUE [redacted] 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.

PAID
SEP 11 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

OFFICIAL RECEIPT

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

9/16/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2151

E5104

№ 32773

DATE 9-11 1985

FROM County of SD ADDRESS 5201-A Ruffin Rd. SD Ca 92123

One hundred forty five and no/100 — DOLLARS ($ 145.00)

IN full PAYMENT OF John Doe # 11600 - # 39085

LOT 69 GRAVE 4 ROW SECTION 2 DIVISION ~~BLOCK~~ 11

INVOICE NO. Check

Inv # 132954

W.O. E-5104

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lang

CREDIT	67007		
20% SALES CARE	77154		
10% SALES OF LOTS	100 77154		
OPENINGS	100 77151		
BOXES	100 77152		
REMOVALS FOUNDATIONS	100 77153		
SALES TAX	66101 9020		
TOTAL PAID $		145	00

AD-215 (REV. 4-81)

E5105
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-5 19 85

CHARGE PA - Indigent Burial Officer

ADDRESS 5201-A - Ruffin Rd.

NAME OF DECEASED John Doe #11603

OWNER #82085

ADDRESS 281-7055

MORTUARY John Mayer Mortuary

LOT 69 GR 4 ROW SEC 2 ~~BLK~~ DIV 11	55	00
OPENING/CLOSING TIME 1:00 DAY DATE Fri 7-5-85 (DELIVERY DATE)	90	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	145	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 5105

INVOICE NO 032956
000952

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5105

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Doe#82085	Male	Unk	April 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	Public Administrator 5201-A Ruffin Road 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

- [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 3.000 DATE PERMIT ISSUED JUL 5 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 JUL 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.

E5105

ACR02U RSWD: INVOICE DATA ENTRY PG 1
ACTION: [redacted] ACCOUNT: 000952 [redacted] INV DATE: 07 09 85
NAME: [redacted]
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: [redacted] 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: 145.00

DESCRIPTION OF CHARGE	AMOUNT
[redacted]	
LOT 69 GR 4 SEC 2 DIV 11	55.00
OPENING/CLOSING	90.00

PAID
SEP 11 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

OFFICIAL RECEIPT

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

9/16/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

E5105

№ 32774

DATE 9-11 19 85

FROM County of SD ADDRESS 5201-A Ruffin Rd SD Ca 92123

One hundred forty five and no/100 DOLLARS ($ 145.00)

IN full PAYMENT OF John Doe #11603 - #82085

LOT 69 GRAVE 4 ROW SECTION 2 DIVISION ~~BLOCK~~ 11

INVOICE NO. Check

Inv. # 032956

W.O. E-5105

UNPAID BALANCE AFTER THIS PAYMENT 0

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	69101 9920	
TOTAL PAID $		145.00

AC-012 (REV. 9-81)

E5106

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-5 19 85

CHARGE Henry S. Bachioni

ADDRESS 11036 Puebla Dr. La Mesa, Ca. 92044

NAME OF DECEASED Henry S. Bachioni

OWNER

ADDRESS

MORTUARY Lewis Colonial (Carol)

✓ LOT 52 GR ROW SEC 1 ~~BLK~~ DIV 8	Reneed	
OPENING/CLOSING TIME - GRAVESIDE 10:00 DAY DATE Tues 7-9-85	320	00
VAULT/LINER Bee SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 7-5-85 - 32642	614	70
BALANCE	-0-	

PAID
JUL 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 Henry S Bachioni ORDER TAKEN BY Long

I.O. NO. E 5106 INVOICE NO.

Y-593 (4-82)

E 5106

MOUNT HOPE CEMETERY

July 5 1985

The undersigned hereby requests and authorizes the interment of the remains of Henry J. Bachioni in Lot 52 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.

X Henry J Bachioni — 11036 PUEBLA DR LAMESA

X _____ — SON

Signature of relative or legal representative — Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

_____
Witness

OFFICIAL RECEIPT

E5106

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

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

№ 32642

DATE 7-5 1975

FROM Henry S. Bachioni ADDRESS 11036 Pueblo Dr. La Mesa 92041

Six hundred fourteen and 70/100 DOLLARS ($ 614 70)

IN full PAYMENT OF Henry Bachioni service

LOT 52 GRAVE ROW SECTION 1 DIVISION ~~BLOCK~~ 8

INVOICE NO. Check

W.O. E-5106

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY S. Lang

CREDIT 25% SALES CARE	67907 77154		
25% SALES OF LOTS	100 77154		
OPENINGS	100 77151	320	00
BOXES	100 77152	245	00
REMOVALS FOUNDATIONS	100 77153	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

AC-212 (REV. 9-61)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5106

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HENRY NMN BACHIONI	MALE	APR 18,1892	JULY 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
LA MESA	SAN DIEGO	HENRY BACHIONI - son 11036 Puebla 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 JUL 09 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 9 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. 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.

E 5107

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-5 19 85

CHARGE Maria Saavedra

ADDRESS 2043 Dillon St, SD Ca. 92110

NAME OF DECEASED Julia Saavedra

OWNER

ADDRESS

MORTUARY Beardsley-Mitchell, Roy O'Connor

LOT 45 GR 4 ROW SEC 2 ~~BLK~~ DIV 7		
OPENING/CLOSING TIME 10:00 DAY DATE Mon. 7-8-85	320	00
	20	70
VAULT/LINER T.S. SIZE	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	720	70
PAID RECEIPT NUMBER		
BALANCE		

30 Day Note

Need interment authorization from Lot 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 M Saavedra

ORDER TAKEN BY Lang

W.O. NO. E 5107

INVOICE NO. 032961 013545

PY-593 (4-82)

Number 5107

Dated 7-5-85

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 $ 720.70 .

Name Maria Saavedra

Address 2043 Illion St.
SD Ca 92110

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.

M Saavedra		2043 ILLION SAN DIEGO CA 92110
NAME	(PROPERTY OWNED BY YOU)	ADDRESS

FORM PW-1573 (REV. 9-67)

E 5107

MOUNT HOPE CEMETERY

May 26 19 84

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

_____ in Lot 45 Gr 4 Row ------ Sec. 2

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 Anna L Kelly

Signature of relative or legal representative

1000 San Pasqual #D
Pasadena, Ca. 91106
Grand-Niece

Address & relationship to deceased or authority to sign authorization

Keith G. Sheppard, Pharm D
Witness

Rose Lotesit
Witness

E5107

MOUNT HOPE CEMETERY

June 13 19 84

The undersigned hereby requests and authorizes the interment of the remains of Julia D. Saavedra in Lot 45 Gr 6 Row Sec. 2 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 Anna L. Kelly
Signature of relative or legal representative

1090 San Pasqual #D
Pasadena CA 91106
Address & relationship to deceased or authority to sign authorization

Legal owner

Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E507

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JULIA D. SAAVEDRA	Female	Feb 8, 1899	July 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	Maria Saavedra (daughter) 2036 Illion St. San Diego, CA.

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

- [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: JUL 05 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: JUL 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.

E 5101

032961 07/09/85 013545 MARIA SAAVEDRA

E-5107

100	072		08/05/85 CK 1365		720.70	720.70	0.00
100	072	77181	000072		320.00		PAID IN FULL
100	072	77182	000072		345.00		
60101		77183	000072		35.00		
		9020			20.70		

E5108

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-5 1985

CHARGE Lois Abel or Hilma Johnson

ADDRESS 1815 Sunset Blvd SD, Ca 92103 453-2964 295-2562

NAME OF DECEASED Ida V. Creba

OWNER

ADDRESS

MORTUARY Merkley - Mitchell - 295-2177

LOT 1318 GR ROW SEC ~~BLK~~ DIV 10	595	00
OPENING/ CLOSING TIME GRAVESIDE 11:00 DAY DATE MON 7-8-85	320	00
VAULT/LINER T.S. SIZE	20	70
	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	~~1415~~	~~70~~
PAID RECEIPT NUMBER 7-8-85 32645	1315	70
	1315	70
BALANCE	0	

Will bring check monday
Careful to dig

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 Hilma L. Johnson

ORDER TAKEN BY Lang

W.O. NO. E 5108

INVOICE NO.

PY-593 (4-82)

E5108

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3131

№ 32645

DATE 7-8 1985

FROM Hilma Johnson ADDRESS 1815 Sunset Blvd. SD Ca. 92103

Thirteen hundred fifteen and 70/100 DOLLARS ($ 1315.70)

IN full PAYMENT OF Ida V. Crebaserwic

LOT 1318 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Cash

W.O. E-5108

UNPAID BALANCE AFTER THIS PAYMENT —

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

ISSUED BY B. Lang

CREDIT M% SALES CARE	87007 77164	119	00
M% SALES OF LOTS	100 77164	476	00
OPENINGS	100 77151	321	00
BOXES	100 77152	345	00
REMOVALS FOUNDATIONS	100 77153	35	00
SALES TAX	66101 9020	20	70
TOTAL PAID $		1315	70

AC-212 (REV. 3-81)

LOT OWNER

E-5108

ABEL, Lois, 6240 Buisson, SD.,CA 92122

NAME ADDRESS

LOT 1318 GR. ROW SEC BLK DIV 10

PR-961 (REV. 1-83) TAYLOR SYSTEM OF CEMETERY RECORDING

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5108

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
IDA VIOLA CREBA	FEMALE	DEC 14, 1891	JUL 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	LOIS ABEL, DAUGHTER 6240 BUISSON SAN DIEGO, CA 92122

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)
- ☐ 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	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 JUL 05 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 JUL 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.

E5109

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-5 19 85

CHARGE Patricia Johnson

ADDRESS 3536 W. 139th St. Hawthorne Ca 90250

Aileen C. Mack

NAME OF DECEASED ~~Patricia A. Johnson~~

OWNER

ADDRESS

MORTUARY Goodbody

LOT 1417 GR ROW SEC 1 ~~BLK~~ DIV 8		
OPENING/CLOSING TIME 2:00 DAY DATE Mon 7-8-85	320	00
VAULT/LINER Bell SIZE	245	14 70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 7-8-85 32646	614	70
BALANCE	0	

GRAVESIDE

Preneed 1975

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 5109

INVOICE NO.

PY-393 (4-82)

E5109

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 32646

DATE 7-8 1985

FROM Patricia A. Johnson ADDRESS 3536 W. 139th St. Gardena

Six hundred fourteen and 70/100 — DOLLARS ($ 614.70 90-50)

IN full PAYMENT OF Aileen C. Mack Service

LOT 1417 GRAVE ROW SECTION 1 DIVISION ~~BLOCK~~ 8

INVOICE NO. Check

W.O. E-5109

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY [illegible]

CREDIT 10% SALES CARE	67007 77184		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

AC-515 (REV. 9-81)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5109

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AILEEN CATHERINE MACK	FEMALE	Jan,4,1902	July 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	PATRICIA JOHNSON daughter 3536 W. 139th STREET HAWTHORNE, CALIFORNIA 92050

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

- ☒ 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 JUL 05 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 8 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Powers M.D. Cor

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 5110

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-8-85 19

CHARGE Lewis Colonial

ADDRESS

NAME OF DECEASED Florence Hale - du

OWNER Phillis J. Pierce - du

ADDRESS

MORTUARY Lewis - Colonial · We bill Terry

	Pre	Incl
LOT 3369 GR ROW SEC ~~BLK~~ DIV 10	Pd	
OPENING/ CLOSING TIME 10:00 AM DAY DATE Thur 7-11-85	320	00
Chapel & G.S.	14	70
VAULT/LINER SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER		
BALANCE		

Need Pallbearers

Bill Mortuary

Need Set-up

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

AUTHORIZED IN PERSON PHONE BY Terry -

ORDER TAKEN BY [signature]

W.O. NO. E 5110

INVOICE NO. 033433

011169

PY-593 (4-82)



-E5110

IMPERIAL 400 motor inn

Kevin Col. 283-7211
Terry

Hale, Florence - 3369

Dm 10, Lot 3370 Phelps

Dwight Pierce, Phyllis
1978

61470

10-33

Thurs at 10AM
Ch & GS

For Reservations DIAL TOLL FREE 800—368-4400
In Virginia Dial 800—572-2200

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 5110

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Florence [illegible] Hale	Female	May 6, 1892	July 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
Wichita	Kansas	Dorothy K. Mulver-Sister 240 S. Crest Way Wichita, KS 67218

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
LEWIS COLONIAL/MENDOCH MORTUARY	490

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 JUL 10 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 JUL 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.

E 5110

033433	07/22/85	011169	LEWIS COLONIAL-BENBOUGH			06/06/85	CK	072496	614.70	614.70	0.00
			100	072	77181	000072			320.00		PAID IN FULL
			100	072	77182	000072			245.00		
			100	072	77183	000072			35.00		
			60101		9020				14.70		

E5111

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-8 19 85

CHARGE Ruth Christianson

ADDRESS 15318 Bluefield Ave La Mirada Ca

NAME OF DECEASED Walter F. Christianson

OWNER

ADDRESS

MORTUARY Thomas Miller, Corona

✓ LOT 20 GR 3 ROW SEC MAS ~~BLK~~ DIV R

OPENING/CLOSING TIME — GRAVESIDE — 2:00 DAY DATE Wed. 7-10-85

VAULT/LINER Ash SIZE

REC. FEE/REMOVAL/FOUNDATION

~~105~~	~~00~~
~~100~~	~~00~~
6	00
100	00
35	00
TOTAL 246	00
PAID RECEIPT NUMBER 7-8-85 32647 246	00
BALANCE	0

Set up 10 chairs

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 Mayton Allen

ORDER TAKEN BY Lang

W.O. NO. E 5111

INVOICE NO.

PY-893 (4-82)

E5111

MOUNT HOPE CEMETERY

July 8 19 85

The undersigned hereby requests and authorizes the interment of the remains of Walter F. Christianson in Lot 20 Gr 3 Row _____ Sec. MAS
~~Block~~
Division R 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 Marylou Allen _____

x 1991 Oakland Hills Corona Ca 91720 , niece

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Lane
Witness

_____
Witness

E 5111

OFFICIAL RECEIPT

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

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

№ 32647

DATE 7-8 1985

FROM Marilou Allen ADDRESS 1991 Oakland Hill Dr. Corona, Ca.
Two Hundred Forty Six and no/100 — DOLLARS ($ 246.00)
IN full PAYMENT OF Walter F. Christianson Service

LOT 20 GRAVE 3 ROW SECTION MAS DIVISION ~~BLOCK~~ R

INVOICE NO. check

W.O. E-5111

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY D. Lang

CREDIT 10% SALES CARE	67007 77184		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77181	105	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9026	6	00
TOTAL PAID $		246	00

AC-212 (REV. 8-81)

TO THOMAS MILLER (FAMILY)

E5111

No. 15256 Date July 8, 1985

This package contains the incinerated remains of

WALTER E. CHRISTIANSON

aged 70 years 2 months 7 days, who died on

July 5, 1985 and whose body was cremated on the above first mentioned date at

Riverside Crematory

4414 14TH STREET RIVERSIDE, CALIFORNIA 92501

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5111

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Walter F. Christianson	Male	April 28,1915	July 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 Mirada	Los Angeles	Ruth Christianson - Wife 15318 Bluefield Ave. La Mirada, CA 90638

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Thomas Miller Mortuary	66

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 Riverside Crematory, Riverside, CA	DATE CREMATED 7-8 85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Beatrice M. Pace
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 ---------- ---------- ----------		
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~~ 2.40	DATE PERMIT ISSUED July 8,1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ E.J. Gallagher, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (DISPOSITION DATE) JUL 10 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.

E 5112

RDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-8-85 19

CHARGE Pete Oroyco

ADDRESS 618 Jewell St. S.D. 92102

NAME OF DECEASED Hilda Salas Oroyco

OWNER

ADDRESS

MORTUARY Rogsdale

LOT 4932 GR ROW SEC BLK DIV 10	695	00
OPENING/CLOSING TIME 9 Am mass DAY DATE Tuesday 7-9-85	320	00
VAULT/LINER SIZE Std - Matched	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sales Tax	20	70
TOTAL	1415	70
PAID RECEIPT NUMBER - note -		
BALANCE	1415	70

Mass Tuesday - 9 AM - Set up -
30 day note - Property owner

7-11-85 32651 700.00

715.70

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 P. Oroyco

ORDER TAKEN BY Lopez

W.O. NO. E 5112

INVOICE NO. 033429
013702

PY-593 (4-82)

E5112

MOUNT HOPE CEMETERY

July 8 1935

The undersigned hereby requests and authorizes the interment of the remains of Hilda S. Croyco in Lot 4932 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.

Pedro Croyco

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

Number E 5112

Dated July 8, 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 $ 145.70 .

Name Pete Orozco

Address 618 Quail St. S.D. 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.

NAME	(PROPERTY) OWNED BY YOU	ADDRESS
x P. Orozco	618 Quail St	San Diego 92102

FORM PW-1573 (REV. 9-67)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5112

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Hilda Salas Orozco	Female	May 31, 1957	July 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	Pedro Orozco - Husband 618 Quail 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
- [ ] 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 JUL 8 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 JUL 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
264-3181

DCR 000332 E5112

№ 32651

DATE 7-11 1985

FROM Pete Oroyco ADDRESS 618 Quaint St. S.D. Ca 92102

Seven hundred and no/100 DOLLARS ($ 700.00)

IN part PAYMENT OF Hilda L. Oroyco service

LOT 4932 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Cash

W.O. E-5112

UNPAID BALANCE AFTER THIS PAYMENT $715.70

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

CITY AUDITOR
JUL 15 1985

ISSUED BY S. Lang

CREDIT 25% SALES CARE	67007 77184	139	00
25% SALES OF LOTS	100 77184	556	00
OPENINGS	100 77181	5	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	68101 9920		
TOTAL PAID $		700	00

AC-[illegible] (REV. [illegible])

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

E5112

№ 32717

DATE 8-9 19 75

FROM Gilda Oroyco ADDRESS 618 Quail St. S.D. Ca. 92102

Seven hundred fifteen and 70/100 — DOLLARS ($ 715.70)

IN full PAYMENT OF Gilda S. Oroyco service

LOT 4932 GRAVE ROW SECTION DIVISION BLOCK 1

INVOICE NO. Cash
Inv. #033429

W.O. E-5112

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY Brane

CREDIT 50% SALES CARE	67907 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BORES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9620	
TOTAL PAID $		715.70

AC-012 (REV. 8-61)

E5112



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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/13/85

033429

DATE: 08/13/85
TIME: 223014
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
033429	07/22/85	013702	PETE OROZCO					08/12/85	CA		715.70	1,415.70	0.00
			100	072		77181	000072				161.77		PAID IN FULL
			100	072		77182	000072				174.41		
			100	072		77183	000072				17.69		
			100	072		77184	000072				261.08		
			60101			9020					10.46		
			67007			77184					70.29		

E-5112

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 715.70

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/31/85

DATE: 07/31/85
TIME: 213201
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
033429	07/22/85	013702	PETE OROZCO					07/12/85	JV	R32651	700.00	1,415.70	715.70
			100	072		77181	000072				156.23		PARTIAL PAYMENT
			100	072		77182	000072				170.59		
			100	072		77183	000072				17.31		
			100	072		77184	000072				274.92		
			60101			9020					10.24		
			67007			77184					68.71		

E-5112

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 700.00

E5113

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 07/09 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 6/85 TOTAL	$365.	00
PAID RECEIPT NUMBER ____		
BALANCE	$365.	00

$115.00 2 x 1 Evans, Eziekiel (4/24/85)
125.00 2 x 1 Young, Alberta H.
125.00 2 x 1 Burris, Vera Virginia

THE CITY CHARTER MAKES NO 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 R. Lang

W.O. NO. E 5113

INVOICE NO. 032966
006490

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 5113

№ 32721

DATE 8-12 1985

FROM Clemen Granite ADDRESS 11527 Prospect, Santee, Ca

Three hundred sixty five and no/100 DOLLARS ($ 365.00)

IN full PAYMENT OF Memorial installation for June 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. Check/006490

Inv # 032966

W.O. E-5113

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Tang

CREDIT 10% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	365.00
SALES TAX	60101 9020	
TOTAL PAID $		365.00

AO-213 (REV. 8-81)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/19/85

DATE: 08/19/85
TIME: 214409
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	PAYM REF NO / BN/EQ	FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
032966	07/09/85	006490	CLEMENS GRANITE COMPANY					08/09/85	CK	13121		365.00	365.00	0.00
			100	072		77183	000072					365.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 365.00

E-5113



E5113

E 5114
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 07/09 19 85

CHARGE CONTI & SON MONUMENT COMPANY

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 6/85 TOTAL	$285	00
PAID RECEIPT NUMBER ____		
BALANCE	$285	00

$160.00 Foundation - Charles G. Andert
125.00 2x1 - Ida Lee Williams
Paid 2x1 - Mazie E. Maragal

$285.00

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 5114 INVOICE NO. 032967
004821

PY-893 (4-82)

OFFICIAL RECEIPT

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

7/25/85

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

E5114

№ 32664

DATE 7-17 1985

FROM Conti & Son ADDRESS 3871 Imperial Ave SD Ca 92113

Two hundred eighty five and no/100 DOLLARS ($ 285.00)

IN full PAYMENT OF Memorial installations for June 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. Check

Inv. # 032967

W.O. E-5114

UNPAID BALANCE AFTER THIS PAYMENT 0

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

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	
SALES TAX	60101 9020	
TOTAL PAID $		285.00

AC-312 (REV. 9-81)

E-5114

032967	07/09/85	004821	CONTI AND SON MEMORIAL CO			07/17/85	CK	4730	285.00	285.00	0.00
			100	072	77183	000072			285.00		PAID IN FULL

E-5114

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 295.00

E5115

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 07/09 1985

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 6/1985 TOTAL	$1090.	00
PAID RECEIPT NUMBER ____		
BALANCE	$1090.	00

$125. 2x1 Hayes, Robert Lee
125. 2x1 Sims, Odis D.
125. 2x1 Grayson, Bessie
125. 2x1 Buckland, Gerals
125. 2x1 Lee, Bing K.
125. 2x1 Lee, Gim Wip Hom
125. 2x1 Pearson, Daisy Bell
125. 2x1 Estell, Rosetta Thomas
125 2x1 Page, Agnie O.
125. 2x1 Skubski, Jose Fidel
(160.00) FOUNATION NOT POURED

THE CITY CHARTER MAKES NO 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 5115

INVOICE NO. 032968
000253

PY-593 (4-82)

OFFICIAL RECEIPT

8/7/86

E5116

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

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

№ 32706

DATE 8-6 1985

FROM Seaman-Lac ADDRESS 3893 Imperial Ave. S.Ca 92113

One thousand ninety and no/100 — DOLLARS ($ 1090.00)

IN full PAYMENT OF Memorial installations for June 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. Check-
Inv# 0 32968

W.O. E-5115

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	1090.00
SALES TAX	60101 9020	
TOTAL PAID $		1090.00

AD-212 (REV. 9-81)

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/07/85

DATE: 08/07/85
TIME: 221530
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
032968	07/09/85	000253	SEAMAN/POE MONUMENT CO					08/06/85	CK	6193	1,090.00	1,090.00	0.00
			100	072		77163	000072				1,090.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,090.00

E 5115

E 5116

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/9/85 19

CHARGE Howard Ogden

ADDRESS 677 'G' St Sp #2 C.V. Ca 92010

NAME OF DECEASED Ogden, Mildred

OWNER Ogden, Howard & Mildred

ADDRESS

MORTUARY Hubbard

LOT 115 GR ROW SEC 1 BLK 8 DIV	Pre-need
OPENING/CLOSING TIME 10 Am Chg 8:S. DAY DATE Fri 7/12	Pre-need
VAULT (LINER) SIZE W.O. D1825	↓
REC. FEE/REMOVAL/FOUNDATION	35 00
TOTAL	35 00
PAID RECEIPT NUMBER	
BALANCE	

Hubbard O.K. Charges.
Preneed 1954

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

AUTHORIZED IN PERSON / PHONE BY Hubbard

ORDER TAKEN BY Geaye

W.O. NO. E 5116

INVOICE NO. 033430
013703

PY-593 (4-82)

E5116

MOUNT HOPE CEMETERY

July 12 1985

The undersigned hereby requests and authorizes the interment of the remains of Mildred Ogden in Lot 115 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.

Howard Ogden / Husband

Signature of relative or legal representative

477 G St Chula Vista 92010

Address & relationship to deceased or authority to sign authorization

Barbara L. Lang
Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5116

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MILDRED FLOSSIE OGDEN	Female	Feb. 24, 1900	July 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	Howard Ogden - Husband 677 "G" Street Space #2 Chula Vista, CA 92010

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 JUL 10 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 12 1985 (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.

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/01/85

DATE: 08/01/85
TIME: 221958
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
033430	07/22/85	013703	HOWARD OGDEN					07/29/85	CK	1946	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

E5116

E5117

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/9/85 19

CHARGE Estate of Richard L. Sorem, Attorney at Law

ADDRESS 525 - B St - San Diego Cal - Ph 231-1545

NAME OF DECEASED Wilbur Clyde Lumbley - dec

OWNER deceased -

ADDRESS

MORTUARY Rogers

Paid

LOT 189 GR 2 ROW SEC 1 BLK DIV 1

OPENING/CLOSING TIME 2:00 PM Graveside DAY DATE Thurs 7/11

320 00

VAULT LINER SIZE Old Bell

245 00

REC. FEE/REMOVAL/FOUNDATION

35 00

Sales Tax 14 70

TOTAL 614 70

PAID RECEIPT NUMBER

BALANCE 614 70

Graveside

We bill estate -

out of State relatives - will stop & sign area opening order.

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

AUTHORIZED IN PERSON PHONE BY Rogers

ORDER TAKEN BY George

W.O. NO. E 5117

INVOICE NO. 033431 013704

PY-593 (4-82)

PERMIT FOR D[illegible]OSITION OF HUMAN REMAINS

E5117

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILMER CLYDE LUNSLEY	Male	August 1, 1910	July 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	Sharon F. Degner - Exec. 2306 Cherry Lane Alamogordo, New Mexico 8810

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: JUL 10 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Camus, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: JUL 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
264-2151

E5117

№ 32670

DATE 7-22 1985

FROM Mildred L Braggs ADDRESS 7065 Benson Ave. S.D. Ca. 92114

Two hundred thirty five and no/100 — DOLLARS ($ 235.00)

IN full PAYMENT OF Charles Henderson Neal III

Service

LOT 1371 GRAVE ROW SECTION 1 DIVISION ~~BLOCK~~ 7

INVOICE NO. Check

W.O. E-5117

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
JUL 25 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	57007 77184	20	00
25% SALES OF LOTS	100 77184	80	00
OPENINGS	100 77181	100	00
BOXES	100 77182		
RENOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	66101 5020		
TOTAL PAID $		235	00

AC-218 (REV. 6-81)

E5117

033431	07/22/85	013704	RICHARD L. SOREM. ATTY AT LAW			10/29/85 CK , 60049	614.70	614.70	0.00 PAID IN FULL
			100	072	77181	000072	320.00		
			100	072	77182	000072	245.00		
			100	072	77183	000072	35.00		
			60101		9020		14.70		

E5117

E 5118

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-10 1985

CHARGE Susan G. Starwalt -222-2316

ADDRESS 4343 Orchard Ave SD Ca 92107

NAME OF DECEASED Jane G. Gale

OWNER

ADDRESS

MORTUARY ~~Humphreys~~

LOT 346 GR ____ ROW ____ SEC 4 ~~BLK~~ DIV 8 Preneed

OPENING/CLOSING TIME ____ DAY DATE ____ 105 00

VAULT/LINER ____ SIZE ____

REC. FEE/REMOVAL/FOUNDATION ____ 35 00

TOTAL 140 00

PAID RECEIPT NUMBER ____

BALANCE

Preneed 1958

Notify family upon arrival

Cremains to come from Demoine Iowa

(Will take some time)

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

AUTHORIZED IN PERSON PHONE BY ____

ORDER TAKEN BY Lang

W.O. NO. E 5118

INVOICE NO. ____

PY-593 (4-82)

E 5119

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-10 19 85

CHARGE Charles Neal

ADDRESS 7065 Benson Ave. SD, 92114

NAME OF DECEASED Charles Hodgson Neal III

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 1371 GR ROW SEC 1 BLK 7 DIV	100	00
OPENING/CLOSING TIME 10:00 DAY/DATE FRI 7-12-85 — CHAPEL —	100	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	235	00
PAID RECEIPT NUMBER 7-22-85 32670	235	00
BALANCE	-0-	

Stillborn

PAID
JUL 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 Charles H Neal ORDER TAKEN BY Lacy

W.O. NO. E 5119 INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5119

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Charles Henderson Neal III	Male	July 7, 1985	July 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	Lisa Michele Sanders - Mother 7065 Benson 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 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 JUL 11 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 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.

E5120

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-10 1985

CHARGE County of SD - PA

ADDRESS

NAME OF DECEASED Debra Huerta

OWNER Case # 11657

ADDRESS

MORTUARY John Mayer Mort. - 281-7055

X-DEEP

LOT 69 GR 10 ROW SEC 2 ~~BLK~~ DIV 11	55	00
OPENING/ CLOSING TIME 2:00 DAY DATE Thurs. 7-11-85	90	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	145	00
PAID RECEIPT NUMBER		
BALANCE		

DELIVERY ONLY

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 John Mayer

ORDER TAKEN BY Lang

W.O. NO. E 5120

INVOICE NO. 033432

000952

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5120

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Debra Lynn Huerta	Female	April 25,1962	July 6, 1985 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	Public Administrator 5201-A Ruffin Road 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

- ☒ 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 Co.		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: JUL 11 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 JUL 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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/16/85

DATE: 09/16/85
TIME: 210544
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
033432	07/22/85	000952	COUNTY OF SAN DIEGO					09/13/85	CK	480180	145.00	145.00	0.00
			100	072		77181	000072				90.00		PAID IN FULL
			100	072		77184	000072				55.00		

E-5120

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 145.00

OFFICIAL RECEIPT

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

9/16/85

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

E 5120

№ 32775

DATE 9-11 19 85

FROM County of SD ADDRESS 5201-A Ruffin Rd SDCA 92123

One hundred forty five and no/100 — DOLLARS ($ 145.00)

IN full PAYMENT OF Debra Huerta Service

LOT 69 GRAVE 10 ROW SECTION 2 DIVISION ~~BLOCK~~ 11

INVOICE NO. Check

Inv # 03343

W.O. E-5120

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lang

CREDIT 30% 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 $		145.00

AC-313 (REV. 8-81)

E5121

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-11 19 85

CHARGE Mary E. Simmons

ADDRESS 8990 Butte Falls Hwy, Eagle Pt. Oregon 97524

NAME OF DECEASED Mary Elizabeth Matchin

OWNER

ADDRESS

MORTUARY Greenwood

LOT 77 GR 2 ROW SEC 2 BLK DIV 1	Renewed	
OPENING/CLOSING TIME Chapel 3:00 DAY DATE Fri 7-12-85		
VAULT/LINER T.S. SIZE		
REC. FEE/REMOVAL/FOUNDATION	35 00	
TOTAL	35 00	
PAID RECEIPT NUMBER 7-1185 32652	35 00	
BALANCE	-0-	

Renewed 1963

PAID
JUL 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 5121

INVOICE NO.

PY-893 (4-82)

E5121

MOUNT HOPE CEMETERY

July 11 1985

The undersigned hereby requests and authorizes the interment of the remains of Mary E. Matchie in Lot 77 Gr 2 Row _____ Sec. 2 ~~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 Mary E. Simmons
8890 Butte Falls Hwy
X Eagle Point, Oregon 97524
Signature of relative or legal representative

Niece
Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5121

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Elizabeth Matchin	Female	Nov. 7, 1892	July 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
National City	San Diego	Mary E. Simmons-Niece 8990 Butte Falls Highway Eagle Point, Oregon 97524

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mortuary	F1883

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 JUL 12 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON JUL 12 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Powers M.D. [illegible] 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

E5121

No 32652

DATE 7-11 19 85

FROM Wayne E. Simmons ADDRESS 2990 Butte Falls Hwy, Oregon

Thirty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Wayne E. Matekin service

LOT 77 GRAVE 2 ROW SECTION 2 DIVISION BLOCK 7

INVOICE NO. 41000

W.O. E-5121

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-313 (REV. 9-81)

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

CITY AUDITOR
JUL 15 1985

ISSUED BY

CREDIT 85% SALES CARE	67007 77184		
85% 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

E5122

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-11 19 85

CHARGE Adele L Bradford - 267-6666

ADDRESS 5818 Doriana St, SD, Ca 92139

NAME OF DECEASED Stella M. Dorsey

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 800 GR ROW SEC DIV 10		595	00
OPENING/CLOSING TIME 11:00 DAY DATE TUES. 7-16-85	-CHURCH-	320	00
VAULT/LINER SIZE		245	70 00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		1209	70
PAID RECEIPT NUMBER 7-11-85 32654		600	00
BALANCE		609	70

Invoice
balance
60 days

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

AUTHORIZED
IN PERSON
PHONE BY Adele L. Bradford ORDER TAKEN BY Lang

W.O. NO. E 5122 INVOICE NO. D33593
013754

PY-593 (4-82)

77181 315

77182 ~~240~~ 245

77183 35

60101/9020 14.70

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5122

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
STELLA MAE DORSEY	Female	8/20/36	7/10/85

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	Adele C. Bradford-Daughter 6818 Doriana St., No. 31 San Diego, Calif. 92139

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragedale 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 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 JUL 12 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald S. Rumsey 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 ▶ Stephen Stock

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 5122

№ 32654

DATE 7-11 1985

FROM Gladys Smoot ADDRESS 160 Sycamore Rd. SD Ca. 92114

Six hundred and no/100 DOLLARS ($ 600.00)

IN Part PAYMENT OF Stella M. Dorsey Service

LOT 800 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Checked

Cash

W.O. E-5122

UNPAID BALANCE AFTER THIS PAYMENT $609.00

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

CITY AUDITOR
JUL 15 1985

ISSUED BY B Lang

CREDIT 30% SALES CARE	67807 77154	119	00
30% SALES OF LOTS	100 77154	476	00
OPENINGS	100 77151	5	00
BOXES	100 77152		
REMOVALS FOUNDATIONS	100 77153		
SALES TAX	60101 9020		
TOTAL PAID $		600	00

AC-211 (REV. 7-71)

OFFICIAL RECEIPT

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

10/8/85

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

E 5122

№ 32821

DATE 10-3 1985

FROM Adele Bradford ADDRESS 6018 Dorman St #31 Sdca 92139

Six hundred nine and 70/100 DOLLARS ($ 609.70)

IN full PAYMENT OF Stella M. Dorsey Trace

LOT 100 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. 033593

WP 013754

W.O. E-5122

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lang

CREDIT 30% SALES CARE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	40101 9020	
TOTAL PAID $		609.70

AC-[illegible] (REV. [illegible])

E5122

DATE: 10/08/85
TIME: 224951
PAGE: 5

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

ACCOUNTS RECVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/1/85

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 BN/EQ	FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
033593	07/25/85	013754	ADELE G. BRADFORD											0.00
			100	072		77181	000072	10/03/8	CK	E-5122		609.70	609.70	PAID IN FULL
			100	072		77182	000072					315.00		
			100	072		77183	000072					245.00		
			60101			9020						35.00		
												14.70		

E-5122

E 5123

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-12 1985

CHARGE M. Kariya

ADDRESS 15725 Hwy 76, Pauma Valley Ca 92061

NAME OF DECEASED Preneed lot

OWNER for Yuriko Kariya

ADDRESS

MORTUARY

LOT 4729 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10	695	00
OPENING/ CLOSING TIME ____ DAY DATE ____		
VAULT/LINER ____ SIZE ____		
REC. FEE/REMOVAL/FOUNDATION ____		
TOTAL	695	00
PAID RECEIPT NUMBER 7-12-85 32657	695	00
BALANCE	0	

Reserve lots
4730 thru 4736

PAID
JUL 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 O. Kariya

ORDER TAKEN BY Lang

W.O. NO. E 5123

INVOICE NO. ____

PY-593 (4-82) #11183

5123

OFFICIAL RECEIPT

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

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

000424 32657

DATE 7-12 1985

FROM M Kariya ADDRESS 15725 Jwy 76, Pauma Valley Ca

Six hundred ninety five and no/100 DOLLARS ($ 695.00)

92061

IN full PAYMENT OF Prepaid lot for Yuriko Kariya

LOT 4729 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. [illegible]

W.O. E-5123

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' ON THIS [illegible].

CITY AUDITOR
JUL 17 1985

ISSUED BY [illegible]

CREDIT 10% SALES CARE	57067 77154	139.00
10% SALES OF LOTS	100 77154	556.00
OPENINGS	100 77151	
BOXES	100 77152	
REMOVALS FOUNDATIONS	100 77153	
SALES TAX	40101 9020	
TOTAL PAID $		695.00

AC-512 (REV. 9-81)

E5124

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/15/85 19

CHARGE Barbara Freeman

ADDRESS 2734 Jaynia Pl. Lemon Grove 92045

NAME OF DECEASED Dale Lester NAVE

OWNER

ADDRESS

MORTUARY Heath Funeral Home - N.C.

LOT 136 GR 10 ROW SEC 1 ~~BLK~~ DIV 11	495	00
OPENING/ CLOSING TIME 1:00 G.S. -GRAVESIDE- DAY DATE Wed 7-17-85	320	00
VAULT/LINER SIZE Std	245	00
Setting G.I. Marker	130	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sales Tax	14	70
TOTAL	1239	70
PAID RECEIPT NUMBER 32658 7-15-85	1239	70
BALANCE	—	

Reserve Sp 9 + 11 for 30 days @ 495.00 each
Graveside Service -
We will order G.I. Bronze Marker + Install

Grave Side

PAID
JUL 15 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Set up at graveside

THE CITY CHARTER MAKES NO 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 Freeman

ORDER TAKEN BY Loye

W.O. NO. E 5124

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

000 No. 32658

DATE 7/15 1985

FROM Barbara O'Brien ADDRESS 2734 Jaynia Plan Lemon Grove 92045

Twelve Hundred Thirty nine and 70/100 DOLLARS ($ 1239 70/xx)

IN full PAYMENT OF Burial of Dale Lester Nave

LOT 136 GRAVE 10 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO.

W.O. E-5124

UNPAID BALANCE AFTER THIS PAYMENT 0

CD #6787

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

CITY AUDITOR
JUL 17 1985

ISSUED BY Scoye

CREDIT 25% SALES CARE	67007 77194	99	00
25% SALES OF LOTS	100 77194	396	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	165	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1239	70

E5124

UNITED STATES MARINE CORPS

FIDELI CERTA MERCES

To all whom it may concern:

Know ye, That DALE LESTER NAVE (927788)

a PRIVATE of the U. S. Marine Corps RESERVE, who was inducted enlisted at NASHVILLE, TENNESSEE on the 23RD day of DECEMBER, 1943, to serve for DURATION NATIONAL EMERGENCY (Insert four years, or duration of national emergency) is hereby

HONORABLY DISCHARGED

BY REASON OF MEDICAL SURVEY FOR DISABILITY

Said DALE LESTER NAVE was born 17 MARCH, 1917, at ELIZABETHTON, TENNESSEE; when inducted enlisted was 66 1/2 inches high, with BROWN eyes, BROWN hair, RUDDY complexion; citizenship U. S.

Delivered at FIRST SEPARATION COMPANY MCB, SAN DIEGO, CALIFORNIA this 21ST day of FEBRUARY, 1945

Character: VERY GOOD

William A. Murphy
WILLIAM A. MURPHY
CAPTAIN, U.S.M.C., Commanding Officer

16-17077-6

STATE OF TENNESSEE, CARTER COUNTY
REGISTER'S OFFICE
Received for record this 20th day of May 1946 at 10:20 o'clock A.M. Noted in Note Book 7 page 25 Recorded in Discharge Book 4 page 287.
E. W. Buckles
Register

E5124

MILITARY HISTORY

Previous service: NONE

Promotions and reductions: NONE

Weapons qualifications: MARKSMAN - RIFLE 24FEB44

Special military qualifications: NONE

Sea service: NONE

Foreign service: NONE

Wounds received in service: NONE

Battles, engagements, skirmishes, expeditions: NONE

Remarks: HONORABLE SERVICE BUTTON ISSUED 21FEB45. William A Murphy
AUTH FOR DIS: MC-297737 DTD 6FEB45. WILLIAM A. MURPHY
INDUCTED, DISCHARGED AND ENLISTED USMCR 23DEC43. CAPTAIN, USMC

Recommendations: NONE

Married or single: MARRIED *Objection to reenlistment:* NONE

Paid in full: One hundred ten and 59/100 *dollars.*

Signature of marine: Luke Lester Marie

[redacted]

I CERTIFY that this is the [redacted] of the right index finger of the man herein named.

William A Murphy
WILLIAM A. MURPHY
CAPTAIN, USMC, Commanding Marines.

NAVMC—258-DP

PAID $100. MUSTERING-OUT PAYMENT 16—17677-2
('Y') 21FEB45. —

William A Murphy
WILLIAM A. MURPHY
CAPTAIN, USMC

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5124

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DALE LESTER NAVE	MALE	MARCH 17, 1917	JULY 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	Nellie M. Nave - Wife 20 Kenton 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 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 JUL 16 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 ▶ [signature]

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.

E5125

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/16 19 85

CHARGE Susan Moore

ADDRESS 1809 - Duval St S.D. 92102

NAME OF DECEASED Robert W. Moore - dec

OWNER for Robert burial -

ADDRESS

MORTUARY Rogadale

LOT 145 GR 8 ROW SEC 1 BLK/DIV 12	395	00
OPENING/CLOSING TIME 2:00 Chapel DAY/DATE Fri 7-19-85	320	00
VAULT/LINER SIZE Sgld	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sales Tx	14	70
TOTAL	1009	70
PAID RECEIPT NUMBER		
BALANCE	1009	70

Had Insurance - 30 day open account -

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

AUTHORIZED IN PERSON [redacted] Susan A. Moore ORDER TAKEN BY Lange

W.O. NO. E 5125 INVOICE NO. 033594 013755

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5125

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Robert Neal Moore	Male	Jan. 31, 1949	July 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	Susan Ann Moore - Sister 1809 Duval 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 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 JUL 17 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 L. Rogers 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.

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/26/85

DATE: 08/26/85
TIME: 224301
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
033594	07/25/85	013755	SUSAN MOORE					08/19/85	CK	2353	1,009.70	1,009.70	0.00
		E5125	100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				245.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				316.00		
			60101			9020					14.70		
			67007			77184					79.00		

OFFICIAL RECEIPT

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

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

E 5125

№ 32731

DATE 8-19 1985

FROM Susan Ann Moore ADDRESS 1809 Dewalt Dr. 9-10
One thousand nine and 70/100 DOLLARS ($1009.70)

IN full PAYMENT OF Robert Moore service

LOT 145 GRAVE 8 ROW SECTION 1 DIVISION ~~BLOCK~~ 1

INVOICE NO. D33594
Acct D13755

W.O. E-5125

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lane

CREDIT 10% SALES CARE	67907 77164	
10% SALES OF LOTS	100 77164	
OPENINGS	100 77161	
BOXES	100 77162	
REMOVALS FOUNDATIONS	100 77163	
SALES TAX	50101 9020	
TOTAL PAID $		1009.70

AD-212 (REV. 8-81)

E5126

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-17-85 19

CHARGE Roy & Kameyo Furuya

ADDRESS 2229 Harrison Ave, S.D. 92113

NAME OF DECEASED Pre need for Cremains of

OWNER Both purchasers -

ADDRESS

MORTUARY —

✓ LOT 4960 GR — ROW — SEC — BLK DIV 10	595	00
OPENING/CLOSING TIME — no Deposit —	N. A.	
VAULT/LINER SIZE	N. A.	
REC. FEE/REMOVAL/FOUNDATION	N. A.	
TOTAL	595	00
PAID RECEIPT NUMBER 32663	595	00
BALANCE	-0	-0

Purchased for personal usage in future. In area where upright markers are allowed. Service charges at time of need. Allow one Marker per

CR# 0422-

PAID
JUL 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 Roy Furuya

ORDER TAKEN BY Joyce

W.O. NO. E 5126

INVOICE NO.

PY-593 (4-82) #11187

OFFICIAL RECEIPT

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

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

E5126

No 32663

DATE 7-17-85

FROM Roy Furuya ADDRESS 2229 Harrison Ave SD 92113

Five Hundred Ninety five and 00/100 DOLLARS ($ 595.00)

IN full PAYMENT OF Space for Two Cremation Urns
Limit one Marker to Space

LOT 4960 GRAVE — ROW — SECTION — DIVISION 10 BLOCK

INVOICE NO.

W.O. E-5126

UNPAID BALANCE AFTER THIS PAYMENT 0

Ck# 0422

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

CITY AUDITOR
JUL 25 1985

ISSUED BY George Stelter

CREDIT 15% SALES CARE	57087 77184		119 00
15% SALES OF LOTS	100 77184		476 00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	90101 9020		
TOTAL PAID $			595 00

E5127

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/17/85 19

CHARGE Eddie Berry, Jr.

ADDRESS 1123 So. 41st St apt 14 S.D. 92113

NAME OF DECEASED Eddie Berry Sr. - Demand - Vet

OWNER for burial of Sr.

ADDRESS

MORTUARY Ragsdale

LOT 134 GR 11 ROW SEC 1 BLK DIV 11	45	00
OPENING/ CLOSING TIME 2:00-Chapel DAY DATE Mon 7-22	320	00
VAULT/LINER SIZE Std	245	00
Setting G.I. Bronze -	130	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sales Tax	14	70
TOTAL	1239	70 -
PAID RECEIPT NUMBER 32673	1089	70
BALANCE	150	00

Ordering G.I Bronze Marker -
Have insurance - 30 day acc.
Insurance Policy at Ragsdale -
Difference between Ins & Statement
due by Interment time -
Bal due from VA (Sett 150)

THE CITY CHARTER MAKES NO 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 Eddie Berry Jr. ORDER TAKEN BY Leoye

W.O. NO. E 5127 INVOICE NO. 033595

013756

PY-593 (4-82)

150

100-072-77183 - ~~25~~

E5127

033595 07/25/85 013756 EDDIE BERRY,JR Mt. Hope 77183 000072 10/07/85 CK E-5127 150.00 150.00 150.00 0.00
E-5127 100 072 PAID IN FULL

OFFICIAL RECEIPT

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

10/11/85

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

E5127

№ 32828

DATE 10-7 1985

FROM Veterans Admin ADDRESS 2022 Camino Del Rio Nor D 92108

One hundred fifty and no/100 — DOLLARS ($ 150.00)

IN full PAYMENT OF Eddie Berry service

LOT 134 GRAVE 11 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. 033595

Cert 013756

W.O. E-5127

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lang

CREDIT 10% SALES CARE	67087 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		150 00

60-012 (REV. 8-81)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32673

DATE 7/22/85 19

FROM Eddie Berry Jr. Via Pagedale ADDRESS 1123 So. 41st St Apt 14, S.D 92113

One Thousand Eighty nine & 70/100 DOLLARS ($ 1089.70)

IN Part PAYMENT OF Interment & Marker fee on

Eddie Berry - deceased (Bal from V.A.)

LOT 134 GRAVE 11 ROW — SECTION -1- DIVISION BLOCK 11

INVOICE NO.

W.O. E-5127

UNPAID BALANCE AFTER THIS PAYMENT 150.00

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

CITY AUDITOR
JUL 25 1985

ISSUED BY George Stell

CREDIT 50% SALES CARE	67007 77184	99	00
50% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	16	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1089	70

ck 5018 - Pagedale

AC-212 (REV. 9-85)

E5127

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)
Eddie Berry

2A. SOCIAL SECURITY NO. OF VETERAN: 434 09 6770

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
July 6, 1906	Wesson, Mississippi	July 16, 1985	San Diego, CA	July 22, 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)
Unk.

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Unk.

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
3/9/44		39 727 172	7/3/44		Pvt. 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 Cem.: San Diego, CA

21. TOTAL EXPENSE OF BURIAL, FUNERAL, TRANSPORTATION AND IF CLAIMED, BURIAL PLOT
$ 1239.70

22. AMOUNT PAID
$ 1089.70

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 San Diego CA 92102

28. COST OF BURIAL PLOT (Individual Grave Site): $ 495.00

29A. DATE OF PURCHASE: 7/17/85

29B. DATE OF PAYMENT:

30A. HAVE BILLS BEEN PAID IN FULL?
☐ YES ☒ NO (If "No," complete Item 30B)

30B. AMOUNT UNPAID: $ 150.00

31. WHOSE FUNDS WERE USED? Eddie Berry Jr.

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 signed for firm, corporation, or state agency, complete Items 34B and 35): George W Stelter

34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY: 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): Eddie Berry Jr

36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print): Eddie Berry, Jr.

37. ADDRESS (Number and street or rural route, City or P.O., State and ZIP Code): 1123 South 41st St. San Diego, CA 92113

38. DATE: July 20, 1985

39. RELATIONSHIP TO VETERAN: 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.

*U.S. GOVERNMENT PRINTING OFFICE 1983 381-486/2769

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 5127

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
EDDIE BERRY	MALE	July 6, 1906	July 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	Eddie Berry,-Jr. - Son 1123 South 41st 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

- ☒ 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 JUL 19 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 ▶ [signature]
			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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

E 5128
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/19/85 19

CHARGE Leoner Hooks

ADDRESS 3260 Steele St S.D. 92113

NAME OF DECEASED Pre need for herself

OWNER Same -

ADDRESS —

MORTUARY

LOT 137 GR 4 ROW — SEC -1- BLK DIV 12		395 00
OPENING/CLOSING TIME DAY	None made	-0-
VAULT/LINER	None made	-0-
REC. FEE/REMOVAL/FOUNDATION	None	-0-
TOTAL		395 00
PAID RECEIPT NUMBER 32668-		395 00
BALANCE		-0-

Pre need Grave Paid in full

PAID
JUL 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 Leoner Hooks

W.O. NO. E5128

INVOICE NO.

PY-593 (4-62) #11188

OFFICIAL RECEIPT

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

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

E 5128

No. 32668

DATE 7/19/85 19

FROM Leana Hooks ADDRESS 3260 Steele St. - SD - 92113

Three Hundred Ninety Five & 00/100 DOLLARS ($ 395.00)

IN full PAYMENT OF Pre need purchase of grave space and Endowed Care - Paid in full

LOT 137 GRAVE 4 ROW — SECTION -1- DIVISION 12 BLOCK

INVOICE NO.

W.O. E 5128

UNPAID BALANCE AFTER THIS PAYMENT 0

Cash

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

CITY AUDITOR
JUL 25 1985

ISSUED BY

CREDIT 50% SALES CARE	87007 77184	79	00
50% SALES OF LOTS	100 77186	316	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	40101 9020		
TOTAL PAID $		395	00

E5129

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/19/85 19

CHARGE Era A. Cass

ADDRESS 125 Woodman St. S.D. 92114

NAME OF DECEASED Pre need for self & husband

OWNER Manuel C. Cass —

ADDRESS Same

MORTUARY

LOT 137 GR 2+3 ROW — SEC 1 BLK ~~DIV~~ 12	790	00
OPENING/ CLOSING TIME ~~DAY~~ ~~DATE~~ no deposit	—	—
VAULT/LINER ~~SIZE~~ no deposit	—	—
REC. FEE/REMOVAL/FOUNDATION none —	—	—
TOTAL	790	00
PAID RECEIPT NUMBER 32669 — ✓	50	00
BALANCE	740	00

Will Make Payments of $50 for 14 mo. final payment $40.00 Payable by 15th each mo.

9-5-85 32759 ✓ 50.00

690.00

10-11-85 - 32840 ✓ 50.00

640.00

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~~ x Era A. Cass ORDER TAKEN BY Scoye

W.O. NO. E 5129 INVOICE NO.

PY-593 (4-62)

11-25-85 32919 ✓ 640.00
50.00
590.00

12-27-85 32984 ✓ 50.00
540.00

4-14-86 33272 ✓ 100.00
440.00

12-9-86 33995 ✓ 50.00
390.00

05-8-87 34557 ✓ 70.00

11-12-87 35290 $320.00
60.00
260

OFFICIAL RECEIPT

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

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

E 5129

No 32669

DATE 7/19/ 19 85

FROM Era A. Cass ADDRESS 125 Woodman St SD 92114

Fifty and no/100 DOLLARS ($ 50 00/100)

IN part PAYMENT OF Purchase grave lot (2 sp) for use by Era & Manuel.

LOT 137 GRAVE 2 & 3 ROW — SECTION -1- DIVISION 12 BLOCK

INVOICE NO.

W.O. E-5129

UNPAID BALANCE AFTER THIS PAYMENT 740 00/100

AO-515 (REV. 9-81)

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

CITY AUDITOR
JUL 25 1985

ISSUED BY Peggy Stitt

CREDIT 35% SALES CARE	87007 77184	10	00
35% 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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-5151

E5129

No. 32759

DATE 9/5/85 19

FROM Era A. Cass ADDRESS 125 Woodman St. SD. 92114

Fifty and no/100 DOLLARS ($ 50.00)

IN Cash PAYMENT OF On Pre Need -E-5129-

Bal was 740 Paying 50 = #690 Bal.

LOT 137 GRAVE 243 ROW SECTION 1 DIVISION 12 BLOCK

INVOICE NO.

W.O. E-5129

UNPAID BALANCE AFTER THIS PAYMENT 690.00

Cash

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

CITY AUDITOR
SEP 10 1985

ISSUED BY

CREDIT 30% SALES CARE	67087 77184	10 00
40% SALES OF LOTS	100 77184	40 00
OPENINGS	100 77181	
BURRS	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	68101 9020	
TOTAL PAID $		50 00

OFFICIAL RECEIPT

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

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

E5129

№ 32840

DATE 10-11 1985

FROM Era A. Cass ADDRESS 125 Woodman St. [illegible]

Fifty and no/100 DOLLARS ($ 50.00)

IN Part PAYMENT OF Pruned lot

LOT 137 GRAVE 2 + 3 ROW SECTION 1 DIVISION ~~BLOCK~~ 12

INVOICE NO. Cash

W.O. E-5129

UNPAID BALANCE AFTER THIS PAYMENT $640.00

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

CITY AUDITOR
OCT 21 1985

ISSUED BY [illegible]

CREDIT 38% SALES CARE	67007 77184	10.00
38% 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-225 (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

E5129

00469 № 32919

Date: 11-25, 19

From: Cia A. Cass Address: 125 Woodman St SD Ca 92114

Fifty and no/100 Dollars ($ 50.00)

In Part Payment of Preneed lots

Lot 137 Grave 2 & 3 Row Section 1 Division Block

Invoice No.

Acct. No.

W.O. E-5129

Unpaid Balance after this Payment $ 590.00

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	87007 77184	10	0
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	80101 9020		
TOTAL PAID	$	50	0

AC-212 (Rev. 8-85)

E5129

OFFICIAL RECEIPT

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

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

№ 32984

Date: 12/27/85, 19

From: Era Cass Address: 125 Woodman - SD 92144

Fifty dollars Dollars ($ 50.00)

In Onces Payment of On Pre Need

Lot 137 Grave 2+3 Row Section 1 Division ~~Block~~ 1

Invoice No.

Acct. No.

W.O. E-5129

Unpaid Balance after this Payment $540.00

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

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

CITY AUDITOR
JAN 07 1986

ISSUED BY [signature]

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 8020	
TOTAL PAID	$	50.00

AC-212 (Rev. 8-85)

E5129

OFFICIAL RECEIPT

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

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

№ 33272

Date: 4/14, 1986

From: Era Cass Address: 125 Woodman St SD 92114

One Hundred Dollars ($ 100.00)

In Part Payment of On Pr hund —

Lot 137 Grave 2 + 3 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-5129

Unpaid Balance after this Payment $440.00

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

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

CITY AUDITOR
APR 14 1986

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	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. 8-86)

OFFICIAL RECEIPT

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

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

№ 33995
E 5129

Date: 12-9, 1986

From: Eva A. Cass Address: 125 Woodman St SD Ca 92114

Fifty and no/100 Dollars ($ 50.00)

In part Payment of Preneed lots

Lot 137 Grave 2 & 3 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E5129

BALANCE DUE $390.00

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 [illegible]

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	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 78380		
TOTAL PAID	$	50	00

AC-212 (Rev. 11-86)

E5129

№ 34557

OFFICIAL RECEIPT

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

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

Date: 5/8/87, 19

390-
70
320

From: Era A. Cass Address: 125 Woodman St S.D. 92114

Seventy and 00 Dollars ($ 70.00)

In Payment on Payment of Credit Sale - Pre need

Lot 137 Grave 2 & 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E5129

BALANCE DUE $320.00

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	14.00
80% Sales of Lots	100 77184	56.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77183	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 8022	
Sales Tax	60101 78380	
TOTAL PAID	$	70.00

AC-212 (Rev. 11-86)

E5129
№ 35290

OFFICIAL RECEIPT

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

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

Date: 11-12 19 37

From: Eva Cross Address: 125 Woodman St, SD 92114

Dixie Bullock

In Payment of Interment Lot Dollars ($ 60.00)

Lot 37 Grave 283 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-5129

BALANCE DUE $260.00

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 Sandy Wheeler

CREDIT	67037		
20% Sales Care	77184		
80% Sales of Lots	100 77184	60	—
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	68033 9022		
Sales Tax	60101 76990		
TOTAL PAID	$	60	—

E5129

OFFICIAL RECEIPT

№ 37401

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

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

Date: 2-27, 19 89

From: Eva Cass Address: 125 Woodman Street

two hundred sixty no/100 Dollars ($ 260.00)

In _____ Payment of Credit Lot Sale

Lot 137 Grave 2 & 3 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 8-5129

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87) 128

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

CITY AUDITOR
MAR 06 1989

ISSUED BY Sandra Wood

CREDIT 20% Sales Care	67007 77184	74	00
80% Sales of Lots	100 77184	166	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	80101 78390		
TOTAL PAID	$	260	00

E5129

NAME CASS, ERA A. ACCT. NO. E-5129

ADDRESS 125 Woodman Street, San Diego, Ca 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
Jul 19	85	Lot 137, Graves 2 & 3, Section 1, Division 12	790 00		530 00	260 00
2[illegible]	89	Receipt 37401			260 00	00

AIGNER FORM NO. 25-204 CASS, ERA A. 137 - 2 & 3 - 1 - 12 PRINTED IN USA

E5130

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/22/85 19

CHARGE Patricia Madden

ADDRESS 2230 - Mesaeion Ave, Carmichael Ca 95608

NAME OF DECEASED Edward F. Madden - Da

OWNER

ADDRESS

MORTUARY Pacific Beach

DIP

LOT 3799 GR ROW SEC ~~BLK~~ DIV 10 — 892 50

OPENING/ CLOSING TIME 10:00 AM DAY DATE Wed 7-24-85 — 320 00

Church Serv. - 9 AM.

VAULT/LINER SIZE — 345 00

S. T&C — 20 70

REC. FEE/REMOVAL/FOUNDATION — 35 00

TOTAL — 1613 20

PAID RECEIPT NUMBER 32671 - 7-24-85 — 100 00

BALANCE — 1513 20

Balance due in 30 days -

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

AUTHORIZED IN PERSON ~~SIGNED BY~~ Patricia Madden ORDER TAKEN BY

W.O. NO. E 5130 INVOICE NO. 033596 013757

PY-593 (4-82)

67007 - 77184 - $178.50

100 - 77184 - 614.00

100 - 77181 - 320.00

100 - 77182 - 345.00

100 - 77183 - 35.00

60101 - 9020 20.70

W.O. NO. E5130

NOTE—STRAIGHT

$ 1513 20/xx — San Diego, California, July 24, 1985

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of One Thousand five Hundred Thirteen and 20/100 ——— DOLLARS,

with interest from August 23, 1985 on the unpaid principal at the rate of

12 per cent per annum, payable on demand.

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Patricia Madden

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5130

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Edward Frank Madden	Male	Dec. 27,1918	July 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
Sacramento	Sacramento	Patricia Madden, wife 2230 Mission Ave. Carmichael, Ca. 95608

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 JUL 22 1985	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 _____ (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

E5130

№ 32671

DATE 7/22/85 19

FROM Patricia Madden ADDRESS 2230 - Mission Av. Carmichael Calif. 2101

One Hundred DOLLARS ($ 100.00)

IN Part PAYMENT OF Burial Charges for Edward F Madden -

LOT 3799 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO.

W.O. E5130

UNPAID BALANCE AFTER THIS PAYMENT 1513.20

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

CITY AUDITOR
JUL 25 1985

ISSUED BY [signature]

CREDIT 10% SALES CARE	67007 77184		
10% SALES OF LOTS	100 77184	100	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9820		
TOTAL PAID $		100	00

2-M.O.

AC-612 (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

E5130

№ 32760

DATE 9/6/85 19

FROM Patricia B. Madden ADDRESS PO Box 64, Carmichael, Ca. 95609

Fifteen hundred thirteen and 20/100 DOLLARS ($ 1513.20)

IN full PAYMENT OF Interment of Edward E. Madden

Home Federal ck# 0002457-

LOT 3799 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. 033596

Acct 013757

W.O. E-5130

UNPAID BALANCE AFTER THIS PAYMENT 0

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

SAN DIEGO CITY TREAS.
SEP 09 '85
PAID #13

ISSUED BY B. King

CREDIT 30% SALES CASE	67007 77184	
30% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		1513.20

AD-213 (REV. 8-81)

E5130

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C85-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/11/85

DATE: 09/11/85
TIME: 005522
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 / SN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
033596	07/25/85	013757	PATRICIA MADDEN					09/06/85	CK	060000245	1,513.20	1,513.20	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				345.00		
			100	072		77183	000072				35.00		
			100	072		77184	000072				614.00		
			60101			9020					20.70		
			67007			77184					178.50		

E 5130

E5131

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/22/85

CHARGE Laura Mae Reed Moncrief

ADDRESS 1749 Logan Ave. S.D. 92113

NAME OF DECEASED Gable Lee Moncrief - Dec

OWNER Same.

ADDRESS

MORTUARY Rogsdale

LOT 130 GR 6 ROW — SEC 1 BLK DIV 12	395	00
OPENING/CLOSING TIME 2 P.M. Chapel & G.S. DAY DATE Thur 7-25	320	00
VAULT/LINER SIZE Std S.T.	245	00
	14	70
REC. FEE/REMOVAL/FOUNDATION G.I. marker set fee	35	00
	130	00
TOTAL	1139	70
PAID RECEIPT NUMBER 32672	1139	70
BALANCE	-0-	

Interment and G.I. marker setting fee all included. V.A. to Repay

PAID

JUL 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 Laura M. Reed Moncrief

ORDER TAKEN BY George

W.O. NO. E 5131

INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5130

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GABLE LEE MONCRIEF	Male	March 5, 1926	July 19, 1985 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	Laura Mae Moncrief - Wife 1749 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

- ☒ 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 JUL 23 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 7-25-85 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Ramos, 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.

OFFICIAL RECEIPT

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

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

E5131

No. 32672

DATE 7-22- 1985

FROM Laura Mathew Moncrief ADDRESS 1749 Logan Ave SD-92113

Eleven Hundred Thirty nine & 70/100 DOLLARS ($ 1139.70)

IN full PAYMENT OF Burial & Setting G.I. Marker & Lot -

LOT 130 GRAVE 6 ROW — SECTION -1- DIVISION BLOCK 12

INVOICE NO.

W.O. E5131

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JUL 25 1985

ISSUED BY George Stith

CREDIT 50% SALES CARE	67007 77184	79	00
50% SALES OF LOTS	100 77184	316	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	165	00
SALES TAX	69101 9025	14	70
TOTAL PAID $		1139	70

Cash

SC-313 (REV. 9-81)

5132
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-23 19 85

CHARGE M. Kariya 92061

ADDRESS 15725 Hwy 76, Pauma Valley, Ca

NAME OF DECEASED Yuriko Kariya ⊗

~~OWNER~~ and monument (Baby)

ADDRESS

MORTUARY

LOT 4729 GR ROW SEC ~~BLK~~ DIV 10		
OPENING/CLOSING TIME 11:00 DAY DATE TUES. 7-30-85	105	00
VAULT/LINER Cph SIZE	6 100	00 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	246	00
PAID RECEIPT NUMBER 7-25-85 32679	246	00
BALANCE	-0-	

GRAVESIDE

Prepaid lot 1985

If burial depends on monument

PAID
JUL 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 5132

INVOICE NO.

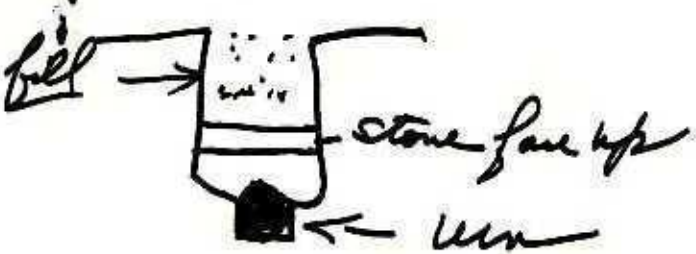
PY-593 (4-82)

4729-10

E5132

Note:

The urn is to go to bottom with Marker over urn and deep enough to grow grass.



PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5132

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Yuriko Kariya	Female	Unk 1922	Feb 18 1923

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Buena Park	Orange County	Masashi Kariya, Brother 15725 Highway 76 Pauma Valley, Calif. 92061

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Evergreen Cemetery, Acting Agent	

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 3850 Imperial Ave., San Diego 92113		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 ▶ 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		
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 JUL 18 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Robert Hall
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
264-3181

E5132

№ 32679

DATE 7-25 1985

FROM M. Kariya ADDRESS 15725 Hwy 76, Fauma Valley Ca

Two hundred forty six and no/100 — DOLLARS ($ 246.00)

IN full PAYMENT OF Yuriko Kariya Service

LOT 4729 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-5132

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 1 1985

ISSUED BY [illegible]

CREDIT 10% SALES CARE	67007 77184		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77181	105	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	10	00
TOTAL PAID $		246	00

AC-313 (REV. 9-81)

E 5133

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-24 19 85

CHARGE Lucy Skatzes

ADDRESS 2336 Commonwealth, SD, Ca 92104

NAME OF DECEASED Richard G. Skatzes

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 83 GR 8 ROW SEC 2 BLK DIV 7	695	00
OPENING/CLOSING TIME - CHAPEL - 10:00 DAY DATE Thurs 7-25-85	320	00
VAULT/LINER SIZE	20 345	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1415	70
PAID RECEIPT NUMBER 7-24-85 32674	1415	70
BALANCE	-0-	

PAID
JUL 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 Lucy Skatzes ORDER TAKEN BY Lang

W.O. NO. E 5133 INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5133

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RICHARD GENE SKATZES	MALE	MAR 23, 1941	JULY 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	Lucy G. Skatzes - wife 2336 Commonwealth Ave. 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

- ☒ 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, 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 JUL 24 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 7-25-85 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]

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
264-2151

E5133

№ 32674

DATE 7-24 1985

FROM Lucy G. Skatzes ADDRESS 2336 Commonwealth, SD Ca 92104

Fourteen hundred fifteen and 70/100 — DOLLARS ($ 1415.70)

IN full PAYMENT OF Richard G. Skatzes Service

LOT 83 GRAVE 8 ROW SECTION 2 DIVISION ~~BLOCK~~ 7

INVOICE NO. Check

W.O. E-5133

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JUL 25 1985

ISSUED BY B. Lam

CREDIT 10% SALES CARE	67007 77154	139	00
10% SALES OF LOTS	100 77154	556	00
OPENINGS	100 77151	321	00
BOXES	100 77152	345	00
REMOVALS FOUNDATIONS	100 77153	35	00
SALES TAX	60101 9020	36	70
TOTAL PAID $		1415	70

AO-212 (REV. 9-81)

E5133

OFFICIAL RECEIPT

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

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

№ 33021

Date: 01-13, 19 86

From: Lucy L. Skatzes Address: 3336 Commonwealth Ave [illegible]
Fifty and no 100 Dollars ($ 50.00)

In full Payment of Yellow Rose tree installed for
Richard L. Skatzes

Lot 83 Grave 8 Row Section 2 Division Block 7

Invoice No.

Acct. No.

W.O. E-5133

Unpaid Balance after this Payment

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

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

CITY AUDITOR
JAN 15 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	50.00
Sales Tax	60101 8020	
TOTAL PAID	$	50.00

AC-212 (Rev. 8-85)

E5134

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-24 19 85

CHARGE Charles Beshears 690-6671

ADDRESS 3816 Byrd St SD Ca 92154

NAME OF DECEASED Preneed lot

OWNER

ADDRESS

MORTUARY

LOT 155 GR 3 ROW SEC 1 ~~BLK~~ DIV 12	395	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	395	00
PAID RECEIPT NUMBER 7-24-85 32675	150	00
BALANCE	245	00
7-29-85 32683	245	00
Paid by Ch 111- 7/29/85		
Sum of $245.00	0	

PAID
JUL 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 [signature]

ORDER TAKEN BY Lang

W.O. NO. E 5134

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

E 5134

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32683

DATE 7/29/85 19

FROM Maria I Beshiaw ADDRESS 3816 Byrd St - SD. 92154

Two Hundred forty five and 00/100 DOLLARS ($ 245.00)

IN full PAYMENT OF Burial fees for Carlota T Romeo

LOT 155 GRAVE 3 ROW 0 SECTION -1- DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-5134

4787

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

CITY AUDITOR
AUG 1 1985

ISSUED BY George Stell

CREDIT 87007		79.00
5% SALES CARE 77184		
5% SALES OF LOTS 100 77184		166.00
OPENINGS 100 77181		
BOXES 100 77182		
REMOVALS FOUNDATIONS 100 77183		
SALES TAX 50101 5020		
TOTAL PAID $		245.00

UNPAID BALANCE AFTER THIS PAYMENT 0

AD-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

E 5134

№ 32675

DATE 7-24 19 85

FROM Charles Beshears ADDRESS 3816 Byrd St SD Ca. 92154

One hundred fifty and no/100 DOLLARS ($ 150.00)

IN Art PAYMENT OF Pre-need lot

LOT 155 GRAVE 3 ROW SECTION 1 DIVISION ~~BLOCK~~ 12

INVOICE NO. Check

W.O. E 5134

UNPAID BALANCE AFTER THIS PAYMENT $ 245.00

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

CITY AUDITOR
JUL 25 1985

ISSUED BY [illegible]

CREDIT 10% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	150.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77185	
SALES TAX	68101 3020	
TOTAL PAID $		150.00

AC-212 (REV. 9-81)

E5135

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-24 19 85

CHARGE Charles Beshears 690-6671

ADDRESS 3816 Byrd St SD Ca 92154

NAME OF DECEASED Preneed lot

OWNER

ADDRESS

MORTUARY

LOT 155 GR 4 ROW SEC 1 ~~BLK~~ DIV 12 395 00

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL 395 00

PAID RECEIPT NUMBER

BALANCE 87

Postcard sent 4-3-86

No payments or contact as of 4-16

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

AUTHORIZED IN PERSON PHONE BY C Beshear

ORDER TAKEN BY Lang

W.O. NO. E 5135

INVOICE NO.

PY-593 (4-82)

E5136

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-24 19 85

CHARGE Emiko Ishisaki

ADDRESS 232 So 36th St, Ca 92113

NAME OF DECEASED Ishisaki, Toriyo (X)

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 5332 GR ROW SEC BLK DIV 10			
OPENING/CLOSING TIME 9:30 DAY DATE Sat 7-27-85 -GRAVESIDE-	105	00	
VAULT/LINER Ash SIZE	105	00	
REC. FEE/REMOVAL/FOUND [redacted]	35	00	
	140	00	
TOTAL	~~436~~	00	
PAID RECEIPT NUMBER 7-24-85 32676	436	00	
BALANCE	0		

Head of grave

PAID
JUL 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 Emiko Ishisaki

ORDER TAKEN BY Lang

W.O. NO. E 5136

INVOICE NO.

PY-593 (4-82)

ES136

PERMIT FOR DISPOSITION OF HUMAN REMAINS #58680

Lewis Colonial/Benbough

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TORIYO NMN ISHISAKI	FEMALE	AUG 10,1887	JULY 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	EMI ISHISAKI - daughter 232 S. 36th St. San Diego, CA 92113

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 7/8/85	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 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 JUL 05 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 ▶ [signature]

SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: [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.

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

E5136

№ 32676

DATE 7-24 1985

FROM Emiko Ishisaki ADDRESS 23 So. 36th St. Cdla. 92113

Four hundred thirty six and no/00 DOLLARS ($ 436.00)

IN full PAYMENT OF Yoriyo Ishisaki Service

LOT 5332 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

W.O. E-5136

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
JUL 25 1985

ISSUED BY B. Tang

CREDIT 20% SALES CARE	67007 77154		
10% SALES OF LOTS	100 77154		
OPENINGS	100 77151	105	00
BOXES	100 77152	100	00
REMOVALS FOUNDATIONS	100 77153	225	00
SALES TAX	60151 9020	6	00
TOTAL PAID $		436	00

AC-212 (REV. 8-81)

E5137

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-25 19 85

CHARGE Irene Broyles

ADDRESS 2614 Murray Ridge Rd SDCa 92123

NAME OF DECEASED Marion Shields

OWNER

ADDRESS

MORTUARY Lewis Colonial (Jerry)

LOT 2695 GR ROW SEC BLK DIV 10 Preneed

OPENING/CLOSING TIME 2:30 DAY DATE Fri 7-26-85 -GRAVESIDE-

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 3268 35 00

TOTAL 35 00

PAID RECEIPT NUMBER 35 00

BALANCE 0

PAID JUL 26 1985 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Will come in Friday to sign Interment Order Need kept at graveside

Preneed 1965

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

AUTHORIZED IN PERSON ~~SIGNATURE~~ Irene M Broyles ORDER TAKEN BY Lang

W.O. NO. E 5137 INVOICE NO.

FY-593 (4-82)

E5137

MOUNT HOPE CEMETERY

July 26 1985

The undersigned hereby requests and authorizes the interment of the remains of Marion Shields in Lot 2695 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 _____ X Irene M Brayfield

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

_____ Witness

_____ Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5137

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARION T. SHIELDS	FEMALE	MAY 6, 1900	JULY 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
LEMON GROVE	SAN DIEGO	Irene Broyles - friend 2614 Murray Ridge Rd. 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

- ☒ 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 JUL 25 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Powers, M.P.H.
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
264-3181

No. 32681

DATE 7/26/85 19

FROM Irene Broyles ADDRESS 2614 Murray Ridge Rd S.D. 92123

Thirty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Rev. fees on Marion Shield - Deceased

LOT 2695 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO.

W.O. E-5137

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 1 1985

ISSUED BY Joyce Steth

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9026	
TOTAL PAID $		35.00

E 5138

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-26 1985

CHARGE Walter Hussong

ADDRESS 202 Cypress St C.V. Ca 92010

NAME OF DECEASED Walter Hussong

OWNER

ADDRESS

MORTUARY Greenwood

		Preneed	
LOT 2657 GR ROW SEC ~~BLK~~ DIV 10		—	—
OPENING/ CLOSING TIME 11 Am CHAPEL DAY DATE Tue ~~Mon~~ 7-30-85 Ch + GS.		—	
VAULT/LINER SIZE		14	70
		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		294	70
PAID RECEIPT NUMBER 32688 (Greenwood)		243	80
BALANCE		50	90
32697 Tentative before		50	90
noon Monday		0	

Preneed 1968

PAID
JUL 31 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 Walter Hussong

ORDER TAKEN BY Lang

W.O. NO. E 5138

INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5138

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
George Walter Hussong	Male	July 20, 1907	July 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
Ensenada	Mexico	Charlotte Hussong-Wife 202 Cypress Street Chula Vista, California 92010

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 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 JUL 29 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)		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

E5138

No 32688

DATE 7/29/85 19

FROM Greenwood A/C #32631 ADDRESS SD

Two hundred forty three + 80/100 DOLLARS ($ 243.80)

IN Deposit PAYMENT OF to apply on Walter Hussong -

LOT 2657 GRAVE — ROW — SECTION — DIVISION — BLOCK 10

INVOICE NO.

W.O. E-5138

UNPAID BALANCE AFTER THIS PAYMENT 50.90

A/C #32631

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

CITY AUDITOR
AUG 1 1985

ISSUED BY

CREDIT	67007		
50% SALES CASH	77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BONDS	100 77188	243	80
REMOVALS FOUNDATIONS	100 77189		
SALES TAX	60101 9020		
TOTAL PAID $		243	80

OFFICIAL RECEIPT

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

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

E5183

OC... № 32695

DATE 7-31 19 85

FROM Walter Hussong ADDRESS 21 Cypress, C.V. Ca. 92010

Fifty and 90/100 DOLLARS ($ 50.90)

IN full PAYMENT OF Walter Hussong Service

LOT 2657 GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. Check

W.O. E-5138

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 6 1985

ISSUED BY E. Jane

CREDIT 50% SALES CASH	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	1	20
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		50	90

40-513 (REV. 9-81)

E5139

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-26 19 85

CHARGE Charles Beshears

ADDRESS 3816 Byrd St SD Ca. 92154

NAME OF DECEASED Carlota Romero

OWNER

ADDRESS

MORTUARY Pinkham-Mitchell

LOT 155 GR 3 ROW ~~Blk~~ SEC 1 DIV 12	Preneed	
OPENING/ CLOSING TIME 10:00 DAY DATE TUES. 7-30-85	320	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER		
BALANCE		

60 Days to pay

30 Day note 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 C Beshears ORDER TAKEN BY B. Lang

W.O. NO. E 5139 INVOICE NO. 033695 013827

PY-593 (4-82)

Number E-5139

Dated 7-26-85

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 $ 614.70

Name Charles Beshears

Address 3816 Byrd 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.

C Beshears — NAME

3816 BYRD ST S.D. — (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E5139

MOUNT HOPE CEMETERY

July 29 1985

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

CARLOTA T ROMEO in Lot 155 Gr. 3 Row -0- Sec. -1-
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.

X C Bethens

Signature of relative or legal representative

3816 Byrd St S.D. 92154
(my mother in Law is deceased)

Address & relationship to deceased or authority to sign authorization

Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5139

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CARLOTA TIZNADO ROMERO	FEMALE	AUG 10, 1900	JUL 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	IRENE MOLESKEY, DAUGHTER 71 CORBIN AVENUE JERSEY CITY, NJ 07306

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

- ☒ 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 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 JUL 30 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 _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Jean Mitchell	

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 5139

033695 07/31/85 013827 CHARLES BESHEARS

01/27/86 CK 315

100	072	77181	000072	614.70
100	072	77182	000072	320.00
100	072	77183	000072	245.00
66101		9020		35.00
				14.70

614.70 0.00

PAID IN FULL

E-5139

not dupe

E5139

1/31/86

OFFICIAL RECEIPT

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

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

№ 33055

07306 Date: 01-24, 19 86

From: Irene Moleskey Address: 71 Corvin Ave [illegible] N.J.

Six hundred fourteen and 70/100 Dollars ($ 614.70)

In full Payment of [illegible] Romero Service

Lot 155 Grave 3 Row Section 1 Division Block 1

Invoice No. 033695

Acct. No. 013827

W.O. E-5139

Unpaid Balance after this Payment —

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

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

1986

ISSUED BY B. Fang

CREDIT 20% Sales Cars	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	$	614	70

AC-212 (Rev. 6-85)

E5140
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-26 1985

CHARGE Helen Felton Jolliff

ADDRESS 6949 Hoffman ave. L.M. Ca 2044

NAME OF DECEASED Preneed Lots & Services

OWNER – designated on back of

ADDRESS Work order –

MORTUARY

✓ 161	1		1		11		
LOT 160	GR 5½	ROW	SEC 1	BLK DIV 11		1485	00
OPENING/ CLOSING TIME		DAY DATE				960	00
VAULT/LINER Bell		SIZE	tax on liners			44 73500	10
REC. FEE/REMOVAL/FOUNDATION						105	00
				TOTAL		3329	10
PAID RECEIPT NUMBER	7-26-85		32682			3329	10
				BALANCE		-0-	

PAID
JUL 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 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 Helen F. Jolliff ORDER TAKEN BY L. Lang

W.O. NO. E 5140 INVOICE NO.

PY-593 (4-82) # 11190, 11191, 11192

160-5-1-11 Helen F. Jolliffe

160-6-1-11
Joshua Godfrey
Jolliffe, Jr.

161-1-1-11
Elydia Cecelia Jolliffe

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2151

E5140

№ 32682

DATE 7-26 1985

FROM Helen G. Jolliff ADDRESS 6949 Hoffman Ave. L.M. Ca 92041

Three thousand three hundred twenty nine and 19/100 DOLLARS ($ 3329.10)

IN full PAYMENT OF Preneed lots & services
(services not guaranteed)

LOT 160 & 161 GRAVE 5, 6, & 1 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. Check

W.O. E-5140

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
AUG 1 1985

ISSUED BY B. Lang

CREDIT 50% SALES CARE	67007 77184	297.00
50% SALES OF LOTS	100 77184	1188.00
OPENINGS	100 77181	960.00
BOXES	100 77183	735.00
REMOVALS FOUNDATIONS	100 77183	105.00
SALES TAX	80101 9020	44.10
TOTAL PAID $		3329.10

AC-212 (REV. 9-81)

E5141

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-29 1985

CHARGE Kenneth J. Bryant 262-8200

ADDRESS 1182 Bollenbacker St SDCa 92114

NAME OF DECEASED Rosie Lee Bryant

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 109 GR 7 ROW SEC 2 BLK DIV DIP 11	742	50
OPENING/CLOSING TIME 2:00 DAY/DATE Wed 7-31-85	320	00
VAULT/LINER SIZE Top Seal	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sales Tax	20	70
TOTAL	1463	20
PAID RECEIPT NUMBER 7-30-85 32692	1463	20
BALANCE	0	

Will pay total within 5 days.
Graveside Service after Church
Must be out of grounds by 4 P.M.

PAID
JUL 30 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED
IN PERSON ~~PHONE BY~~ X Kenneth J. Bryant ORDER TAKEN BY Leoya

W.O. NO. E 5141 INVOICE NO.

PY-593 (4-82)

W.O. NO. E-5141

NOTE—STRAIGHT

$ 1463.00 — 15 — San Diego, California, 7-30, 1985

days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Fourteen Hundred Sixty-three and 00/100 DOLLARS,

with interest from Aug 15, 1985 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Kenneth J. Bryant

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 5141

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROSIE LEE BRYANT	Female	May 23, 1917	Found July 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	Kenneth J. Bryant - Husband 1182 Bollenbacher 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 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 JUL 29 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald D. Ramos, M.D., mm
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
264-3181

E5141

№ 32692

DATE 7-30 1985

FROM Calvary Baptist Church ADDRESS 719 Crosby St, S.D. Ca 92113

Fourteen hundred sixty three and 29/100 DOLLARS ($ 1463.20)

IN full PAYMENT OF Rosie Lee Bryant Service

LOT 109 GRAVE 7 ROW SECTION 2 DIVISION ~~BLOCK~~ 11

INVOICE NO. Check

W.O. E-5141

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 1 1985

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67007 77184	148	50
50% SALES OF LOTS	100 77184	594	00
OPENINGS	100 77181	320	00
BOXES	100 77182	345	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	21	70
TOTAL PAID $		1463	20

AC-212 (REV. 8-81)

E5142

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-29 1985

CHARGE Howard Green 443-5531

ADDRESS 12721 Casa Vista Lakeside, Ca 92040

NAME OF DECEASED Hazel Green

OWNER

ADDRESS

MORTUARY Rogers

LOT 3845 GR ROW SEC BLK DIV 10	495	00
OPENING/CLOSING TIME 10:00 DAY DATE TUES 7-30-85	330	00
VAULT/LINER Bell SIZE	245	68
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1109	70
PAID RECEIPT NUMBER		
BALANCE		

30 Day note to be returned prior to service

Need help at 9:15

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

AUTHORIZED IN PERSON PHONE BY Howard Green ORDER TAKEN BY Lang

W.O. NO. E 5142 INVOICE NO. 033694 013826

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5142

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HAZEL KILA GREEN	Female	March 12, 1929	July 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	Howard Green – Husband 12721 Casa Vista Rd. Lakeside, 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

- ☒ 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 JUL 29 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 JUL 30 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stell

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 08/27/85

DATE: 08/27/85
TIME: 222907
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
033694	07/31/85	013826	HOWARD GREEN					08/20/85	CK	102	1,109.70	1,109.70	0.00
			100	072		77181	000072				320.00		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		

E5142

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,109.70

E 5143

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-29 19 85

CHARGE Henry Jackson

ADDRESS 4942 Fir St. S.D. 92102

NAME OF DECEASED Donald C. Jackson

OWNER

ADDRESS

MORTUARY Ragsdale (Narvaez)

LOT 3 GR 2 ROW SEC 17 BLK DIV 7		495	00
OPENING/CLOSING TIME -CHAPEL- 11:00 DAY DATE Tues 7-30-85		320	00
VAULT/LINER Bell SIZE		245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		1109	70
PAID RECEIPT NUMBER 32687		1109	70
BALANCE		0	

Chapel & Graveside -
ch # 132

PAID
JUL 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 ~~BY~~ John Jackson Jr. ORDER TAKEN BY Lang

W.O. NO. E 5143 INVOICE NO.

PY-593 (4-82)

E5143

MOUNT HOPE CEMETERY

7/29 1985

The undersigned hereby requests and authorizes the interment of the remains of Donald C. Jackson in Lot 3 Gr 2 Row ____ Sec. 17 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 Joann Jackson Fountain

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5143

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DONALD CHARLES JACKSON	Male	Jan. 19, 1943	July 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	Henry L. Jackson - Father 4942 Fir 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
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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 JUL 29 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 _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Gary Ragsdale

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

№ 32687

DATE 7-29-85 19

FROM Henry L. Jackson ADDRESS 4942 Fir St. SD 92102

One Thousand One Hundred nine and 70/100 DOLLARS ($ 1109 70/100)

IN full PAYMENT OF Burial of Donald C Jackson - dec

LOT 3 GRAVE 2 ROW SECTION 17 DIVISION ~~BLOCK~~ 7

INVOICE NO.

W.O. E-5143

UNPAID BALANCE AFTER THIS PAYMENT —0—

Ch# 132

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

CITY AUDITOR
AUG 1 1985

ISSUED BY [signature]

CREDIT 80% SALES CARE	67007 77184	99	00
80% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1109	70

E 5144
MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7/29/85 19

CHARGE Classie Rose

ADDRESS 244 No. 27th - S.D. 92102

NAME OF DECEASED Tonya Judge

OWNER —

ADDRESS —

MORTUARY Pagsdale

LOT 2781 GR O ROW O SEC — BLK DIV 10	595	00
OPENING/CLOSING TIME 11Am Chapel G.S. DAY DATE Fri 8-2-85	320	00
VAULT/LINER — SIZE Std	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sales Tax	14	70
TOTAL	~~Paid~~ 1209	70
PAID RECEIPT NUMBER 32732 - 8-20-85	1209	70
BALANCE	0	

Plaudon Property note
Payable within 30 Days.
Flowers to Lawn on Friday after Chapel.

PAID
32732
AUG 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 X Classie Rose ORDER TAKEN BY Gaye

W.O. NO. E 5144 INVOICE NO. 034033

PY-593 (4-82) 013956

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5144

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
TONYA YAVETTE JUDGE	Female	Oct. 29, 1963	July 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	Adell Juanita Walker - Mother 5460 Santa Margarita 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

- ☒ 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)
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BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount 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 JUL 31 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 AUG 2 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.5144

034033	08/12/85	013956	CLASSIE ROSE			08/20/85	CK E-5144	1,209.70	1,209.70	0.0
			100 072	77181	000072			320.00		PAID IN FULL
			100 072	77182	000072			245.00		
			100 072	77183	000072			35.00		
			100 072	77184	000072			476.00		
			60101	9020				14.70		
			67007	77184				119.00		

E-5144

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 2,219.40

OFFICIAL RECEIPT

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

8/26/65

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

E5144

No. 32732

DATE 8-26 19 65

FROM Adell Walker ADDRESS 5460 San Margarita - S.D 92114

Twelve Hundred Nine and 70/100 DOLLARS ($ 1209.70)

IN full PAYMENT OF Invoice - Burial of Tonya Judge - E5144

LOT 2781 GRAVE — ROW — SECTION — DIVISION — BLOCK 10

INVOICE NO. 034033
013956

W.O. E5144

UNPAID BALANCE AFTER THIS PAYMENT 0

Ck #003025 23185

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

ISSUED BY Leage

CREDIT 50% SALES CASH	$7087 77184	119	00
50% SALES OF LOTS	100 77184	476	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1209	70

E 5145

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-30 1985

CHARGE Adele L. Gannon

ADDRESS 4514-3rd Apt. 11 La Mesa, 92041

NAME OF DECEASED Velma D. Cabana

OWNER

ADDRESS 295-2177

MORTUARY Merkley-Mitchell (Scott)

LOT 3116 GR ROW SEC BLK DIV 10	Preneed	
OPENING/CLOSING TIME 11:00 DAY DATE Fri 8-2-85	320	00
VAULT/LINER SIZE	245 14	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 7-30 85 32689	614	70
BALANCE	-0-	

Preneed 1965

PAID
JUL 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 Adele L. Gannon ORDER TAKEN BY Lang

W.O. NO. E 5145 INVOICE NO.

PY-593 (4-82)

E5145

MOUNT HOPE CEMETERY

July 30 1985

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

Velma D. Cahana in Lot 3116 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.

Adele L. Gannon

4514-3rd St La Mesa 92401 Neace

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Lang

Witness

Witness

E5145

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
VELMA DEAN CABANA	FEMALE	NOV 29, 1893	JUL 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	ADELE GANNON, NIECE 4514 THIRD STREET, #11 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	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 JUL 30 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 2 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stalto

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D. KJJ

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.

E5145

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32689

000939

DATE 7-30 1985

FROM Adele L Gannon ADDRESS 4514-3rd St Apt 11, LMCA 92041

Six hundred fourteen and 70/100 DOLLARS ($ 614.70)

IN full PAYMENT OF Velma D. Cabana Service

LOT 3116 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

W.O. E-5145

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 1 1985

ISSUED BY B. Lang

CREDIT 10% SALES CARE	67007 77184		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77181	351	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	25	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

AP-212 (REV. 9-81)

E 5146

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

Pre-need

DATE 7-30- 19

CHARGE Carmela Leitch

ADDRESS 3345 Eton Greens Ct. Spring Valley 92077

NAME OF DECEASED for Joseph Cascio

OWNER - Same -

ADDRESS

MORTUARY open

LOT 4759 GR — ROW — SEC — DIV 10	595	00 *
OPENING/ CLOSING TIME DAY DATE	320	00
VAULT/LINER SIZE Std	245	00
Sales Tax	14	70
REC. FEE/REMOVAL/FOUNDATION	35	00
32693 → 7-30-85 TOTAL	1209	70
PAID RECEIPT NUMBER	1209	70
BALANCE	~~0~~	~~0~~

Sa # E 5523

- Pre need -

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~~ x Alan Leitch

ORDER TAKEN BY Leoye

W.O. NO. E 5146

INVOICE NO.

PY-593 (4-82) #11189

OFFICIAL RECEIPT

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

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

№ 32693

DATE 7-30-85

FROM Carmela Leitch ADDRESS 3345 Eton Greens St. Spring Valley 92077

Twelve Hundred nine and 70/100 DOLLARS ($ 1209.70)

IN full PAYMENT OF E-5146 - Deposit on Serv - Pre-need for Joseph Cascio,

LOT 4759 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO.

W.O. E-5146
- See over -

UNPAID BALANCE AFTER THIS PAYMENT Pre-need

Ck # 2597

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

CITY AUDITOR
AUG 1 1985

ISSUED BY Gregory Stetter

CREDIT 10% SALES CARE	67007 77186	119	00
10% SALES OF LOTS	100 77184	476	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX Dep.	60101 9020	14	70
TOTAL PAID $		1209	70

E 5147

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-31 19 85

CHARGE Clifford Lambert, Jr.

ADDRESS 6393 Potomac St. SD, Ca 92139

NAME OF DECEASED Ola Mae Lambert

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 1 GR 2 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME 2:00 -CHURCH- DAY DATE Fri 8-2-85	320	00
VAULT/LINER SIZE 14	245	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1109	70
PAID RECEIPT NUMBER		
BALANCE		

30 day note

Paid 8/1/88

THE CITY CHARTER MAKES NO 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 Lambert ORDER TAKEN BY Ed Lang

W.O. NO. E 5147 INVOICE NO. 034035 013957

PY-593 (4-82)

10/16/86
E5147

OFFICIAL RECEIPT

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

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

№ 33837

Francise Edwards

Date: October 14, 1986

From: Alex Lambert Address: S D 7573 Brookhaven Rd 92114

Six Hundred Twenty four and 70/100 Dollars ($ 624 70/xx)

In full Payment of Invoice of interment ola Mae Lambert - dec.

Lot 1 Grave 2 Row Section 1 Division Block 11

Invoice No. 034035

Acct. No. 013957

W.O. E-5147

Unpaid Balance after this Payment 0

Ck from Francise Edwards

Pre-Need ☐ At Need ☐ On Acct ☒

Ck ☒ Cash ☐

AC-212 (Rev. 8-85) 764

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

ISSUED BY Georgia Stith

CREDIT 20% Sales Care	67007 77194		
80% Sales of Lots	100 77194		
Openings & Service Charges	100 77161		
Burial Containers	100 77162		
Recording fees or misc. service fees	100 77163		
Sales Tax	80101 6020		
TOTAL PAID	$	624	70

W.O. NO. E-5147

NOTE—STRAIGHT

$ 1109.70 San Diego, California. July 31, 1985

30 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Eleven hundred nine and 70/100 DOLLARS,

with interest from September 15, 1985 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Clifford Lambert

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5147

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
OLA MAE LAMBERT	Female	April 11, 1928	July 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
National City	San Diego	Clifford Lambert, Sr. - Husband 2401 Beta Street National City, California 92050

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 AUG 01 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 2 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

10/24/85

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

E5147

№ 32860

DATE 10-21 19 85

FROM Regina E. Russell ADDRESS 4907 Seaton Dr. SD Ca 92102

Two hundred sixty five and no/100 DOLLARS ($ 265.00)

IN part PAYMENT OF To Cover check 1794 - NSF

(Ola Mae Lambert service)

LOT 1 GRAVE 2 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. Cash

Inv. 034035-013957

W.O. E-5147

UNPAID BALANCE AFTER THIS PAYMENT $634.00

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

ISSUED BY B. Lang

CREDIT 15% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		265.00

AC-213 (REV. 9-81)

OFFICIAL RECEIPT

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

10/8/85

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

E5147

№ 32818

DATE 10-2 1985

FROM Clifford Lambert ADDRESS 6393 Potomac S.D. Ca. 92139
Four Hundred Seventy Five and No/100 - DOLLARS ($ 475.00)

IN Art PAYMENT OF Ola Mae Lambert service

LOT 1 GRAVE 2 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. 034035
Acct 013957

W.O. E-5147
Cash & checks

UNPAID BALANCE AFTER THIS PAYMENT $634.00

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

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 $		475.00

AP-272 (REV. 3-81)

E5147

[redacted]

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 05/16/88

DATE: 05/16/88
TIME: 211905
PAGE: 4

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
034035	08/12/85	013957	CLIFFORD LAMBERT, JR					05/12/88	CA		634.70	1,119.70	0.00
			100			77100					5.67		PAID IN FULL
			100	072		77181	000072				181.39		
			100	[redacted]		77182	000072				138.88		
			100	[redacted]		77183	000072				19.84		
			100	072		77184	000072				224.47		
			60101			9020					8.33		
			62007			77184					56.12		

E-5147

Mt. Hope

12-23-86
E5147.

Deceased Inv. 034035 Acct 013957
Ola Mae Lambert
1-2-1-11

7-31-85 - Services 8-2-85
(Son) Lambert, Clifford Jr. invoiced 8-12-85

Bal. 8-12-85 $1,109.70
R-32818 10-2-85 475.00 { $120 cash 355 m.o. + check
634.70
Check for $255 ret. NSF + 10.00 NSF
644.70
R 32860 10-21-85 +255.00 NSF
replaces check NSF 265.00
634.70
R 33837 10-14-86 624.70
10.00 due
10-16-86 NSF +624.70
+ 10.00
$ 644.70
+ interest

E5147

Ala Lambert
Called 9-24-85
WCB next week

ACR02U PSWD: INVOICE DATA ENTRY PG 1
ACTION: A BY: BLL ACCOUNT: 013957 INVOICE: 034035 INV DATE: 08 12 85
NAME: CLIFFORD LAMBERT, JR
1) 6393 POTOMAC ST 2) _____
3) _____ 4) _____
CITY: SAN DIEGO, ST: CA ZIP: 92139 COUNTRY: _____
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151
REFER NO: E-5147 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: 1,109.70

DESCRIPTION OF CHARGE	AMOUNT
OLA MAE LAMBERT SERVICE	
LOT 1 GRAVE 2 SEC 1 DIV 11	495.00
OPENING/CLOSING	320.00
CONCRETE LINER	245.00
TAX ON LINER	14.70
RECORDING FEE	35.00

1109.70
10/2 32818 - 475.00
Bal due 634.70

TOTAL DUE 1,109.70
LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __
#2 __
THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

$ 624.70

034035	08/12/65	013957	CLIFFORD LAMBERT, JR				10/02/65	1784	475.00	1,109.70	634.70
			100	072	77181	000072			136.97		PARTIAL PAYMENT
			100	072	77182	000072			104.87		
			100	072	77183	000072			14.96		
			100	072	77184	000072			169.51		
			60101		9020				6.29		
			67007		77184				42.38		

E5147

E 5147

Travelers Express Money Order 220 8475 063

TRAVELERS EXPRESS COMPANY INC.
P.O. BOX 9478, MINNEAPOLIS, MN 55480

DATE 10-2-85

PAY TO THE ORDER OF Mt. Hope Cemetery

- NOT VALID FOR OVER THREE HUNDRED U.S. DOLLARS -

AMOUNT WRIGLEY'S MARK [illegible] 100 00 CTS DOLLARS

Payable thru Norwest Bank Faribault, N.A. Faribault, MN

SIGNATURE Regina Russell ADDRESS 4907 DEATON Dr.

BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE.

⑆091900533⑆ 220 8475063⑈ 90

Call - 10/21
Regina
264-1748
When check returned

CHARLES M. RUSSELL
REGINA J. RUSSELL
4907 DEATON DRIVE
SAN DIEGO, CA 92102

1784

10-21 1985

50-48/1222

Pay to the order of Mt Hope Cemetery $ 255.00

two hundred fifty five 00/100 Dollars

CALIFORNIA 1ST FIRST BANK
EUCLID & FEDERAL
1446 Euclid Avenue
San Diego, California 92

Memo

Regina J. Russell

⑆122200490⑆ 015340924⑈ 1784

Checks Stolen

E5147

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/25/85

DATE: 10/25/85
TIME: 015407
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 / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
034035	08/12/85	013957	CLIFFORD LAMBERT, JR					10/21/85	CA		265.00	1,109.70	369.70
			100	072		77181	000072				76.42		PARTIAL PAYMENT
			100	072		77182	000072				58.51		
			100	072		77183	000072				8.36		
			100	072		77184	000072				94.57		
			60101			9020					3.51		
			67007			77184					23.63		
034904	09/11/85	014284	CHIROPRACTIC CLINIC					10/21/85	CK	1266	50.00	50.00	0.00
			10552			73126					50.00		PAID IN FULL
035198	09/13/85	014433	THE CLOTHES HAMPER					10/21/85	CK	148	60.00	60.00	0.00
			10551			73127					60.00		PAID IN FULL

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 375.00

Ret. Hope

10/29/85 Barbara - A pymt of $475.00 was made on this acct. on 10-2-85. Part of that payment was made by Regina Russell - check #1784 for $255.00. That check was just returned to me as: "Acct. closed due to lost or stolen checks." The new bal. on this acct. is $624.70 plus $10 ck fee = $634.70. (The above pymt of $265.00 has been applied on 10-21-85.) If you have any questions, give me a call.

Diana x6194
(Collections)

E5147

OFFICIAL RECEIPT

10/8/85

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

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

No 32818

DATE 10-7 19

FROM Olivia Gomez ADDRESS 639 Estaria Chula Vista 92013

Fifty Five & 00/100 DOLLARS ($ 55.00)

IN PAYMENT OF Ola Mae Lambert Services

LOT 1 GRAVE 2 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. 034135
013957

W.O. E-5147

Cash & Check

UNPAID BALANCE AFTER THIS PAYMENT $634.00

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

ISSUED BY B. Dane

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 $	55.00

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

10/24/85

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

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

No 32860

DATE 10-21 19

FROM Rosario Russell ADDRESS 4907 Lincoln Ave Spc 210

Spokane Wash Fifty Five and 00/100 DOLLARS ($ 55.00)

IN PAYMENT OF Re Check #124 NSF

Ola Mae Lambert Services

LOT 1 GRAVE 2 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO. 034135-013957

W.O. E-5147

UNPAID BALANCE AFTER THIS PAYMENT $634.00

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

ISSUED BY B. Dane

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 $	55.00

AC-212 (REV. 9-81)

E5147

OFFICIAL RECEIPT

10/8/85

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

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

№ 32818

DATE 10-2 19

FROM Clifford Lambert ADDRESS 6393 Potomac SD Ca 9213

Four hundred seventy five and no/100 - DOLLARS ($ 475

IN Part PAYMENT OF Ola Mae Lambert service

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

INVOICE NO. 034035
Acct 013957

W.O. E-5147

Cash & checks

UNPAID BALANCE AFTER THIS PAYMENT $634.70

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

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 $		475

AC-212 (REV. 9-81)

OFFICIAL RECEIPT

10/24/85

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

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

№ 32860

DATE 10-21 19

FROM Regina E. Russell ADDRESS 4907 Dexter Dr. SD Ca 9210

Two hundred sixty five and no/100 DOLLARS ($ 265

IN Part PAYMENT OF To cover check 1794 - NSF
(Ola Mae Lambert service)

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

INVOICE NO. Cash
Inv. 034035-013957

W.O. E-5147

UNPAID BALANCE AFTER THIS PAYMENT $634.70

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

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 $		265

AC-212 (REV. 9-81)

E5147

164



FRANCISE EDWARDS
7573 BROOKHAVEN RD. 470-0172
SAN DIEGO, CA 92114

Oct. 13 19 86

90-6146/3222

Pay to the order of Mt. Hope Cemetry $ 624.70

Six Hundred & Twenty Four ~~70~~ 100's Dollars

NORTH ISLAND FEDERAL CREDIT UNION
BLDG. 318, NASNI, SAN DIEGO, CA 92135

Memo 33837

Francise Edwards

⑆322281468⑆ 88159150⑈ 0164

In event burial of Clifford Sr. is not Paid on Time This person paid for ola Mae Lambert to guarantee 30 day note privilege to Daughter — 10/14/86 - [illegible]

This check bounced
NSF 11-5-86

034035 08/12/85 013957 CLIFFORD LAMBERT, JR 10/16/86 NF 164

100	072	77181	000072
100	072	77182	000072
100	072	77183	000072
100	072	77184	000072
60101		9020	
67007		77184	

Mt. Hope ✓

Bad ✓

624.70-		1,109.70	
180.14-			PARTIAL PAYMENT 624.70
137.92-			
19.70-	NSF plus $10.00		= 634.70
222.93-			
8.28-			
55.73-			

034035 08/12/85 013957 CLIFFORD LAMBERT, JR 10/14/86 CK E-5147

100	072	77181	000072
100	072	77182	000072
100	072	77183	000072
100	072	77184	000072
60101		9020	
67007		77184	

Mt. Hope ✓

✓

624.70	1,109.70	0.00
180.14		PAID IN FULL
137.92		
19.70		
222.93		
8.28		
55.73		

E514

CITY OF SAN DIEGO, CALIFORNIA
MEMORANDUM
BD-503 (REV. 5-70)

1. FROM (Name and Dept.): Barbara Lang, Mt Hope
2. DATE: 2-23-82

3. TO (In order indicated below, for purpose checked at right):

	ACTION	PREPARE REPLY	INFORMATION	INQUIRE & REPORT	WRITTEN COMMENT	SIGNATURE NEEDED	RETURN TO ME	COPY FOR YOU	FILE
1. Treo. Call.			X						
2.									
3.									
4.									
5.									

4. SUBJECT: Clifford Lambert Jr. Acct

5. COMMENTS:
Inv. 034035 - 013957

Attached is a recap of occurences in the 'Lambert affair'.
I think the second NSF charge was not discussed previously!

Any questions let me know.

Thanks

E5147
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-31 19 85

CHARGE Clifford Lambert, Jr.

ADDRESS 6393 Potomac St. SD, Ca 92139

NAME OF DECEASED Ola Mae Lambert

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 1	GR 2	ROW	SEC 1	BLK DIV 11	495	00
OPENING/ CLOSING TIME	Church 2:00	DAY DATE	Fri 8-2-85		320	00
VAULT/LINER		SIZE			14 245	70 00
REC. FEE/REMOVAL/FOUNDATION					35	00
				TOTAL	1109	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 Lambert Jr. ORDER TAKEN BY Lang

W.O. NO. E 5147 INVOICE NO. 034035 013957

PY-593 (4-82)

W.O. NO. E-5147

NOTE—STRAIGHT

$ 1109.70 San Diego, California, July 31, 1985

30 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Market St., San Diego, CA 92102

the sum of Eleven hundred nine and 70/100 DOLLARS,

with interest from September 15, 1985 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Clifford Lambert Jr.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E 5147

THE CITY OF
SAN DIEGO
EXECUTIVE COMPLEX • 1010 2nd Avenue • Suite 300 • San Diego, California 9210

OFFICE OF
CITY TREASURER
236-6194

December 24, 1986

To the family of
Ola Mae Lambert
%Betty Bennett
2401 E. Beta
National City, CA 92050

RE: Ola Mae Lambert service - Invoice #034035
Lot 1 Grave 2 Section 1 Division 11

Principal: $634.70 Interest: $98.85 Total Due: 733.55

Please be advised we must have payment in full no later than January 5, 1987.

Failure to comply with this final demand for payment will result in Mt. Hope Cemetery removing the memorial marker from the above named site. Should this action be necessary, it will result in addtional charges of $65.00 to replace.

We sincerely hope you do not necessitate the above described action.

Sincerely,

Dawn M Jensen

Dawn Jensen
Treasurer/Collections

Marker removal requested 1-7-87
Will be held in garage

E 5148

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-31 19 85

CHARGE Lula Porter

ADDRESS 4990 Dafter Dr. SD Ca 92101

NAME OF DECEASED ~~Porter~~ Mabel Ussery

OWNER ~~Mabel Ussery~~

ADDRESS

MORTUARY Anderson-Ragsdale

(DIP)

	297	50
LOT 4342 GR ROW SEC BLK DIV 10	Prepaid	
OPENING/CLOSING TIME 1:00 -CHURCH- DAY DATE Fri 8-2-85	320	00
VAULT/LINER Bell SIZE	245 14	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	912	20
PAID RECEIPT NUMBER 8-1-85 32696	300	—
BALANCE	612	20

30 Day note

Paid 6/30/87

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 Lula D. Porter ORDER TAKEN BY Lang

W.O. NO. E 5148 INVOICE NO. 034037

013958

PY-593 (4-82)

Number E-5148

Dated Aug 1, 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 $ 612.20 .

Name Lula Porter

Address 4990 Dafter Dr.
S.D. Ca. 92101

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. Pursuant to 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.

MUNICIPAL COURT
SAN DIEGO JUDICIAL DISTRICT
CANCELLED
ORDERED IN JUDGMENT
Date JAN - 7 1987
Clerk of the Court
By Deputy

X Lula D. + Merle W. Porter 4990 Dafter Dr.
NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E 5149

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 08/02/85 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 for July 85 TOTAL	730	00
PAID RECEIPT NUMBER ____		
BALANCE	730	00

$160.00 2 x 1 Foundation - Reid, Herbert L.
160.00 2 x 1 " - Celms, Vilhelms
160.00 2 x 1 " - Shimamoto, Sofie
125.00 2 x 1 Marker - Owens, William T.
125.00 2 x 1 " - ~~Pratt (Parks) Glassye~~
$730.00

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 R. Lang

W.O. NO. E 5149

INVOICE NO. 034031

PY-593 (4-82)

Acct. 006490 ✓

OFFICIAL RECEIPT

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

10/11/85

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

E5149

№ 32831

DATE 10-8 1985

FROM Clemens Granite ADDRESS 10527 Prospect, Santee, Ca 92071

Seven hundred thirty and no/100 — DOLLARS ($ 730.00)

IN full PAYMENT OF Memorial installations for July 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. Check

Inv # 034031

W.O. E-5149

UNPAID BALANCE AFTER THIS PAYMENT X

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

ISSUED BY B. Lang

CREDIT 67007		
20% SALES CARE 77184		
20% SALES OF LOTS 100 77184		
OPENINGS 100 77181		
BOXES 100 77182		
REMOVALS FOUNDATIONS 100 77183		
SALES TAX 60101 9020		
TOTAL PAID $	730	

AC-212 (REV. 9-81)

E-5149

034031 08/12/85 006490 CLEMENS GRANITE COMPANY 77183 000072 10/09/85 CK 13174 730.00 730.00 730.00 PAID IN FULL 0.00
100 072
E-5149

E5148

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 7-31 19 85

CHARGE Lula Porter

ADDRESS 4990 Dafter Dr. SD Ca 92101

NAME OF DECEASED ~~[illegible]~~ Mabel Usserey

OWNER ~~Mabel Usserey~~

ADDRESS

MORTUARY Anderson-Rogdale

(DIP)

	297	50
LOT 4342 GR ROW SEC BLK DIV 10	Reneed	
OPENING/CLOSING TIME 1:00 -CHURCH- DAY DATE Fri 8-2-85	320	00
VAULT/LINER Bell SIZE 14	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	912	20
PAID RECEIPT NUMBER 8-1-85 32696	300	—
BALANCE	612	20

30 Day note

Original to Dawn TC 10/30/85

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 X Lula D. Porter ORDER TAKEN BY Lang

W.O. NO. E 5148 INVOICE NO. 034037

FY-893 (4-82)

Dated Aug 1, 1985

Number E-5148

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 $ 612.20.

Name Lula Porter

Address 4990 Dafter Dr.

S.D. Ca - 92101

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 Lula D. Porter 4990 Dafter Dr.

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

MAY 8 E5148

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MABLE USSERY	Female	May 8, 1919	July 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	Lula D. Porter - Daughter 6684 Dafter Drive 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, 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 AUG 01 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 2 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold L. Powers M.D. C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Evelyn Stubbs

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

E 5148

00[illegible] № 32696

DATE 8-1 1985

FROM Lula D. Porter ADDRESS 4990 Dafter Dr SD Ca 92110

Three hundred and no/100 DOLLARS ($ 300.00)

IN Cart PAYMENT OF Mabel Assery Service

LOT 4342 GRAVE 1 ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

W.O. E-5148

UNPAID BALANCE AFTER THIS PAYMENT $612.20

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

CITY AUDITOR
AUG 6 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67097 77184	59	50
30% SALES OF LOTS	100 77184	237	00
OPENINGS	100 77181	2	50
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		300	00

AC-213 (REV. 5-81)

E 5150

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 08/02/ 1985

CHARGE CONTI & SON MONUMENT 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 for July TOTAL $1230 00

PAID RECEIPT NUMBER

BALANCE $1230 00

$160.- Foundation - Stone, Wilbur
125.- 2x1 Marker - Granstaff, C.
125.- 2x1 Marker - Grnastaff, V.
125.- 2x1 Marker - Oliver, Phillip
125.- 2x1 Marker - Fisk, Lillian
80.-10x20 " - Corsello, Delores
80.-10x20 " - Bell, Ruth E.
80. 10x20 " - Ford, Pearl
80. 10x20 " - Ford, George F.
125. 2x1 " - Cook, Lydia T.
125. 2x1 " - Anthony, Jewell

$1230. Total

THE CITY CHARTER MAKES NO 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 5150

INVOICE NO. 034032

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
264-3121

E5150

No 32728

DATE 8-16 19 85

FROM Conti & Son ADDRESS PO Box 94, Idaho Falls

Twelve hundred Thirty and no/100 — DOLLARS ($ 1230.00)

IN full PAYMENT OF Memorial installation for

July 1985

LOT ____ GRAVE ____ ROW ____ SECTION ____ DIVISION ____ BLOCK ____

INVOICE NO. 034032
WC 004121

W.O. E-5150

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY E. Sam

CREDIT 20% SALES CARE	57087 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 0020	
TOTAL PAID $		1230.00

AG-111 (REV. 4-81)

E5150

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/21/85

DATE: 08/21/8
TIME: 002129
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
034032	08/12/85	004821	CONTI AND SON MEMORIAL CO					08/16/85	CK	4822	1,230.00	1,230.00	0.00
			100	072		77183	000072				1,230.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,230.00

E-5150

E 5151
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 08/02 1985

CHARGE SEAMAN-POE MONUMENT CO.

ADDRESS 3893 Imperial Avenue
San Diego, CA 92113

NAME OF DECEASED F-40258

OWNER

ADDRESS

MORTUARY

LOT 1 GR ROW SEC BLK DIV

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

Memorial installations for July 85 TOTAL $1205 00

PAID RECEIPT NUMBER

BALANCE $1205 00

$125. - 3x1 - Matthews, Wm. L.
125. - 2'6"- Jacobs, Dillard
125. - 2x1 - Perkins, Addie May
125. - 2x1 - Wanick, Bertha
125. - 2x1 - Rucker, Anna Lou
125. - 2x1 - Lowder, Katherine
125. - 2x1 - La Commare, Lena
125. - 2x1 - Nance, Keith A.
125. - 2x1 - Cromwil, Lincoln
80. - 10x20 - Bray, Paige Leanne

THE CITY CHARTER MAKES NO 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 5151

INVOICE NO. 034030

PY-593 (4-82)

Acct 000253 ✓

034030	08/12/85	000253	SEAMAN/POE		MONUMENT CO			09/09/85	CK	6220		1,205.00	1,205.00	0.00
	E-515!		100	072		77183	000072					1,205.00		PAID IN FULL

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
266-3151

E5151

№ 32765

DATE 9-9 1985

FROM Seaman-Poe Mon. Co. ADDRESS 3893 Imperial Ave. SD Ca 92113

Twelve hundred five and no/100 DOLLARS ($ 1205.00)

IN full PAYMENT OF Memorial installations for July 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. 034030

Acct 000253

W.O. E-5151

UNPAID BALANCE AFTER THIS PAYMENT 8

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

SAN DIEGO
SEP 09 '85
ID #13

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 $		1205.00

AC-112 (REV. 6-81)

E 5152

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-5 19 85

CHARGE Jack Lamb - apt PH 2

ADDRESS 151 Lakeside Dr. Oakland, Ca 94612

NAME OF DECEASED Clyde P. Stephens

OWNER

ADDRESS

MORTUARY Goodbody (Kim)

(DIP)

LOT 3999 GR ROW SEC ~~BLK~~ DIV 10 Preneed

OPENING/CLOSING TIME 10:00 DAY DATE TUES. 8-6-85 — CHURCH —

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION	35 00
TOTAL	35 00
PAID RECEIPT NUMBER 8-6-85 32705	35 00
BALANCE	0

Preneed 1974
Preneed Services

PAID
AUG 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 5152

INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5152

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CLYDE PHILLIP STEPHENS	MALE	9/12/1908	8/2/1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
EL CAJON	SAN DIEGO	HAZEL B. STEPHENS wife 4352 ALTADENA AVENUE SAN DIEGO, CALIFORNIA

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

- ☒ 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 AUG 05 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
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.

E5152

OFFICIAL RECEIPT

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

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

No 32705

DATE 8-6 19 85

FROM Alan L. Fickett ADDRESS 4352 Altadena Ave. La Mesa

Fifty-one and no/100 DOLLARS ($ 51.00)

IN full PAYMENT OF Clyde P. Stephens Service

LOT 3999 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-5152

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-212 (REV. 7-81)

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

CITY AUDITOR
AUG 7 1985

ISSUED BY

CREDIT	$7807		
20% SALES CARE	77184		
20% SALES OF LOTS	100 77164		
OPENINGS	100 77161		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	50	00
SALES TAX	80101 8020	1	00
TOTAL PAID $		51	00

E5153

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-5 19 85

CHARGE Ruby Bryant

ADDRESS 730 S. Gregory St. S.D. Ca 92113

NAME OF DECEASED Helen Burk

OWNER

ADDRESS

MORTUARY Bagdale

LOT 22 GR 1 ROW SEC 17 ~~BLK~~ DIV 7 Preneed

OPENING/CLOSING TIME 11:00 -CHAPEL- DAY DATE Wed. 8-7-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER

BALANCE

Preneed 1970

THE CITY CHARTER MAKES NO 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 5153

INVOICE NO. 034038 013959

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5153

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HELEN KIRK	Female	Feb. 11, 1913	Aug. 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	Ruby Bryant - Sister 730 South Gregory 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

- ☒ 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 AUG 06 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 7 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. C.E. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Peggy Kirk

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 08/28/85

DATE: 08/28/85
TIME: 223935
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 / DN/EG	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
034038	08/12/85	013959	RUBY BRYANT					08/22/85	CK	697	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

E5153

E5154

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-5 1985

CHARGE Albert R Rucker

ADDRESS 1837 Julian Ave SD, Ca - 92113

NAME OF DECEASED Helen Hashim

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 2470 GR ROW SEC ~~BLK~~ DIV 10	595	00
OPENING/ CLOSING TIME 10:00 - GRAVESIDE - DAY DATE Sat. 8-10-85	380	00
	320	00
	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1589	70
PAID RECEIPT NUMBER 8-5-85 32701	1589	70
BALANCE	—	

PAID
AUG 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 [illegible]

ORDER TAKEN BY Lang

W.O. NO. E 5154

INVOICE NO.

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5154

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HELENE RUTH HASHIM	FEMALE	5/24/1921	Aug. 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
Alameda	Alameda	Cheryl Ward-Daughter 2459 Jackson St. San Francisco, Ca. 94115

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greer Family Mortuary	F1808

2700

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

6005033A

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 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 AUG 05 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 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.

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
264-2161

E5154

№ 32701

DATE 8-5 1985

FROM Lola E. Jones ADDRESS 5430 Encina Dr. SD Ca 92114

fifteen hundred eighty nine and 70/100 DOLLARS ($ 1589.70)

IN full PAYMENT OF Helen Hashim Service

LOT 2470 GRAVE 1 ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. 6 pack

W.O. E-5154

UNPAID BALANCE AFTER THIS PAYMENT 2

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

CITY AUDITOR
AUG 7 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67007 77184	119.00
40% SALES OF LOTS	100 77184	476.00
OPENINGS	100 77181	320.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	415.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		1589.70

AO-212 (REV. 9-81)

E 5155

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-5 19 85

CHARGE Hazel Sto

ADDRESS 5031 Lyon St, SD Ca. 92102

NAME OF DECEASED Matsue Sto (X)

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 171 GR 2 ROW SEC K ~~BLK~~ DIV 7 LOT

OPENING/CLOSING TIME 11:00 DAY DATE Sat 8-10-85 — GRAVESIDE

VAULT/LINER Ash SIZE

REC. FEE/REMOVAL/FOUNDATION

	Prepaid	
	380	00
	320	00
	20	70
	345	00
	35	00
TOTAL	1100	70
PAID RECEIPT NUMBER 8-7-85 32711	700	00
BALANCE	400	70

30 Day note
Deposit —
(see attached)

Due E-5159

THE CITY CHARTER MAKES NO 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 5155 INVOICE NO.

PY-893 (4-82)

E5155

8/10

Colonial Mortuary

Sat — 11 AM

~~Day~~ Graveside —

M. Sto

320
380
345
35
20.70

$1100.70

30 day note
Dep of 500.00
Be in Wed PM

E5155

MOUNT HOPE CEMETERY

8-7 19 85

The undersigned hereby requests and authorizes the interment of the remains of Matsu Ito in Lot 171 Gr. 2 Row ____ Sec. 11 ~~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.

Signature of relative or legal representative

Daughter

Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E5156

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE Aug 6 1985

CHARGE Random Singleton

ADDRESS 420 Hoitt St. S.D. 92102

NAME OF DECEASED Walter Earl Singleton - Dec

OWNER

ADDRESS

MORTUARY Ragsdale

If tomorrow go to 3

LOT 176 GR 4 ROW SEC 2 BLK DIV 12

OPENING/CLOSING TIME 11:00 Am DAY DATE Aug 9th - FRI

VAULT/LINER SIZE Std

REC. FEE/REMOVAL/FOUNDATION

PAID RECEIPT NUMBER 8-785 32712

	495 00
	320 00
	245 00
	35 00
Sales Tax	14 70
TOTAL	1109 70
	400 00
BALANCE	709 70

Down in 3 days - 400.00

6 Payments of - 100.00

1 pay of 109.70

Payments due - 1st Sept 10, 1985

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

AUTHORIZED IN PERSON R. Singleton ORDER TAKEN BY

W.O. NO. E 5156 INVOICE NO. 034040 013960

PY-593 (4-82)

E5156

MOUNT HOPE CEMETERY

aug 6 1985

The undersigned hereby requests and authorizes the interment of the remains of W.E. Singleton in Lot 176 Gr 4 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.

F.R. Singleton

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

W.O. NO. E-5156

NOTE—STRAIGHT

$ 709 70/xx — San Diego, California. August 6, 1985

240 days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Market St., San Diego, CA 92102

the sum of Seven Hundred Nine and 70/100 DOLLARS,

with interest from March 10, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x D Singleton

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

6 Payments of $ 100.00 - starting 9-10-85
1 payment of 109.70 on March 10, 1986 -

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2131

E5156

№ 32712

DATE 8-7 1985

FROM Random Singleton ADDRESS [illegible]
Four hundred and [illegible] DOLLARS ($ 400.00)

IN part PAYMENT OF Walter Earl Singleton

LOT 176 GRAVE 4 ROW SECTION 2 DIVISION BLOCK 1

INVOICE NO. [illegible]

W.O. E-5156

UNPAID BALANCE AFTER THIS PAYMENT $ 70970

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

CITY AUDITOR

AUG 12 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67097 77184	4.00
30% SALES OF LOTS	100 77184	396.00
OPENINGS	100 77181	
BOXES	100 77183	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		400.00

AC-515 (REV. 8-81)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5156

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WALTER KARL SINGLETON	Male	November 9, 1952	August 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 Bernadino	San Bernadino	Mattie Lee Singleton - Wife 420 Hoitt 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 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 8/7/85
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 8 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.

E5157

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-7 19 85

CHARGE Joel Chambers

ADDRESS

NAME OF DECEASED Russell Chambers (X)

OWNER

ADDRESS

MORTUARY Lewis Colonial (Card)

LOT 12 GR 5 ROW SEC 7 BLK DIV 5 Preneed

OPENING/CLOSING TIME 2:00 DAY DATE Mon 8-19-85

VAULT/LINER Ash SIZE 95

	105	00
	100	00
	35	00
TOTAL	240	00
32730 8-19-85	200	00
BALANCE	40	00

REC. FEE/REMOVAL/FOUNDATION

PAID RECEIPT NUMBER

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 X Joel L. Chambers ORDER TAKEN BY Lang

W.O. NO. E 5157 INVOICE NO. 034575 014216

PY-593 (4-82)

E5157

MOUNT HOPE CEMETERY

8-19— 1985

The undersigned hereby requests and authorizes the interment of the remains of Russell Chambers, Sr. in Lot 12 Gr 5 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.

X Joel L. Chambers

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

53762 E 5157

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Lewis Colonial/Benbough

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUSSEL DELOSS CHAMBERS	MALE	SEPT 28,1897	AUG 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
LA MESA	SAN DIEGO	JOEL CHAMBERS - son 3760 - 28th 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

- ☐ 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: 8/14/85
SIGNATURE OF PERSON IN CHARGE OF CREMATORY: ▶ Nancy M. Sowell

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: 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: AUG 07 1985
SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Powers M.D. Co

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: AUG 19 1985 (ENTER DATE)
SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: Joyce Stotts

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

№ 32730

001664

DATE 8/19/85 19

FROM Joel Chamber ADDRESS 3760-28th St SD 92104

DOLLARS ($)

IN part PAYMENT OF Inurnment of Russell Chamberlin

LOT 12 GRAVE 5 ROW — SECTION 7 DIVISION 5 BLOCK

INVOICE NO.

W.O. E-5157

UNPAID BALANCE AFTER THIS PAYMENT 46.00

NOT VALID FOR REAPPEAR STATED UNLESS STAMPED "PAID" IN THIS OFFICE.

CITY AUDITOR
AUG 26 1985

ISSUED BY [signature]

CREDIT 50% SALES CARE	67097 77184		
50% SALES OF LOTS	190 77184		
OPENINGS	190 77181	105	00
BOXES	190 77182	95	00
REMOVALS FOUNDATIONS	190 77183		
SALES TAX	60101 9020		
TOTAL PAID $		200	00

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/25/85

DATE: 09/25/85
TIME: 231325
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
034575	08/29/85	014216	JOEL CHAMBERS					09/07/85		034575	46.00	46.00	0.00
E-5157			100	072		77182	000072				5.00		PAID IN FULL
			100	072		77183	000072				35.00		
			60101			9020					6.00		

OFFICIAL RECEIPT

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

9/25/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

E5157

No 32784

DATE 9-16 19 85

FROM Joel Chambers ADDRESS 3760-28th St. SD Ca 92104

Forty six and no/100 DOLLARS ($ 46 00)

IN full PAYMENT OF Russell Chambers Service

LOT 12 GRAVE 5 ROW SECTION 7 DIVISION 5 BLOCK

INVOICE NO. 034575
Acct 014216

W.O. E-5157

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY S. Sanz

CREDIT 35% SALES CARE	57087 77184		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 8020		
TOTAL PAID $		46	00

AD-218 (REV. 9-84)

E 5158
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-7 19 85

CHARGE

ADDRESS

NAME OF DECEASED Jennie Bagwill

OWNER

ADDRESS

MORTUARY

LOT 43 GR 7 ROW SEC 1 DIV 5 Preneed

OPENING/ CLOSING TIME -GRAVESIDE- DAY DATE

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

	320 00
	245 14 70 00
	35 00
TOTAL	614 70

PAID RECEIPT NUMBER

BALANCE

Want to use grave Chapel

24 Chairs if possible

THE CITY CHARTER MAKES NO 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 5158

INVOICE NO.

PY-593 (4-82)

Nat deceased
as of 8-7-85
doing Vlry poorly

Will be coming from
Sacramento area
at time of need.

E5159

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-7 19 85

CHARGE Hazel Ito

ADDRESS 5031 Lyon St. SD Ca. 92102

NAME OF DECEASED Matsu Ito ®

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 171 GR 2 ROW SEC 11 ~~BLK~~ DIV 7

OPENING/ CLOSING TIME 11:00 -GRAVESIDE- DATE [redacted]

VAULT/LINER Ash SIZE

REC. FEE/REMOVAL/FOUNDATION

Prepaid		
	190	00
	105	00
	100	00
	35	00
TOTAL	436	00
PAID RECEIPT NUMBER 32714 8-8-85	436	00
BALANCE	~~0~~	~~00~~

PAID
AUG 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 5159

INVOICE NO.

PY-593 (4-82)

53703 E5159

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Lewis Colonial/Benbough

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Matsu [illegible] Ito	Female	July 25, 1891	July 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	Hazel Ito - Daughter 5031 Lyon Street San Diego, CA 92102

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)
- 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 - San Diego, CA	DATE CREMATED 7/16/85	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
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 IT THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID $ 3.00	DATE PERMIT ISSUED JUL 15 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D. Coro
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 10 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [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

E5159

No 32714

DATE 8/8/85 19

FROM Hazel Sto ADDRESS 5031 Lyon St. SD. 92102

Four Hundred Thirty Six 00/100 DOLLARS ($ 436.00)

IN full PAYMENT OF Interment of Cremains of Mata Sto - due

LOT 171 GRAVE 2 ROW [illegible] SECTION 11 DIVISION 7 BLOCK

INVOICE NO.

W.O. E-5159

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR

AUG 12 1985

ISSUED [signature]

CREDIT 50% SALES CASH	$7807 77184		
50% SALES OF LOTS	100 77184		
Lot O.T. OPENINGS	100 77181	295	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	$0101 $020	6	00
TOTAL PAID $		436	00

CK # 1962

E5160

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/8/85 19

CHARGE Olen Burks

ADDRESS 7709 Broadway unit B #203 San Antonio, TX 78209

NAME OF DECEASED Mark Burks - dec.

OWNER

ADDRESS

MORTUARY Penkham - Mitchell

		P.N.
✓ LOT 754 GR ROW SEC BLK DIV 10		
OPENING/ CLOSING TIME 11:00 Am Chapel & GS DAY DATE Mon - 8/12/85		320 00
VAULT/LINER SIZE Std		245 00
S.T.		14 70
REC. FEE/REMOVAL/FOUNDATION		35 00
TOTAL		614 70
PAID RECEIPT NUMBER 32719		614 70
BALANCE		0

Family Sign on Mon. from Texas
O.Ked by Phil - 423-4787

THE CITY CHARTER 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 Florence Burks ~~PHONE BY~~ ORDER TAKEN BY Leoze

W.O. NO. E 5160 INVOICE NO.

PY-593 (4-82)

E5160

MOUNT HOPE CEMETERY

8-12-1985

The undersigned hereby requests and authorizes the interment of the remains of Mark Burks in Lot 954 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 Florence Burks

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

ES160

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARK ANTHONY BURKS	MALE	MAY 8, 1951	JUL 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
PRECINCT NO. 2	GUADALUPE COUNTY, TEXAS	OLEN BURKS, FATHER 7709 BROADWAY, UNIT B, #203 SAN ANTONIO, TX 78209

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

- ☒ 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	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 AUG 0 6 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Pogue M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 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

№ 32719

DATE 8-1[illegible]-85 19

FROM Florence Burks ADDRESS 2028-2 N-Cave Vista Rd Mont

Six Hundred fourteen and 70/100 Semi Kelly Dr DOLLARS ($ 614 70)

IN full PAYMENT OF Interment fees on Mack Burks dec.

LOT 754 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO.

W.O. E-5160

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR AUG 19 1985

001424

ISSUED BY George

CREDIT 25% SALES CARE	67007 77184		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

AC-[illegible] (REV. 3-81)

E 5161

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/9/85 19

CHARGE S.D.C. P.A. -

ADDRESS

NAME OF DECEASED Lester N. Lindsay - dec.

OWNER P.A. Case.

ADDRESS

MORTUARY Goodbody - (mario)

✓ LOT 94 GR 1 ROW SEC 2 BLK DIV 11	200	00
OPENING/CLOSING TIME 11 AM DAY DATE Mon. 8-12-85	320	00
VAULT/LINER SIZE Duplex Junior	245	00
REC. FEE/REMOVAL/FOUNDATION S.T.	35. 14	00 70
TOTAL	814	70
PAID RECEIPT NUMBER		
BALANCE		

P.A. - Judy Gretton
We Bill Estate -
Total funds available

Bill PA - Creditors Claim 10/22/85

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 O.K. P.A.

ORDER TAKEN BY George

W.O. NO. E 5161

INVOICE NO. D34579
000952

PY-593 (4-82)

E5161

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LESTER N. LINDSAY	MALE	2/22/1907	8/2/1985

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	JUDY GRETTON - PUBLIC ADMINISTRATO 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

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

- ☒ 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 AUG 0 9 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 1 2 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramsey M.D. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geoyen Stett

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

E5161

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.	FOR COURT USE ONLY
Public Administrator County of San Diego 5201 A Ruffin Rd. San Diego, CA 92123		
ATTORNEY FOR (Name): Lester N. Lindsay		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		Filed for approval (date) (Deputy) Duplicate mailed (date) (Deputy) Presented to court for approval (date) (Deputy)
ESTATE OF (NAME): Lester N. Lindsay 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: $ 814.70 + interest
2. Claimant *(name)*: Mt. Hope Cemetery
   a. [XX] an individual.
   b. [ ] an individual or entity doing business under the fictitious name of *(specify)*:
   c. [ ] a partnership. The person signing has authority to sign on behalf of the partnership.
   d. [ ] a corporation. The person signing has authority to sign on behalf of the corporation.
3. Address of claimant *(specify)*: 3751 Market St/
   San Diego, CA 92102
4. I am authorized to make this claim which is justly due or may become due. To my knowledge there are no offsets or payments that have not been credited.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: 10/22/85

George Stelter
Cemetery Manager
(TYPE OR PRINT NAME AND TITLE)

George Stelter
(SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

5. Date of first issuance of letters:
6. Date of death:
7. This claim was presented on *(date)*:
8. Estimated value of estate:
9. [ ] Claim is allowed for: $
   [ ] Claim is rejected for: $
10. [ ] The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSONAL REPRESENTATIVE)

11. [ ] Approved for: $ [ ] Rejected for: $

Date:

SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

12. [ ] Number of pages attached: [ ] Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

ESTATE OF (NAME)	CASE NUMBER
Lester N. Lindsay Decedent	

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. Debts incurred after the date of death, except funeral claims, must not be included on this claim form.

If the claim is based upon a note or other written instrument, a copy of the 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
08/12/85	Lester N. Lindsay service	
	Lot 94, Grave 1, Secion 2, Division 11	$200.00
	Opening/Closing	320.00
	Concrete Liner	245.00
	Tax on liner	14.70
	Recording Fee	35.00
	Total Due	$814.70
	Invoiced 8/29/85 - Inv. #034579 Acct. 000952	
	NOTICE State Health and Safety Code Division 7, Part 1, Chapter 3, Section 7101 "___ costs of funeral services, together with interest thereon from 60 days after date paid with, shall be considered as part of the funeral claim ___" Monthly interest in the amount of 8.15 will be added starting 11-12-85	
	TOTAL	$ 814.70

OFFICIAL RECEIPT

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

11-18

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

E5161

№ 32898

DATE 11-12 1985

FROM County of S.D. ADDRESS 5201 Ruffin Rd S.D. Ca 92123

Eight hundred fourteen and 70/100 — DOLLARS ($ 814.70)

IN full PAYMENT OF Lester N. Lindsay service

LOT 94 GRAVE 1 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. 034579

Acct 000952

W.O. E-5161

UNPAID BALANCE AFTER THIS PAYMENT X

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

ISSUED BY B. Tang

CREDIT 87807 / 80% SALES CARE 77184		
80% SALES OF LOTS 100 / 77184		
OPENINGS 100 / 77181		
BOXES 100 / 77182		
REMOVALS FOUNDATIONS 100 / 77183		
SALES TAX 60101 / 8020		
TOTAL PAID $	814	7

AC-212 (REV. 9-81)

E5161

034579	08/29/85	000952	COUNTY OF SAN DIEGO				11/12/85 CK	814.70	814.70	0.00
			100	072	77181	000072		320.00		PAID IN FULL
			100	072	77182	000072		245.00		
			100	072	77183	000072		35.00		
			100	072	77184	000072		180.00		
			60101		9020			14.70		
			67007		77184			20.00		

E-5161

M. Lopez 10/24/85

E5162

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-9 19 85

CHARGE Treva M. Hatcher

ADDRESS

NAME OF DECEASED Maude Derfelt

OWNER

ADDRESS

MORTUARY Pacific Beach (Dorothy)

LOT 3690 GR ROW SEC ~~BLK~~ DIV 10			Preneed
OPENING/CLOSING TIME 1:30	DAY DATE Tues 8-13-85		25 00
VAULT/LINER T. S.	SIZE		
REC. FEE/REMOVAL/FOUNDATION			
		TOTAL	25 00
PAID RECEIPT NUMBER 8-13-85	R32722		25 00
		BALANCE	-0-

Preneed 1968
Preneed Service 1984
(not guaranteed)

PAID
AUG 13 1985
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

AUTHORIZED IN PERSON
PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 5162

INVOICE NO.

PY-593 (4-82)

E5162

MOUNT HOPE CEMETERY

Sept. 13 1984

The undersigned hereby requests and authorizes the interment of the remains of Maude Derfelt in Lot 3690 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.

Irene M Hatcher
Signature of relative or legal representative

6460 Convoy Court, Sp. 316 San Diego, CA. 92111
Address & relationship to deceased or authority to sign authorization

Martha M. Millender
Witness

Roy J. Millender Sr.
Witness

E5162

MOUNT HOPE CEMETERY

Aug. 9 19 85

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

Alvin [illegible] in Lot 3690 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 Martha M. Millender Daughter

Signature of relative or legal representative

X 6446 D Convoy Court Sp. 316 San Diego Ca. 92117

Address & relationship to deceased or authority to sign authorization

Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5162

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Maude Stella Derfelt	Female	Jan 17,1889	Aug. 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
Spring Valley	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

- 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: AUG 12 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Rowe, M.D. Jr
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE) AUG 13 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

E5162

№ 32722

DATE 8-13 19 85

FROM MB&PB Mortuary ADDRESS 4710 Cass St SDCA 92109

Twenty-five and no/100 DOLLARS ($ 25.00)

IN Fidel PAYMENT OF Maude Derfelt Service

LOT 3690 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

W.O. E-5162

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 19 1985

ISSUED BY B. Lang

CREDIT 30% SALES CARE	67007 77184		
15% SALES OF LOTS	100 77184		
OPENINGS	100 77181	25	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		25	00

AO-012 (REV. 8-81)

E5163

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-12 19 85

CHARGE Roberta Cole 239-3780

ADDRESS 3524 Tompkins St SDCa 92102

NAME OF DECEASED Leola Draughan

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 123 GR 12 ROW SEC 1 ~~BLK~~ DIV 12	395	00
OPENING/CLOSING TIME 11:00 -GRAVESIDE- DATE Wed. 8-14-85	320	00
VAULT/LINER Bell SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1009	70
PAID RECEIPT NUMBER 8-12-85 32720	1009	70
BALANCE	-0-	

Reserve lot 123
gr 11, 1-12

PAID
AUG 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 Roberta Cole ORDER TAKEN BY Lang

W.O. NO. E 5163 INVOICE NO.

PY-593 (4-82)

E5163

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LELA A. DRAUGHAN	Female	Dec. 26, 1898	Aug. 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	Roberta Cole - Neice 3524 Tompkins 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 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 AUG 13 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 14 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Ronald L. Cameron, 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

E5163

№ 32720

DATE 8-12 1985

FROM Roberta Cole ADDRESS 3524 Tomkins St SD CA 92110

One thousand nine and 70/100 DOLLARS ($ 1009.70)

IN full PAYMENT OF Lela A. Draughan Services

LOT 123 GRAVE 12 ROW SECTION 1 DIVISION BLOCK 12

INVOICE NO. Check

W.O. E-5163

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 19 1985

ISSUED BY [illegible]

CREDIT 10% SALES CARE	67097 77184	79.00
10% SALES OF LOTS	100 77184	316.00
OPENINGS	100 77181	320.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	14.70
TOTAL PAID $		1009.70

E5164

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-13 1985

CHARGE Debra L Dorn - See note - Sandeen.

ADDRESS 5555 Roswell St SD, 92114

NAME OF DECEASED James Clayton Milner

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 789 GR ____ ROW ____ SEC 1 ~~BLK~~ DIV 9	100	00
OPENING/CLOSING TIME ~~[illegible]~~ 2:00 DAY DATE Tues 8-13-85	100	00
VAULT/LINER ____ SIZE ____		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	235	00
PAID RECEIPT NUMBER		
BALANCE		

CHAPEL

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 Debra Dorn

ORDER TAKEN BY Lang

W.O. NO. E 5164

INVOICE NO. 034582 014217

PY-593 (4-82)

E5164

№ 33990

OFFICIAL RECEIPT

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

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

Date: 12-8, 1986

From: Debra Dorn Address: 5555 Roswell St SDCa 92114

Twenty and no/100 Dollars ($ 20.00)

In full Payment of James Clayton Milner Services

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. 034582

Acct. No. 014217

W.O. E5164

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	67007		
20% Sales Cars	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	$	20	00

AC-212 (Rev. 11-86)

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

PAID ACCOUNTS RECEIVABLE
INVOICE REPORT BY DEPARTMENT
AS OF 08/07/86

DATE: 08/07/8
TIME: 230441
PAGE: 1

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
034582	08/29/85	014217	DEBRA DORN					08/02/86	CK	215246851	20.00	235.00	20.00
			100	072		77181	000072				8.51		PARTIAL PAYMEN
			100	072		77183	000072				2.98		
			100	072		77184	000072				6.81		
			67007			77184					1.70		
34582	08/29/85	014217	DEBRA DORN					04/03/86		215214261	25.00	235.00	40.00
			100	072		77181	000072				10.64		PARTIAL PAYMENT
			100	072		77183	000072				3.72		
			100	072		77184	000072				8.51		
			67007			77184					2.13		

E5164

Mt. Hope

E-5164

Mt. Hope

W.O. NO. E-5164
5164

NOTE—STRAIGHT

$ 235.00 San Diego, California, August 13, 1985

— 30 — days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Two Hundred Thirty-five DOLLARS

with interest from September 12, 1985 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Jacqueline Sanders

5566 Encina DR S.D. 92114

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E 5164

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
James Clayton Milner	Male	March 26, 1985	August 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	Debra Dorn - Mother 5555 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 Mount 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 AUG 13 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 13 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Gerald 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.

E5165

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-13 1985

CHARGE County Indigent - Mary Sager

ADDRESS 5201-A Ruffin Rd

NAME OF DECEASED Woldegeorgis Zehaie

OWNER Case # 11795

ADDRESS

MORTUARY Clairemont (Elmer)

X-DEEP

✓ LOT ____ GR 1 ROW A SEC CH	BLK DIV I	55	00
OPENING/CLOSING TIME 2.00 — GRAVESIDE — DAY DATE 8-15-85 THURS		90	00
VAULT/LINER ____ SIZE ____			
REC. FEE/REMOVAL/FOUNDATION ____			
TOTAL		145	00
PAID RECEIPT NUMBER ____			
BALANCE			

We Select
Ethiopian Comunity

Greens 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 ____

ORDER TAKEN BY Lang

W.O. NO. E 5165

INVOICE NO. 034577 000952

(4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5165

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Zebsie Woldegeorgis	Male	June 14, 1933	Aug. 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	Bapte Bagos-Brother 6714 Mally Street San Diego, CA 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

- ☒ 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: AUG 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: AUG 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

10/31/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

E5165

№ 32872

DATE 10-28 19

FROM County of SD ADDRESS 5201-A Ruffin Rd SD 9212

One hundred forty five and no/100 DOLLARS ($ 145.00)

IN full PAYMENT OF Waldegorgis Tehaie Service

Case #11795

LOT GRAVE 1 ROW A SECTION I DIVISION BLOCK CA

INVOICE NO. 034577

acct 00095

W.O. E-5165

Check

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lang

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 $		145

AD-212 (REV. 9-81)

E 5165

034577	08/29/85	[illegible]	[illegible]	[illegible]	[illegible]	145.00	145.00	[illegible]
		100	72	77101	000072	90.00		PAID IN FULL
		100	72	77104	000072	55.00		

Mt. Home

NUMBER OF INVOICES PAID [illegible]
TOTAL AMOUNT PAID [illegible]

E-5165

E5166

~~ORDER~~ MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-14-85 19

CHARGE Doreen Sherman, P.O. 607, Pollock Pines Ca 95726

ADDRESS

NAME OF DECEASED Marion Agnes Rogers ⊗

OWNER

ADDRESS

MORTUARY Via family from Hull -

LOT 164 GR 2 ROW Bk 1 SEC BLK DIV 3		
OPENING/ CLOSING TIME George DAY DATE Thurs or Fri	105	00
VAULT/LINER Loured ash Vault SIZE AUG 15 1985	100	00
Sales Tax	6	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	246	00
PAID RECEIPT NUMBER 32723-	246	00
BALANCE	0	0

Cremains delivered to us Via family for Interment within 48 Hrs.
Family to get Lettering on Stone

PAID
AUG 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~~ x Doreen E. Sherman ORDER TAKEN BY George

W.O. NO. E 5166 INVOICE NO.

PY-593 (4-82)

E5166

MOUNT HOPE CEMETERY

8-14-85 19____

The undersigned hereby requests and authorizes the interment of the remains of Marion Le Rogers in Lot 164 Gr 2 Row — Sec. 1 Block 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.

X Doreen E. Sherman — Daughter

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E5166

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Marion Agnes Rogers	Female	August 26, 1898	July 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
Walnut Creek	Contra Costa	Doreen Sherman (Daughter)

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
Hull's Walnut Creek Chapel	250	P.O. Box 607 Pollock Pines, CA 95726

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 Hull's Walnut Creek Crematory	DATE CREMATED 7/19/1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Bennett Galpin
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		
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 7/19/1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT D. Rammer
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 15 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stelter

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.

E5166

OFFICIAL RECEIPT

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

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

No. 32723

DATE 8-14-85 19

FROM Doreen Sherman ADDRESS PO 607 - Pollock Pines Ca 95726

Two Hundred forty Six and 00/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Interment of Marion Agnes Rogers -

LOT 164 GRAVE 2' ROW — SECTION 10h DIVISION 3 BLOCK

INVOICE NO.

E-5166

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 19 1985

ISSUED BY Loye

CREDIT 35% SALES CARE	67607 77184	—	
35% SALES OF LOTS	100 77184	—	
OPENINGS	100 77181	105	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	00101 9028	6	00
TOTAL PAID $		246	00

Ck #1904

AD-112 (REV. 8-81)

E5167

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-14-85 19

CHARGE Dao C. Luci

ADDRESS 3429-60th St - S.D. 92105

NAME OF DECEASED Mrs Phung Thuy Huynh

OWNER Sized off by C. assn.

ADDRESS

MORTUARY Claremont -

LOT GR 9 ROW 11 SEC Ch. BLK DIV		
OPENING/ CLOSING TIME 10:00 Am DAY DATE Aug 20 - Tuesday	320	00
VAULT/LINER Chapel & G.S. SIZE	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
Sales Tax	20	70
TOTAL		
PAID RECEIPT NUMBER 32724	720	70
BALANCE	0	0

grave set up for Graveside Committal

Marker not Included.

PAID

AUG 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 x [signature]

ORDER TAKEN BY [signature]

W.O. NO. E 5167

INVOICE NO.

PY-593 (4-82)

E5167

MOUNT HOPE CEMETERY

14 August 1985

The undersigned hereby requests and authorizes the interment of the remains of MRS. PHUNG THUY HUYNH in Lot ____ Gr #9 Row #11 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.

國美
咕嘰山
館

Albert Wong Treas
c/o 5117 Hilda Road.

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc, owners.

Witness

Witness

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1943 E5167

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Phung Thuy Huynh	Female	Jan.1, 1985	Aug. 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	Dao Luu-Friend 3429 60th Street San Diego, CA 92117

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

- ☒ 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 AUG 19 1985 AUG 20 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. Ramos, M.D. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stelter

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

№ 32724

DATE 8-14-85 19

FROM Dao C. Luu ADDRESS 3429-60th St - SD 92105

Seven Hundred Twenty & 70/100 DOLLARS ($ 720 70/100)

IN full PAYMENT OF Interment of Phung Huynh —

LOT GRAVE 9 ROW 11 SECTION Ch DIVISION BLOCK

INVOICE NO.

W.O. E-5167

UNPAID BALANCE AFTER THIS PAYMENT 0

Ch 143

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

CITY AUDITOR
AUG 5 1985
5 1 24

ISSUED BY George

CREDIT 24% SALES CARE	67007 77184		
24% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	345	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	20	70
TOTAL PAID $		720	70

AC-212 (REV. 9-61)

E5167

OFFICIAL RECEIPT

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

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

№ 32797

DATE 9-23 1915

FROM Thai Thanh ADDRESS 3217 Flushing St. Ca 92111

Fifteen and 90/100 DOLLARS ($ 15.90)

IN Jun PAYMENT OF Flower Vase for Phung Huynh

LOT GRAVE 9 ROW 11 SECTION I DIVISION BLOCK CH

INVOICE NO. Cash

W.O. E-5167

UNPAID BALANCE AFTER THIS PAYMENT —

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

002755

ISSUED BY [illegible]

CREDIT 10% SALES CASE	67897 77184		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	15	90
SALES TAX	66101 9680		9
TOTAL PAID $		15	90

AC-515 (REV. 9-51)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2181

E5167

№ 32866

DATE 10-24 1985

FROM Thai Thanh ADDRESS 2217 Flushing Dr. S.D. Ca 92111

Fifteen and 90/100 DOLLARS ($ 15.90)

IN full PAYMENT OF Flower vase for Phung Huynh

LOT GRAVE 9 ROW 11 SECTION I DIVISION BLOCK C-

INVOICE NO. Cash

W.O. E-5167

UNPAID BALANCE AFTER THIS PAYMENT

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

3669

OFFICE AUDITOR
OCT 28 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67097 77194		
10% SALES OF LOTS	100 77194		
OPENINGS	100 77191		
BOXES	100 77192		
REMOVALS FOUNDATIONS	100 77193	15	0
SALES TAX	68101 8020		9
TOTAL PAID $		15	9

AC-[illegible] (REV. 9-81)

E5168

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-14-85 19

CHARGE Deborah Fleming

ADDRESS 526 Hospital Dr. SD. 92101

NAME OF DECEASED Brandon M. Fleming - dec

OWNER

ADDRESS

MORTUARY Mayer Mortuary (John)

LOT 976 GR ROW SEC 1 BLK 9 DIV		100 00
*OPENING/CLOSING TIME -GRAVESIDE- 3:30 DAY DATE Fri 8-16-85		100 00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		35 00
TOTAL		235 00
PAID RECEIPT NUMBER 32726		235 00
BALANCE		-0- -0-

Will call Mortuary name & time of burial

PAID
AUG 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 X Deborah Fleming ORDER TAKEN BY George

W.O. NO. E 5168 INVOICE NO.

PY-593 (4-82)

E5168

MOUNT HOPE CEMETERY

8-14-85 19____

The undersigned hereby requests and authorizes the interment of the remains of Brandon Fleming in Lot 976 Gr____ Row____ Sec. 1 Block Division 9 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 Deborah Fleming — Mother

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E5168

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Brandon Michael Fleming	Male	August 9,1985	August 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	Deborah Fleming – Mother 526 Grape Street San Diego, CA. 92101

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

- [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 AUG 15 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 16 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Russell, 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 32726

DATE 8-14-85 19

FROM Deborah Fleming ADDRESS 526 Sept St. S.D. 92101

Two Hundred Thirty five and 00/100 DOLLARS ($ 235.00)

IN full PAYMENT OF Burial fees on Brandon M. Fleming

LOT 976 GRAVE ROW SECTION -/- DIVISION 9 BLOCK

INVOICE NO.

W.O. E-5168

UNPAID BALANCE AFTER THIS PAYMENT -0-

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

CITY AUDITOR
AUG 19 1985

ISSUED BY

CREDIT 35% SALES CARE	57007 77184	20	00
80% SALES OF LOTS	100 77184	80	00
OPENINGS	100 77181	100	00
BOXES	100 77182	—	
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	68101 9020	—	
TOTAL PAID $		235	00

E 5169

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/19 19 85

CHARGE William Clark

ADDRESS 94 Margaret Dr. Eastmeadow

NAME OF DECEASED CHARLOTTE CLARK NY 11554

OWNER SAME

ADDRESS

MORTUARY McCormick Parnell - Rob

LOT 301 GR ROW SEC 3 BLK DIV 8	Prepaid	
OPENING/CLOSING TIME -DELIVERY- 1:00 DAY DATE TUESDAY 8-20-85	320	00
VAULT/LINER Bell SIZE	245 14	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 32735 - 8-20-85	614	70
BALANCE	-0-	

MORT TO ADVISE

POSS. DELIVERY ONLY

FAMILY OUT OF TOWN - WILL FINALIZE

ARRANGEMENTS UPON ARRIVAL

PAID

AUG 20 1985

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED IN PERSON / PHONE BY _____ ORDER TAKEN BY _____

W.O. NO. E 5169 INVOICE NO. _____

PY-893 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E51169

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
CHARLOTTE GERTRUDE CLARK	FEMALE	MAY 14,1899	AUGUST 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
LEMON GROVE	SAN DIEGO	WILLIAM CLARK - SON 94 MARGARET DR. EASTMEADOW N.Y. 11554

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
McCORMICK-CARROLL 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 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 8-20-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Rangel, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 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
264-3181

No 32735

001664

DATE 8-20- 19 85

FROM William J. Clark ADDRESS 94 Margaret Dr. Eastmeadow N.Y.

Six Hundred fourteen and 70/00 DOLLARS ($ 614.70)

IN full PAYMENT OF Burial of Charlotte

LOT 301 GRAVE ROW SECTION 3 DIVISION 8 BLOCK

INVOICE NO.

W.O. E-5169

UNPAID BALANCE AFTER THIS PAYMENT -0-

CK# 388

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

CITY AUDITOR
AUG 26 1985

ISSUED BY

CREDIT 30% SALES CASH	$7807 77184		
30% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	88101 8020	14	70
TOTAL PAID $		614	70

E5170

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-19 19 85

CHARGE Elizabeth Anderson

ADDRESS 457-44th Way. Long Bh 90807

NAME OF DECEASED Russell E. Brown

OWNER

ADDRESS

MORTUARY Humphrey (C.V.) Sharon

LOT 1946 GR ROW SEC PLOT DIV 10 Prenead

OPENING/CLOSING TIME -DELIVERY- 2:00 DAY DATE TUES 8-20

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER

BALANCE

Invoice
daughter

THE CITY CHARTER MAKES NO 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 5170

INVOICE NO. 034585
014218

PY-593 (4-82)

E 5170

GENERAL INTERMENT AUTHORIZATION

To: Mt Hope Cemetery San Diego, Ca
(List Cemetery or Memorial Park)

Subject to your Rules and Regulations you are hereby authorized to inter the Remains or Cremains of:

Name Russell Emery Brown
First Middle Last

Location _____
Space Lot Section

Date 8-16-85

Signed X Elizabeth S. Anderson

Witness _____

E5170

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

5613

5/31/1971

OWNERSHIP AND INTERMENT PRIVILEGES

TO Russell E. & Florence W. Brown for the sum of $ 330.00 (DOLLARS)

LEGAL DESCRIPTION Lots 1946 & 1947 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-382

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:

Double grave purchase - 12" x 24" single flush marker each grave or
12" x 36" double flush marker both graves.

R.W. Dehne/DOS
Cemetery Manager

William Jubard
Director of Parks and Public Facilities

PW-584 (REV. 5-70)

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

NO. 18338

DATE 5-31 1971

FROM Russell E. Brown ADDRESS 3712 Ray St. (A)

Six hundred ninety seven no/100 DOLLARS ($ 697.00)

IN full PAYMENT OF Pre-need Cem. chgs.

LOT 1946 & 1947 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. CASH

W.O. D-382

UNPAID BALANCE AFTER THIS PAYMENT 0

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

PAID
MAY 31 1971
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY R.W. Dehne

CREDIT SALES CARE	306 951	165.00
HALF SALES OF LOTS	100 7784	165.00
OPENINGS	100 7781	220.00
BOXES	100 7782	147.00
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		697.00

FORM AC-212

E5170

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RUSSELL EMERY BROWN	Male	12.07-1895	August 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	Elizabeth B. Anderson (Daughter) 457 44th Way LongBeach, CA 90807

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 AUG 19 1985	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 AUG 19 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 20 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald R. 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

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/17/85

DATE: 09/17/85
TIME: 234842
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
034585	08/29/85	014218	ELIZABETH ANDERSON					09/12/85	CK	1281	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-5170

E5171

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/19/85 19

CHARGE Edwin Arnold

ADDRESS 2624 E. 14th St, National City, Ca 92050

NAME OF DECEASED Elwood Arnold - dec

OWNER Same

ADDRESS Ed Leach 2952177

MORTUARY Swett - Merkley - Mitchell

LOT 93 GR 2 ROW SEC 2 BLK/DIV 11	245	00
OPENING/CLOSING TIME 1:30 DAY/DATE Thurs - 8-22- Drop off	320	00
VAULT/LINER Std SIZE	245	00
	35	00
REC. FEE/REMOVAL/FOUNDATION S.T.	14	70
TOTAL	859	70
PAID RECEIPT NUMBER 32737 - 8-22-85	859	70
BALANCE	-	0

Will have order & Ck from Swett.

PAID
AUG 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 ~~ON PERSON~~ PHONE BY Joyce Swett ORDER TAKEN BY Joyce

W.O. NO. E 5171 INVOICE NO.

PY-593 (4-82)

E5171

MOUNT HOPE CEMETERY

8-19 19 85

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

ELWOOD FRANK ARNOLD 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.

2624 E. 14th St, National City, CA

Edwin B. Arnold
Signature of relative or legal representative

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

S Jones
Witness

Ed Leach
Witness

OFFICIAL RECEIPT

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

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

E5171

№ 32739

DATE 8-22- 1985

FROM Merklen Mitchell Montman ADDRESS 3655 - 5th Ave - SD - 92113

Eighthundred fifty nine and 70/100 DOLLARS ($ 859 70/2)

IN full PAYMENT OF Interment of Elwood Frank Arnold

32739

LOT 93 GRAVE 2 ROW SECTION 2 DIVISION BLOCK 11

INVOICE NO.

W.O. E5171

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
AUG 26 1985

ISSUED BY [signature]

CREDIT 96% SALES CARE	67907 77154	49 00
96% SALES OF LOTS	100 77154	201 00
OPENINGS	100 77161	320 00
BOXES	100 77155	245 00
REMOVALS FOUNDATIONS	100 77153	30 00
SALES TAX	66101 9029	14 70
TOTAL PAID $		859 70

R# 3294

E5171

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELWOOD FRANK ARNOLD	MALE	MAR 28, 1910	AUG 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
NATIONAL CITY	SAN DIEGO	EDWIN ARNOLD, SON 2624 EAST 14TH STREET NATIONAL CITY, CA 92050

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

- [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	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 AUG 20 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 22 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald L. Rogers 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.

E5172

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/19/85 19

CHARGE Edna Blackledge -

ADDRESS 4848 - Logan ave - apt 102 - S.D. 92113

NAME OF DECEASED Helen Taylor - dec

OWNER Edna -

ADDRESS

MORTUARY Ragsdale -

LOT 1369 GR ROW SEC BLK DIV 10	495	00
OPENING/ CLOSING TIME 2:00 P.M. DAY DATE Tuesday 8/20 - Chapel 4 P.M.	320	00
VAULT/LINER SIZE Rag. -	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
S.T.	14	70
TOTAL	1109	70
PAID RECEIPT NUMBER		
BALANCE		

Has Ins Policy - 30 day note 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 Edna Blackledge ORDER TAKEN BY George

W.O. NO. E 5172 INVOICE NO. 034587 014219

PY-593 (4-82)

E5172

MOUNT HOPE CEMETERY

8/19/81 19____

The undersigned hereby requests and authorizes the interment of the remains of Helen Taylor in Lot 1369 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 Edna Blackledge

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E5172

OFFICIAL RECEIPT

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

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

No. 32752

DATE 9/4/85 19

FROM Edna Blackledge ADDRESS 4848 Logan Av. #102 - SD. 92113

Eleven Hundred nine and 70/100 DOLLARS ($ 1109.70)

IN full PAYMENT OF Interment of Helen Taylor - due

(E-5172)

LOT GRAVE ROW SECTION DIVISION BLOCK

INVOICE NO. 034587

Acct 014219

W.O. E-5172

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE.

SAN DIEGO CITY TREAS.
SEP 09 '85
PAID

ISSUED BY Joyce Stobb

CREDIT 80% SALES CARE	87807 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77183	
REMOVALS FOUNDATIONS	100 77189	
SALES TAX	80101 8039	
TOTAL PAID $		1109 70

AO-512 (REV. 8-81)

E5172

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HELEN ELIZABETH TAYLOR	Female	July 18, 1924	August 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	Edna L. Blackledge - Sister 4848 Logan Ave. Apt. 102 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 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 AUG 20 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 20 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Connor, M.D., M.P.H. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Boyle Ragsdale

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.

E5172

034587	08/29/85	014219	EDNA BLACKLEDGE			09/09/85	CK	136	1,109.70	1,109.70	0.00
			100	072	77181	000072			320.00		PAID IN FULL
			100	072	77182	000072			245.00		
			100	072	77183	000072			35.00		
E-5172			100	072	77184	000072			396.00		
			60101		9020				14.70		
			67007		77184				99.00		

E5173

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-20 19 85

CHARGE Self - Prepaid

ADDRESS

NAME OF DECEASED Grace Brady

OWNER

ADDRESS

MORTUARY Merkley - Mitchell (Old)

LOT 87 GR ROW SEC 4 BLK DIV 1	Prepaid	
OPENING/CLOSING TIME 2:00 -GRAVESIDE- DAY DATE Wed. 8-21-85	105	00
VAULT/LINER SIZE	—	—
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	140	00
PAID RECEIPT NUMBER 8-21-85 32737 BALANCE	140	00

Double ash plot

Head of grave

PAID

AUG 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 5173

INVOICE NO.

PY-593 (4-82)

E5173

MOUNT HOPE CEMETERY

August 20 1985

The undersigned hereby requests and authorizes the interment of the remains of Grace West Brady in Lot 87 Gr 4 Row Sec. 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.

Ailene Feeney, 3844 Albatross, San Diego

Ailene Feeney
Signature of relative or legal representative

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

Ed Leach
Witness

Witness

OFFICIAL RECEIPT

E5173

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

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

№ 32737

001664

DATE 8-21 1985

FROM Merkle Mitchell ADDRESS 3655 Fifth Ave SD Ca 92103

One hundred forty and no/100 DOLLARS ($ 140.00)

IN full PAYMENT OF Grave Body Service

LOT 87 GRAVE ROW SECTION 4 DIVISION ~~BLOCK~~ 1

INVOICE NO. Check

W.O. E-5173

UNPAID BALANCE AFTER THIS PAYMENT X

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

CITY AUDITOR
AUG 26 1985

ISSUED BY [illegible]

CREDIT 10% SALES CARE	67007 77154		
10% SALES OF LOTS	100 77154		
OPENINGS	100 77151	105	00
BOXES	100 77152		
REMOVALS FOUNDATIONS	100 77153	35	00
SALES TAX	66101 9020		
TOTAL PAID $		140	00

AC-212 (REV. 8-81)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5173

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GRACE WEST BRADY	FEMALE	JUN 20, 1894	AUG 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	SELF PRE-NEED RECORDS @ MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103

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)
- ☒ 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: GREENWOOD CREMATORY, SAN DIEGO, CA	DATE CREMATED: AUG 16 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		
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: AUG 13 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 AUG 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.

E5174

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-20 19 85

CHARGE Lorraine Bostwick

ADDRESS 311 Ballentine El Cajon 92020

NAME OF DECEASED Goldie H. Murdock

OWNER

ADDRESS

MORTUARY Heath (Howard)

LOT 4 GR 5 ROW SEC 2 BLK DIV 13	495	00
OPENING/CLOSING TIME 2:00 (CHAPEL) DAY DATE THUR 8-22-85	330	00
VAULT/LINER Steel SIZE	245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1109	70
PAID RECEIPT NUMBER 8-20-85 32733	200	00
BALANCE	909	70

See note attached for $200.00 no Stamp 9/20/85

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~~ Lorraine V Bostwick ORDER TAKEN BY Jane

W.O. NO. E 5174 INVOICE NO. 034588 014220

PY-593 (4-82)

67007 - 99

77184 196

77181 320

77182 245

77183 35

60101 14.70

E5174

MOUNT HOPE CEMETERY

August 20 1985

The undersigned hereby requests and authorizes the interment of the remains of Goldie H. Markwick in Lot 4 Gr 5 Row 0 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.

[signature] Daughter

Signature of relative or legal representative

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

№ 32733

001664

DATE 8/20/85 19

FROM Lorraine Bostwick ADDRESS 311 Ballantine Ave. - EC.

Two Hundred DOLLARS ($200.00)

IN Cash PAYMENT OF Burial fees on Goldie Markwick - Dec

LOT 4 GRAVE 5 ROW SECTION 2 DIVISION BLOCK 12

INVOICE NO. CASH

W.O. E-5174

note

UNPAID BALANCE AFTER THIS PAYMENT 909.70

NOT VALID FOR PURPOSE STATED UNLESS STAMPED [illegible] IN THIS SPACE.

CITY AUDITOR
AUG 26 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	200 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9625	
TOTAL PAID $		200 00

AD-812 (REV. 9-81)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5174

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GOLDIE H MARWICK	FEMALE	JULY 8, 1906	AUG. 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
El Cajon	San Diego	Lorraine V. Bostwick - Daughter 311 Ballantyne Street, Apt. 4 El Cajon, California 92020

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. VES

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 AUG 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 AUG 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.

E5174

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/24/85

DATE: 09/24/85
TIME: 222044
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
034588	08/29/85	014220	LORRAINE BOSTWICK					09/17/85	CK	191	200.00	909.70	709.70
			100	072		77181	000072				70.35		PARTIAL PAYMENT
			100	072		77182	000072				53.86		
			100	072		77183	000072				7.69		
			100	072		77184	000072				43.09		
			60101			9020					3.23		
			67007			77184					21.78		

E-5174

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 200.00

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 01/22/86

DATE: 01/22/8
TIME: 034935
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
034588	08/29/85	014220	LORRAINE BOSTWICK					01/15/86	CK	229	200.00	909.70	109.70
			100	072		77181	000072				70.35		PARTIAL PAYMEN
			100	072		77182	000072				53.86		
			100	072		77183	000072				7.69		
			100	072		77184	000072				43.09		
			60101			9020					3.23		
			67007			77184					21.78		

E-5174

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 200.00

E5174

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/17/85

DATE: 10/17/85
TIME: 221612
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
034588	08/29/85	014220	LORRAINE BOSTWICK					10/12/85	CK	198	200.00	909.70	509.70
			100	072		77181	000072				70.35		PARTIAL PAYMENT
			100	072		77182	000072				53.86		
			100	072		77183	000072				7.69		
			100	072		77184	000072				43.09		
			60101			9020					3.23		
			67007			77184					21.78		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 200.00

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/12/85

DATE: 11/12/8
TIME: 223246
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
034588	08/29/85	014220	LORRAINE BOSTWICK					11/03/85	CK	203	200.00	909.70	309.70
			100	072		77181	000072				70.35		PARTIAL PAYMENT
			100	072		77182	000072				53.86		
			100	072		77183	000072				7.69		
			100	072		77184	000072				43.09		
			60101			9020					3.23		
			67007			77184					21.78		

E5174

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 200.00

E5174

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 02/13/86

DATE: 02/13/
TIME: 22:53:4
PAGE: 2

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
034588	08/29/85	014220	LORRAINE BOSTWICK				1	02/05/86	CK	235	109.70	109.70	0.0
			100	072		77161	000072				38.59		PAID IN FULL
			100	072		77162	000072				29.54		
			100	072		77163	000072				4.22		
			100	072		77164	000072				23.04		
			60101			9020					1.77		
			67007			77164					11.94		

E-5174

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 109.70

E5175

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/20/85 19

CHARGE Willa M. Simon

ADDRESS 765 Selma Pl. S.D. 92114

NAME OF DECEASED James W. Simon - Dec

OWNER - Same -

ADDRESS —

MORTUARY Ragsdale -

LOT 32 GR 5 ROW SEC Vets DIP BLK DIV 11	495	00
OPENING/ CLOSING TIME 2pm CHAPEL DAY DATE DIP Monday - 8-26-85	480	00
VAULT/LINER SIZE Std -	245	00
S.T.	14	20
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1269	70
PAID RECEIPT NUMBER 32734	1269	70
BALANCE	~~0~~	~~0~~

Burial lower level -
Mr. Is a Vet ~~[illegible]~~ Vet no.
Paid by Ch.

PAID
32734
AUG 20 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~~ Willa M. Simon ORDER TAKEN BY [signature]

W.O. NO. E 5175 INVOICE NO.

PY-593 (4-82)

DIP

E5175

MOUNT HOPE CEMETERY

Aug 20 1985

The undersigned hereby requests and authorizes the interment of the remains of James Simon in Lot 32 Gr 5 Row — Sec. Vet 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 William M. Simon

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E5175

OFFICIAL RECEIPT

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

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

No 32734

001664

DATE 8-20-85 19

FROM Mrs Jasper Senior ADDRESS 765 Selma Pl. - SD. 92114

Twelve Hundred Sixty nine and 70/00 DOLLARS ($ 1269.70)

IN full PAYMENT OF Burial of James Senior - D. Extra deep -

LOT 32 GRAVE 5 ROW — SECTION Vets DIVISION BLOCK

INVOICE NO.

W.O. E-5175

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED AND SIGNED IN THIS SPACE.

CITY AUDITOR
AUG 26 1985

ISSUED BY

CREDIT 20% SALES CARE	57087 77184	99	00
20% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77187	480	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 8620	14	70
TOTAL PAID $		1269	70

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 5175

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JAMES WILLIS SIMON	Male	May 23, 1935	August 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	Willa M. Simon - Wife 765 Selma 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 AUG 22 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 AUG 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.

E5175

OFFICIAL RECEIPT

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

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

№ 32932

004977

Date: 12-4, 19 85

From: Willie M Simon Address: 765 Selma St Sd Ca 92114

One hundred thirty five and no/100 Dollars ($ 135 00)

In full Payment of Marker install + flower vase for James Willie Simon

Lot 32 Grave 5 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-5175

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
DEC 10 1985

ISSUED BY B Lang

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	135	00
Sales Tax	60101 9020		
TOTAL PAID	$	135	00

AC-212 (Rev. 8-85)

E 5176

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-20 1985

CHARGE Margaret Whalen - 283-8815

ADDRESS

NAME OF DECEASED John T. Munsters

OWNER

ADDRESS

MORTUARY Bunker (Las Vegas)

LOT 4844 GR ROW SEC BLK DIV 10

OPENING/CLOSING TIME 3:30 DATE Wed 8-21-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION

	Preneed	
	320	00
	245	70
	35	00
TOTAL	614	70
	614	70
BALANCE	-0-	-0-

PAID

AUG 21 1985

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

PAID RECEIPT NUMBER 32738

- GRAVESIDE -

- DIRECT BURIAL -

- Driver from Las Vegas -

Mrs Whalen will call with Time.

Notified of O.T. of $150. if much later!

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

AUTHORIZED IN PERSON Margaret Whalen ORDER TAKEN BY Lang

W.O. NO. E 5176 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

№ 32738

001664

DATE 8-21-85 19

FROM Margaret Whalen ADDRESS 5048 Canterbury Dr. - 92116

Six Hundred fourteen and 70/100 DOLLARS ($ 614.70)

IN full PAYMENT OF Interment fees for John T Munster-Dr

LOT 4844 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO.

W.O. E-5176

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
AUG 26 1985

ISSUED BY [signature]

CREDIT 50% SALES CARE	67007 77184	—	
50% SALES OF LOTS	100 77184	—	
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

Cash

[illegible] (REV. 8-81)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5176

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Thomas Munster	Male	Dec 28, 1917	Aug 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
Las Vegas	Clark , Nevada	Margaret Whalen - Daughter 5048 Canterbury Dr. San Diego, California 92116

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Bunker Mortuary 925 Las Vegas Blvd N. Las Vegas Nevada	————

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 8-21-85 $3.00	DATE PERMIT ISSUED 8-21-85
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 21 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.Dr.
			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

5177

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-22 19 85

CHARGE Kenneth Williams

ADDRESS 1775 Diamond St #331 SD Ca 92109

NAME OF DECEASED John F. Williams

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 90 GR 10 ROW SEC 1 BLK DIV 11	495	00
OPENING/CLOSING TIME 11:00 DAY DATE TUES 8-27 85	320	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1109	70
PAID RECEIPT NUMBER		
BALANCE		

CHAPEL

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 Kenneth Williams ORDER TAKEN BY Lang

W.O. NO. E 5177 INVOICE NO. 037590 014221

PY-593 (4-82)

E5177

MOUNT HOPE CEMETERY

Aug 22 19 85

The undersigned hereby requests and authorizes the interment of the remains of John F. Williams in Lot 90 Gr 10 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.

Kenneth Williams — 1775 Diamond St. #331

Signature of relative or legal representative

Son

Address & relationship to deceased or authority to sign authorization

Barbara Long
Witness

Witness

Number E-5177

Dated 8-22-85

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 $ 1109.70.

Name Sybil Williams

Address 1828 Oakshire Ct
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.

Sybil Williams 1828 Oakshire ct. S. Dca. 92102

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5177

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Fletcher Williams	Male	Oct. 5, 1928	August 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	Sybil Williams - Wife 1828 Oakshire Court 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 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 AUG 27 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 AUG 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.

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/04/85

DATE: 10/04/85
TIME: 031453
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
034590	08/29/85	014221	KENNETH WILLIAMS					09/30/85	CK	E-5177	1,109.70	1,109.70	0.00
			100	072		77181	000072				320.00		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-5177

OFFICIAL RECEIPT

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

10/3/85

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

E5177

№ 32810

DATE 9-30 1985

FROM Sybil Williams ADDRESS 1828 Oakspire Ct. SD Ca 92110

Eleven hundred nine and 70/100 — DOLLARS ($ 1109.70)

IN full PAYMENT OF John F. Williams Service

LOT 90 GRAVE 10 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. 034590

Acct 014221

W.O. E-5177

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lang

CREDIT 50% SALES CARE	57007 77164	
50% SALES OF LOTS	100 77164	
OPENINGS	100 77161	
BOXES	100 77162	
REMOVALS FOUNDATIONS	100 77163	
SALES TAX	60101 9020	
TOTAL PAID $		1109.70

AC-212 (REV. 9-81)

E5178

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/23/85 19

CHARGE Barbara Hess

ADDRESS 44620 Springwood Circle - Hemet Ca

NAME OF DECEASED Annie H. (Hess) Salter

OWNER (Martin W. Hess - dec 53)

ADDRESS

MORTUARY Lewis Colonial - Jerry

LOT 462 GR ROW SEC 10 BLK DIV 7	—	
OPENING/ CLOSING TIME 11 AM Church Deep DAY DATE Mon - 8-26	320	00
VAULT/LINER SIZE Std	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
S. Tax	14	70
TOTAL	614	70
PAID RECEIPT NUMBER 32741		
BALANCE	0	

Annie Was Mrs Martin W. Hess - Remarried Semi Monday -

THE CITY CHARTER MAKES NO 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 L Hess ORDER TAKEN BY [signature]

W.O. NO. E 5178 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

E5178

№ 32741

001821

DATE 8-24 1985

FROM Barbara Hess ADDRESS 44620 Springwood Ave Hemet Ca 92344

Sex Hundred Fourteen and 50/100 DOLLARS ($ 614.50)

IN full PAYMENT OF Interment of Annie Salter

LOT 462 GRAVE ROW SECTION 10 DIVISION BLOCK 7

INVOICE NO.

W.O. E-5178

UNPAID BALANCE AFTER THIS PAYMENT

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

4

32741

ISSUED [signature]

CREDIT 25% SALES CASE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	320.00
BOXES	100 77182	245.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	66101 9020	14.70
TOTAL PAID $		614.70

ck 309

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5178

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ANNIE H. SALTER	FEMALE	APR 5, 1900	AUG 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	MARTIN W. HESS - son 4462 Springwood Circle Hemet, CA 92344

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, 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 AUG 26 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 AUG 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.

E5179

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8/23/85 19

CHARGE Beatrice M. Wood

ADDRESS 10707 Jamcham Blvd - Sp 84 Fern Valley, 92078

NAME OF DECEASED - Sweet Water Lodge -

OWNER for herself and Son

ADDRESS

MORTUARY Pre - arranged grave Sp.

LOT 87 GR 10+11 ROW SEC 3 BLK DIV 12	990	00
OPENING/ CLOSING TIME not ordered	~~0~~	~~0~~
VAULT/LINER not ordered	~~0~~	~~0~~
REC. FEE/REMOVAL/FOUNDATION	~~0~~	~~0~~
TOTAL	990	00
PAID RECEIPT NUMBER 32742	24	00
9-6-85 32762 BALANCE	966	00
	966.00	

Pay $24.00 down

Pay 42.00 mo. or more payable on 10/10/85 and each mo till $966.00 paid on Pre-arrangement

PAID
SEP 6 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Sp 10 for Beatrice McCarthy Wood

Sp 11 for Floyd Wilbur Wood - (Son)

THE CITY CHARTER MAKES NO 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 M Wood

ORDER TAKEN BY Lorraine Stitt

W.O. NO. E 5179

INVOICE NO.

PY-593 (4-62) #11196

W.O. NO. E5179

NOTE—STRAIGHT

$ 966.00 San Diego, California. August 23, 1985

Two Years ~~days~~ after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Nine Hundred Sixty Six and no/100 DOLLARS,

with interest from September 10, 1987 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Beatrice M Wood

10707 Jamacha Blvd Sp 84

Mailing Address

Spring Valley Calif

Sweetwater Lodge 92078

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-5151

No 32742

001821

DATE 8-24-85

FROM Beatrice M Wood ADDRESS 10707 Jamacha Blvd - Sp 8

Twenty four DOLLARS ($ 24.00)

IN Part PAYMENT OF 2 Sp - Pre need - 24 Payment Plan -
Sweet Water Lodge -

LOT 87 GRAVE 10711 ROW — SECTION 3 DIVISION 12 BLOCK

INVOICE NO.

W.O. E-5179

UNPAID BALANCE AFTER THIS PAYMENT 966.00

CK # 470

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

CITY AUDITOR
AUG 30 1985

ISSUED

CREDIT 50% SALES CASH	67007 77184		
50% SALES OF LOTS	100 77184	24	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	66101 5020		
TOTAL PAID $		24	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3131

№ 32762

DATE 9/6/85 19

FROM Beatrice M. Wood ADDRESS 10707 Jamcham Blvd Sp84 - 92078

Nine Hundred Sixty Six DOLLARS ($ 966.00)

IN full PAYMENT OF Pre Need - 87-10+11-3-12-

LOT 87 GRAVE 10+11 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO.

W.O. E-5179

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 10 1985

ISSUED BY Royen Stetts

CREDIT 50% SALES CARE	67007 77184	193	20
50% SALES OF LOTS	100 77184	772	80
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		966	00

ck # 473

E5180

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-26 19 85

CHARGE Reginald C Harper

ADDRESS 5455 San Onofre Terr. SD 92114

NAME OF DECEASED Fanny H. Sauls

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 18 GR 11 ROW SEC 2 ~~BLK~~ DIV 12 Preneed

OPENING/CLOSING TIME 9:00 CHAPEL DAY DATE Fri 8-30 85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 35 00

TOTAL 35 00

PAID RECEIPT NUMBER

BALANCE

Preneed - 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 Lang

W.O. NO. E 5180

INVOICE NO. 035771
014651

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5180

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PANSY HARPER SAULS	FEMALE	December 27, 1902	August 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
National City	San Diego	Reginald E. Harper - Nephew 5455 San Onofre Terrace 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 AUG 28 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D.M.M.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 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.

E 5180

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/10/85

DATE: 12/10/85
TIME: 2343:2
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	PO BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
035771	10/04/85	014651	REGINALD E. HARPER										
			100	072		77183	000072	12/04/85	CK	1047	35.00	35.00	0.00
											35.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 35.00

E 5180 not Hope

E 5181

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-16 19 85

CHARGE Quita Honea

ADDRESS 4395-70th St #74 La Mesa 92041

NAME OF DECEASED Leatha Durham

OWNER

ADDRESS

MORTUARY Featheringill (Walter)

LOT 179 GR ROW SEC ~~Blk~~ DIV 10	Preneed	
OPENING/CLOSING TIME 10:30 DAY DATE Wed 8-28-85		
VAULT/LINER Bell SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER		
BALANCE		

Possible delivery only
Will 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 5181

INVOICE NO. 034591
014222

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5181

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LEATHA DURHAN	Female	Apr. 21, 1895	Aug. 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	Ouita Honea, daughter 4395 70th St. #74 La Mesa, Ca. 92041

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 AUG 28 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 28 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Ramos, M.D. E 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

12/16/85

E5181

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

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

№ 32947

Date: 12-11, 1985

From: Featherings Mort Address: 6322 Alvarado Blvd St 9115

Thirty five and no/100 Dollars ($ 35.00)

In full Payment of Leatha Durham Service

Lot 179 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. 134591

Acct. No. 014222

W.O. E-5181

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.

ISSUED BY B. Lang

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 8020	
TOTAL PAID	$	35.00

AC-212 (Rev. 8-85)

E-5181

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 12/16/85

DATE: 12/16/85
TIME: 212010
PAGE: 2

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

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
034591	08/29/85	014222	QUITA HONEA ✓ Mt. Hope					12/10/85	CK	4556	35.00	35.00	0.00
			100	072		771F3	000072				35.00		PAID IN FULL

E5182

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-26 19 85

CHARGE Candelaria (Nunez) Guirant

ADDRESS 416 Osage St Sp Valley Ca. 92077

NAME OF DECEASED Maria D La Luz Jaime

OWNER

ADDRESS

MORTUARY Berge Roberts

— DISINTER —

	700	00
LOT 15 GR ROW 9 SEC 7 BLK DIV 3	300	00
OPENING/CLOSING TIME 9:30 DAY DATE THURS 8-29-85	320	00
VAULT/LINER Bell SIZE	14 245	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1614	70
PAID RECEIPT NUMBER 8-26-85- 32743	500	00
BALANCE	1114	70

30 Day note

Desinter 1984 Ashes - Center
" 1963 full size 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 Candelaria Guirant ORDER TAKEN BY Lang

W.O. NO. E 5182 INVOICE NO. 034592
014223

PY-593 (4-82)

Number E-5182

Dated Aug 26, 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 $ 1,114.70 .

Name Candelaria Durant

Address 416 Osage St.
Spring Valley, Ca. 92077

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.

Candelaria Durant 416 Osage St Spring Valley Ca 92077

NAME (PROPERTY OWNED BY YOU) ADDRESS

FORM PW-1573 (REV. 9-67)

E5182

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE OR REINTER

Aug (MONTH) 85 (YEAR)

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Cesar Cruz & Maria J Garcia

from Lot 15 Grave ____ Section 7 Row 9 Block ____ Div 3
and to remove the same to and reinter said remains in Lot 15 Grave ____
Section 7 Row 9 Block ____ Div 3.

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.

Candelaria Guevara	Diana Cruz	Alicia Cruz
Signature	Signature	Signature
~~Mother~~ Daughter	Daughter	Wife
Relation to deceased	Relation to deceased	Relation to deceased
416 Orange at Spring Valley Ca 92077	3774 Birch St.	San Diego, CA 92113 (same)
Address	Address	Address

I hereby authorized the above disinterment:

Candelaria Guevara
(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

001831

E5182

№ 32743

DATE 8-26 1985

FROM Candelaria Guiant ADDRESS 416 Osage St Sp Valley Ca. 92077

Five hundred and no/100 DOLLARS ($ 500.00)

IN Cart PAYMENT OF Maria D. La Luz Gaime Service

LOT 15 GRAVE ROW 9 SECTION 7 DIVISION ~~BLOCK~~ 3

INVOICE NO. Check

W.O. E-5182

UNPAID BALANCE AFTER THIS PAYMENT $1,114.70

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

CITY AUDITOR
AUG 30 1985

ISSUED BY B. Lang

CREDIT 30% SALES CARE	67007 77184	60	00
30% SALES OF LOTS	100 77184	240	00
OPENINGS	100 77181	200	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60101 9020		
TOTAL PAID $		500	00

AC-012 (REV. 9-81)

E5182

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARIA MONTANO JAIME	Female	July 2, 1906	August 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	Mrs. Candelaria M. Guirant-Niece 416 Osage Street Spring Valley, CA 92077

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
KERCE-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 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 AUG 29 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON AUG 29 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.Dir 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.

E5182

034592	08/29/85	014223	CANDELARIA GUIRANT			09/22/85	CK	391560025	1,114.70	1,114.70	0.00
E-5182			100	072	77161	000072			120.00		PAID IN FULL
			100	072	77182	000072			245.00		
			100	072	77183	000072			735.00		
			60101		9020				14.70		

E5182

OFFICIAL RECEIPT

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

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

№ 33220

Date: 03-27, 1986

From: Diana Cruz Address: 3774 Birch St SD Ca 92113

Fifty and no/100 Dollars ($ 50.00)

In full Payment of Rose tree installed Sutters Gold

Igor Cruz, Garcia, & Jaime

Lot _____ Grave 15 Row 9 Section 7 Division ~~Block~~ 3

Invoice No. _____

Acct. No. _____

W.O. E-5182

Unpaid Balance after this Payment Ø

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

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

1986

CITY AUDITOR
MAR 31 1986

ISSUED BY B. Lang

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	50	00
Sales Tax	60101 8020		
TOTAL PAID	$	50	00

AC-212 (Rev. 8-85)

E5183

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

Mrs. Vivian McKesson DATE 8-27 19 85

CHARGE Go Elsie Dronfield

ADDRESS Box 176, Prague, Nebraska 68050

NAME OF DECEASED Pre-need Services

OWNER

ADDRESS

MORTUARY

LOT 134 GR ROW SEC 1 BLK DIV 8	Preneed	
OPENING/CLOSING TIME DAY DATE	320	00
VAULT/LINER Topseal SIZE tax	20 345	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	720	70
PAID RECEIPT NUMBER 9-13-85 32780	720	70
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 X Vivian McKesson ORDER TAKEN BY B. Lang

W.O. NO. E 5183 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

E5183

№ 32780

DATE 9-13 1985

FROM Vivian McKeson ADDRESS Box 176 Prague, NE 68070

Seven hundred twenty and 70/100 DOLLARS ($ 720.70)

IN full PAYMENT OF Pre-need services for Elsie Ironfield (Not guaranteed)

LOT 134 GRAVE ROW SECTION 1 DIVISION BLOCK 8

INVOICE NO. Check

W.O. E-5183

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 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	320.00
BOXES	100 77182	345.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 5020	20.70
TOTAL PAID $		720.70

AO-212 (REV. 9-81)

E5184

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-30 1985

CHARGE B B Barker -

ADDRESS 8301-109 Mission Gorge Rd Santee Ca 92071

NAME OF DECEASED D. Gwendolyn W. Baker

OWNER Povenmire

ADDRESS

MORTUARY Rogers (Mr. Bishop)

LOT 43 GR 5 ROW SEC 4 ~~BLK~~ DIV 6 Preneed

OPENING/CLOSING TIME -CHAPEL- 11:00 DAY DATE TUES. 9-3-85 320 00

VAULT/LINER Bell SIZE 14 70 245 00

REC. FEE/REMOVAL/FOUNDATION 35 00

32 TOTAL 614 70

PAID RECEIPT NUMBER 32748 614 70

BALANCE -0- 0

PAID
SEP 3 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Preneed 1905

Mortuary [illegible] interment order and check.

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

AUTHORIZED ~~IN PERSON~~ PHONE BY Lynn Bishop Rogers

ORDER TAKEN BY Lang

W.O. NO. E 5184

INVOICE NO.

PY-593 (4-82) CR 3659

E5184

MOUNT HOPE CEMETERY

August 13, 1971

The undersigned hereby requests and authorizes the interment of the remains of Dec Gwendolyn Wright Baker in Lot 43 Gr 5 Row Sec. 4 Block Division 6 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

P. Gwendolyn Wright Baker
Signature of relative or legal representative

10815 Melon Rd La Mesa
Address & relationship to lot owner and/or authority to sign authorization

Daughter of original lot owner

R Wells
Witness

Witness

E5184

INTERMENT ORDER AND AUTHORIZATION

Contract No. _____ Interment No. _____ Date 8/30/85

No interment shall take place until a written authority, signed by the proper relative or legal representative of the deceased has been given to the cemetery performing the interment.

The undersigned hereby request and authorize:

Name of Cemetery MT HOPE CEMETERY

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

NAME OF DECEDENT GWENDOLYN BAKER POUENMIRE Age _____ Sex _____

in the following described interment space:

Grave 5 Lot 45 Block 4 Lawn 6 Double Depth Yes ☐ No ☐ Section _____

Crypt _____ Tier _____ Corridor _____ Mausoleum _____

Niche No. _____ Columbarium _____ Mausoleum _____

The undersigned hereby certify that they are the legal custodian(s) of the herein named deceased, having the full legal authority to direct the interment, entombment or inurnment of the remains of the deceased, and hereby authorize the above named cemetery to make disposition of the remains of the deceased as indicated above. The undersigned hereby further certify and represent that they are the owner(s) or authorized representative(s) of the owner(s) of the above described Interment Rights and hereby authorize use of said Interment Rights of the interment, entombment or inurnment of the remains of the herein named deceased.

The undersigned hereby agree to indemnify and hold harmless the cemetery, its agents and employees from any and all liability, including reasonable attorneys' fees, and against any loss it or any of them may sustain in connection with the interment, entombment or inurnment authorized hereunder.

Signature X George D. Baker / Print Name / SON. Relationship to Deceased
(Authorized Representative)

Address 11773 FUENTE DR. LAMESA CA 92020 Tel. No. 440 1979
Street City State Zip

Signature _____ / _____ / _____
(Authorized Representative) Print Name Relationship to Deceased

Address _____ Tel. No. _____
Street City State Zip

OFFICE USE ONLY

Interment Fee $ _____

Funeral Director _____ Tel. _____

Address _____

Type of Service _____ Day _____ Date _____ Time of Service _____

Type of Outer Burial Container _____ Supplier _____

Dedication Service _____ Day _____ Date _____ Time of Service _____

Date of Birth _____ Place of Birth _____ No. of years in County _____

Date of Death _____ Place of Death _____ No. of years in State _____

REMARKS _____

OTHER NEAR RELATIVES OF DECEASED

Name ..... Address ..... Relation .....

Name ..... Address ..... Relation .....

Name ..... Address ..... Relation .....

Name ..... Address ..... Relation .....

Order Taken By .....

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

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

Form 23 Rev. 10/83

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-5151

E 5184

No. 32748

DATE 9/3/85 19

FROM B. B. Baker ADDRESS 8301-109 Mission Gorge Rd Santee, Ca 92071

Six Hundred fourteen and 70/00 DOLLARS ($ 614.70)

IN full PAYMENT OF Interment fees for Gwendolyn Baker Provonnier

LOT 43 GRAVE 5 ROW SECTION 4 DIVISION 6 BLOCK

INVOICE NO.

W.O. E-5184

EB

UNPAID BALANCE AFTER THIS PAYMENT 0

Ch 3659

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

CITY AUDITOR
SEP 5 1985

ISSUED BY

CREDIT 10% SALES CARE	97007 77184		
10% SALES OF LOTS	100 77184		
OPENINGS	100 77191	320	00
BOXES	100 77185	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	88181 9030	14	70
TOTAL PAID $		614	70

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5184

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GWENDOLYN BAKER POVENMIRE	Female	Nov. 27, 1907	Aug. 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
La Mesa	San Diego	E. Kingsley Povenmire - Husband 8301 Mission Gorge Rd. #109 Santee, CA 92071

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	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Pomeroy M.D. Cr
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 3 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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

E5185

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 8-30 19 85

CHARGE Catherine V. Reffitt

ADDRESS 2608 LeLo Trail, Springfield, Mo 65804

NAME OF DECEASED Pre-need Service

OWNER for Edith H. Taylor

ADDRESS

MORTUARY Rogers (Mr. Bishop)

X-Deep

LOT 64 GR 1 ROW SEC 1 ~~BLK~~ DIV 11	Preneed	
OPENING/CLOSING TIME	320	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	25	00
TOTAL	614	70
PAID RECEIPT NUMBER 32145 - 8-30-85	614	70
BALANCE	-0-	

PAID
AUG 30 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Preneed lot on D-2598

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 Edith H Taylor
IN PERSON
PHONE BY X By Catherine V. Reffitt ORDER TAKEN BY B. Lang

W.O. NO. E 5185 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

E5185

№ 32745

DATE 8-30 1985

FROM Catherine Reffitt ADDRESS 2608 So. Lo Trail, Spfd, Mo 65804

Six hundred fourteen and 70/100 — DOLLARS ($ 614 70)

IN full PAYMENT OF Preneed Services for Edith H. Taylor (not guaranteed against rate increase)

LOT 64 GRAVE 1 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. Check

W.O. E-5185

UNPAID BALANCE AFTER THIS PAYMENT 0

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

001964 KEY AUDITOR SEP 5 1985

ISSUED BY B. Lang

CREDIT 35% SALES CARE	67007 77184		
35% SALES OF LOTS	100 77184		
OPENINGS	100 77181	321	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

AC-613 (REV. 9-81)

E 5816

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/1/85 19

CHARGE Lloyd Austin

ADDRESS 2123 Imogene Ave - S.D. 92154

NAME OF DECEASED Loesia B. Cook, Deceased

OWNER Pre-need - Same -

ADDRESS

MORTUARY Greenwood (Walt)

		Pre need
LOT 1590 GR — ROW — SEC — DIV 10		C-6604
OPENING/ CLOSING TIME Drop off after Hope 2:00 P.M.	DAY DATE Wed - 9/4/85	320 00
VAULT/LINER	SIZE Std	345 00
REC. FEE/REMOVAL/FOUNDATION		35 00
	S. Tax	20 70
	TOTAL	720 70
PAID RECEIPT NUMBER 32746		720 70
	BALANCE	0 0

May Have Committal Service —
Just Drop off

no Set up

marker order

PAID
SEP 3 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE [illegible] OVISIONS FOR THE EXTENSION OF CREDIT.
I [illegible] S AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON x Lloyd Austin

ORDER TAKEN BY George

W.O. NO. E 5186

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
264-9181

E5186

No 32746

DATE 9/1/85 19

FROM Lloyd Austin ADDRESS 2123 Imogen Ave - S.D. 92154

Seven Hundred Twenty and 70/100 DOLLARS ($ 720 70/XX)

IN full PAYMENT OF Burial of Loesia B Cook - dec

LOT 1590 GRAVE — ROW — SECTION — DIVISION ~~BLOCK~~ 10

INVOICE NO.

W.O. E-5186

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 5 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77184	
20% SALES OF LOTS	100 77184	
OPENINGS	100 77181	320 00
BOXES	100 77182	345 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	50101 6080	20 70
TOTAL PAID $		720 70

CR 703

E5186

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Loesia Betsey Cook	Female	Oct. 2, 1891	August 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
National City	San Diego	Lloyd Austin-Son-in-Law 2123 Imogene Avenue San Diego, California 92154

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenwood Mottuary	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 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 SEP 04 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 SEP 4 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Leon W. Cook

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.

E5187

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/2/85 19

CHARGE Ellen Bashear

ADDRESS 4037-34th St - 92104

NAME OF DECEASED Evelyn B. Barker "Hunt" - dec. ⊗

OWNER -Self-

ADDRESS

MORTUARY Telephone - George

✓ LOT 10 GR 5 ROW 100F SEC BLK 41		—
OPENING/ CLOSING TIME 3:00 PM	DAY DATE Fri 9/6	105 00
VAULT/INNER ash Graveside -	SIZE ash.	100 00
REC. FEE/REMOVAL/FOUNDATION		35 00
	Sales Tax	6 00
	TOTAL	246 00
PAID RECEIPT NUMBER 32754		246.00
	BALANCE	0

Telephone to deb Cremains by 10 AM 9/6
We take Cremains & memory Package to grave

PAID
SEP 5 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Chaplain
239-7665

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

AUTHORIZED IN PERSON PHONE BY Ellen L Bashear

ORDER TAKEN BY George

W.O. NO. E 5187

INVOICE NO.

PY-593 (4-82)

E 5187

MOUNT HOPE CEMETERY

9-5-85 19

The undersigned hereby requests and authorizes the interment of the remains of Ellen Baker Hurst in Lot 10 Gr 5 Row IOOF Sec. Block Division 41 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. Wesley Graves

X [signature]

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
264-3181

№ 32754

DATE 9/5/85 19

FROM Ellen Barker ADDRESS 4037-34th St #2-SD 92104

Two Hundred forty Six & no/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Inurnment of Evelyn B. Barker Hart

LOT 10 GRAVE 5 ROW 100F SECTION DIVISION BLOCK 41

INVOICE NO.

W.O. E-5187

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 10 1985

ISSUED BY [signature]

CREDIT 50% SALES CARD	67007 77154	
50% SALES OF LOTS	100 77154	
OPENINGS	100 77181	105.00
BOXES	100 77182	100.00
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	60101 9020	6.00
TOTAL PAID $		246.00

Ch 369-

AS-015 (REV. 2-81)

E5187

N4804

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Evelyn Bridget Hust	Female	10-22-1912	9-1-1985

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	Ellen L. Beshear (Daughter) 1529 Dale Street San Diego, CA 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY	F-1352

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., El Cajon, CA	DATE CREMATED 9/4/85	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 Street 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 ▶ [signature] DATE SIGNED September 3, 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 9-4-85
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 6 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: Donald L. Carroll, 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.

E5188

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/3/85 19

CHARGE Margaret L. Beckham

ADDRESS 708-H. St Sp 42 Chula Vista 92010

NAME OF DECEASED J. Herbert Beckham - dec

OWNER Margaret L + dec.

ADDRESS

MORTUARY Featheringill

P.N.

LOT 125 GR 7 ROW SEC 3 BLK DIV 12

OPENING/CLOSING TIME 11:00 Am DAY DATE Thurs - 9-5

Graveside only

VAULT LINER 7 SIZE S.T.

REC. FEE/REMOVAL/FOUNDATION

	320 00
	24 50
	14 70
	3 500
TOTAL	61470
	61480
BALANCE	0

PAID RECEIPT NUMBER 32755

Graveside only —
Mortuary to Pay

PAID
SEP 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

W.O. NO. E 5188

INVOICE NO.

PY-593 (4-82)

E5188

OFFICIAL RECEIPT

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

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

No. 32755

DATE 9/5 19 85

FROM Margaret L. Beckham ADDRESS 708-H St # 42 - Chula Vista Ca 92010

Six Hundred Fourteen and 70/100 DOLLARS ($ 614 70/100)

IN full PAYMENT OF Interment of Jesse Herbert Beckham - de

LOT 125 GRAVE ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO.

W.O. E-5188

UNPAID BALANCE AFTER THIS PAYMENT full

A# 3205

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

CITY AUDITOR
SEP 10 1985

ISSUED BY

CREDIT 50% SALES CARD	87007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	88181 8020	14	70
TOTAL PAID $		614	70

E5188

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JESSE HERBERT BECKHAM	Male	Sept. 2, 1898	Sept. 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
Chula Vista	San Diego	Margaret L. Beckham, wife 708 - H St., Sp. 42 Chula Vista, Ca.

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 SEP 5 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 5 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold A. Vamos, 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.

E5189

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-3-85 19

CHARGE Funeral Home

ADDRESS

NAME OF DECEASED Ruth L Browne - due

OWNER - Same -

ADDRESS

MORTUARY Kingman, Arizona

		P.N.	
LOT 2890 GR — ROW — SEC — BLK DIV 10			
OPENING/ CLOSING TIME 1:00 PM. DAY DATE Fri 9-6		320	00
VAULT LINER Graveside only SIZE		245	00
	S.T.	14	70
REC. FEE/REMOVAL/FOUNDATION		35	00
	TOTAL	614	70
PAID RECEIPT NUMBER 32763		614	70
	BALANCE	0	0

Graveside - F.H. to Bring Permit & CR -
* George to do Service -
need help at about 12:30 to Plan

PAID
SEP 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 K. Anjoin

ORDER TAKEN George

W.O. NO. E 5189

INVOICE NO.

PY-593 (4-82)

E5189

MOUNT HOPE CEMETERY

9/6/85 19

The undersigned hereby requests and authorizes the interment of the remains of Ruth L. Browne in Lot 2890 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 O.B. Knapp (brother)

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
264-2151

E5189

№ 32763

DATE 9/6/85 19

FROM O. B. Knapp ADDRESS 500 Bark, Kingman Ariz 86401

Six Hundred fourteen and 70/100 DOLLARS ($ 614 70/xx)

IN full PAYMENT OF Interment of Ruth L. Browne

LOT 2890 GRAVE — ROW — SECTION — DIVISION ~~BLOCK~~ 10

INVOICE NO.

W.O. E 5189

UNPAID BALANCE AFTER THIS PAYMENT —0—

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

CITY AUDITOR
SEP 10 1985

ISSUED BY George Stetts

CREDIT 25% SALES CARE	67007 77154	—
50% SALES OF LOTS	100 77154	—
OPENINGS	100 77151	320 00
BOXES	100 77152	245 00
REMOVALS FOUNDATIONS	100 77153	35 00
SALES TAX	60151 8526	14 70
TOTAL PAID $		614 70

Ck # 320

E5189

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Ruth L. Browne	female	March 1, 1913	Sept. 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
Kingman	Mohave	O.B. Knapp (brother) 500 Berk Kingman,Az 86401

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Sutton Memorial F.H. (Frank J. Sutton)	none

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 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 09-04-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ G.A. Pettersen, M.D. By:
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/6/85 (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.

E5190

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/3 19 85

CHARGE FRANCES L. DAVIS - WIFE 461-9959

ADDRESS 4555 WESTVIEW DR. LA MESA, CA 92041

NAME OF DECEASED JACK R. DAVIS

OWNER

ADDRESS

MORTUARY FEATHERINGILL MORT.

LOT 4741 4742 GR ROW SEC BLK DIV 10	1180	00
320 OPENING/CLOSING TIME 1:00 HERE DAY THURS DATE 9-5-85	320	00
180 510 VAULT/LINER BELL SIZE TX	245 14	00 20
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1804	70
PAID RECEIPT NUMBER 32747	500	00
9-5-85 32756 BALANCE	1304	70
	1304	70

Upright Marker — W/ Room for Vase on (Two Rose Trees)

Twelve Chairs -

Portable Chapel -

THE CITY CHARTER MAKES NO 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 L Davis ORDER TAKEN BY

W.O. NO. E 5190 INVOICE NO.

PY-893 (4-82) #11195

OFFICIAL RECEIPT

E5190

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2151

No 32747

DATE 9-3 1985

FROM FRANCES DAVIS ADDRESS 4555 WESTVIEW DR. LA MESA 92041

FIVE HUNDRED NO/100 DOLLARS ($ 500.00)

IN PART PAYMENT OF SERVICES FOR JACK R. DAVIS

LOT 4742 & 4741 GRAVE ROW SECTION DIVISION 10 BLOCK

INVOICE NO.

W.O. E.5190

UNPAID BALANCE AFTER THIS PAYMENT $1304.70

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" BELOW

CITY AUDITOR
SEP 5 1985

ISSUED BY

CREDIT 35% SALES CARE	67007 77184		
35% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	180	00
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	40101 9020		
TOTAL PAID $		500	00

AO-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

№ 32756

DATE 9-5-85 19

FROM Frances Davis ADDRESS 4555 Westview Dr. La Mesa Ca 92041

Thirteen Hundred four dollars 70/100 DOLLARS ($ 1304.70)

IN full PAYMENT OF Interment of Jack Davis

LOT 474-474-1 GRAVE — ROW — SECTION — DIVISION 10 BLOCK

INVOICE NO.

W.O. E-5190

UNPAID BALANCE AFTER THIS PAYMENT 0

ACCTS REC. 954

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

CITY AUDITOR
SEP 10 1985

ISSUED

CREDIT 85% SALES CARE	67007 77184	238	00
85% SALES OF LOTS	100 77184	952	00
OPENINGS	100 77181		
BOXES	100 77182	65	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1304	70

E 5190

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
JACK R. DAVIS	Male	July 22, 1923	Sept. 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
La Mesa	San Diego	Frances L. Davis, wife 4555 Westview Drive 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

- ☒ 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 SEP 5 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 5 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature] M.D. MD

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
264-5181

E5190

003591 № 32857

DATE 10-21 1985

FROM Janet L. Eggleston ADDRESS 4133 Calavo Dr. [illegible] Ca 92041

Fifty and no/100 DOLLARS ($ 50.00)

IN full PAYMENT OF Rose trees (2) installed for Jack Davis

LOT 4741 & 42 GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-5190

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 24 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67607 77184		
25% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	50	00
SALES TAX	68101 9020		
TOTAL PAID $		50	00

AO-214 (REV. 9-81)

E 5191

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/5/85

CHARGE Ramiro Savedra

ADDRESS 4783 - Rolando Blvd SD 92115

NAME OF DECEASED Braulio Savedra - dec

OWNER Pre need - pd 200.00

ADDRESS

MORTUARY Cypress View

		Pre need Pd.
LOT 591 GR ____ ROW ____ SEC -1- BLK DIV 8		
OPENING/ CLOSING TIME 2:00 P.M. DAY DATE Thur - 9/5		320 00
VAULT/LINER SIZE		245 00
REC. FEE/REMOVAL/FOUNDATION Setting fee G.I. marker R. Fee		135 00
	S.T.	35 00
		14 70
	TOTAL	749 .70
PAID RECEIPT NUMBER 32753-		749 70
	BALANCE	-0- -0-

Graveside - Military Honors
Try for Cash by funeral Tim

PAID
SEP 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 K.M.S.

ORDER TAKEN Joye

W.O. NO. E 5191

INVOICE NO.

PY-593 (4-82)

E5191

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

Nº 10648

OWNERSHIP AND INTERMENT PRIVILEGES

TO Braublio F. & Antonia L. Savidra for the sum of $ Transfer (DOLLARS)

LEGAL DESCRIPTION Lot 591 & 592 Sec 1 Div 8

AS DESCRIBED ON PURCHASE ORDER NUMBER E-2204

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

Space 591 Antonia 9/3/85

Property Director

OFFICIAL RECEIPT

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

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

E5191

№ 32753

DATE 9-5 1981

FROM RAMIRO SAVEDRA ADDRESS 4783 Rolando Blvd. S. D. 921

SEVEN HUNDRED FORTY NINE — 70/100 DOLLARS ($ 749.70)

IN full PAYMENT OF Service for BRAUBLIO SAVEDRA

LOT 591 GRAVE ROW SECTION 1 DIVISION BLOCK 8

INVOICE NO.

W.O. E-5191

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

CITY AUDITOR
SEP 10 1985

ISSUED BY

CREDIT	67007		
20% SALES CARE	77104		
10% SALES OF LOTS	100 77154		
OPENINGS	100 77161	320.00	
BOXES	100 77162	245.00	
REMOVALS	100 77163	170.00	
FOUNDATIONS	100 77163		
SALES TAX	90101 9020	14.70	
TOTAL PAID $		749	70

AC-[illegible] (REV. [illegible]) Cash

E5191

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Braublio P. Savedra	Male	Feb. 28, 1921	Sept. 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	Antonia Savedra - Wife 505 21st Street, Apt. #3 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 SEP 04 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 5 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [signature]

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

E5191

MOUNT HOPE CEMETERY

9-3-85 19____

The undersigned hereby requests and authorizes the interment of the remains of Braulio Saveda in Lot 591 Gr____ Row____ Sec. -/- 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 Ramiro M Saveda — 4783 ROLANDO BLVD. SAN DIEGO CA. 92115

Signature of relative or legal representative — Address & relationship to deceased or authority to sign authorization

Witness

Witness

E5192

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/3/85 19____

CHARGE _____

ADDRESS _____

NAME OF DECEASED Mary E. McElhoran

OWNER _____

ADDRESS _____

MORTUARY Featherengill

LOT 2947 GR ____ ROW ____ SEC ____ BLK DIV 10	P.N.
OPENING/CLOSING TIME 11:30 Am DAY DATE 9/4 - Wed	P.N.
VAULT LINER SIZE W.O. D-4781	P.N.
REG. FEE/REMOVAL/FOUNDATION	35.00
TOTAL	35.00
PAID RECEIPT NUMBER	
BALANCE	

Drop off - No Service

F.H. to Pay.

THE CITY CHARTER MAKES NO 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 5192

INVOICE NO. 035964
008622

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5192

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY ELLEN MC ILHERAN	Female	Apr.4, 1898	Sept. 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
El Cajon	San Diego	Self - pre-arranged funeral

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
FEATHERINGILL MORTUAY	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: SEP 03 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ Donald G. Ramras, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: SEP 4 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶ Leroy W. Stetler

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 11/22/85

DATE: 11/22/85
TIME: 224520
PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

E5192

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
035964	10/09/85	008622	FEATHERINGILL MORTUARY					11/19/85	CK	4308	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 5193

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/4/85

CHARGE Ricky Chasteen

ADDRESS 32[illegible] Carbello Mesa Dr. SD 92123

NAME OF DECEASED Gordon Russell Zidlicky (X)

OWNER Same (Husband of Relia)

ADDRESS

MORTUARY Lewin Colonial

LOT 593 GR — ROW — SEC — BLK DIV 10	P.N.	
OPENING/CLOSING TIME 2:30 Graveside DAY DATE Fri 9/6	105	00
VAULT/LINER SIZE	100	00
REC. FEE/REMOVAL/FOUNDATION S.T.	35	00
	6	00
TOTAL	246	00
PAID RECEIPT NUMBER 32750	246	00
BALANCE	0	0

Graveside only —
In grave of Wife —

PAID
SEP 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 SIGNED BY Ricky Chasteen ORDER TAKEN BY [signature]

W.O. NO. E 5193 INVOICE NO.

PY-593 (4-82)

E5193

MOUNT HOPE CEMETERY

9/4 19____

The undersigned hereby requests and authorizes the interment of the remains of Gordon R Zellers in Lot 593 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.

Richard Masters

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. 32750

DATE 9/4/85 19

FROM Peggy L. Chastain ADDRESS 3252 Cabrillo Mem. Dr. 92123

Two Hundred Forty Six and 00/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Burial of Remains of Linda R. Zilliox

LOT 593 GRAVE — SECTION — DIVISION 10 BLOCK

INVOICE NO.

W.O. E-5193

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE SHOWN UNLESS STAMPED 'PAID' IN THIS SPACE

CITY AUDITOR
SEP 10 1985

ISSUED

CREDIT 15% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	105	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	68101 9020	6	00
TOTAL PAID $		246	00

E5193

53822

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Lewis Colonial/Benbough

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GORDON RUSSELL ZILLIOX	MALE	NOV 19, 1918	AUG 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	DICKEY CHASTEENE - executor 3252 Cabrillo Mesa Dr. 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

- ☐ 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-San Diego, CA	DATE CREMATED 9/6/85	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 ▶ 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 SEP 05 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	*I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON* SEP 6 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.

E5194

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/4/85 19

CHARGE Leonard Beavers

ADDRESS 220 N. ~~[illegible]~~ Pardee - SD 92102

NAME OF DECEASED P.N. Hallie M. Beavers -

OWNER for Hallie

ADDRESS

MORTUARY

LOT 34 GR 8 ROW SEC 16 BLK DIV 7	495	00
OPENING/ CLOSING TIME DAY DATE	—	
VAULT/LINER SIZE	—	
REC. FEE/REMOVAL/FOUNDATION	—	
TOTAL	495	00
Cash - 100.00 PAID RECEIPT NUMBER 9/4	100	00
32814 - 10-1-85 BALANCE	395	00

PAID DEC 4 1985 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

Time Payments - due in full by 1-3-86 - note -

$295.00

11-4-85 32881 100.00

195.00

12-3-85 32929 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 Leonard Beavers

ORDER TAKEN BY [signature]

W.O. NO. E 5194

INVOICE NO.

PY-593 (4-82) #11218

OFFICIAL RECEIPT

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

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

№ 32929

Date: 12/3/85, 19

From: Leonard Beavers Address: 220 N. Pardee, S.D. 92102

Mt Hope Cemetery Dist. Dollars ($ 195.00)

In full Payment of Interment Space Pre Need - Pd

Lot 34 Grave 8 Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E 5194

Unpaid Balance after this Payment

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

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

CITY AUDITOR
DEC 05 1985

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	99	00
80% Sales of Lots	100 77184	96	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

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

E5194

002986 № 32814

DATE 10-1 1985

FROM Leonard Beavers ADDRESS 220 N. Pardee, SD Ca 92102

One hundred and no/100 DOLLARS ($ 100.00)

IN part PAYMENT OF Pre-need lot

LOT 34 GRAVE 8 ROW SECTION 16 DIVISION ~~BLOCK~~ 7

INVOICE NO. Cash

W.O. E-5194

UNPAID BALANCE AFTER THIS PAYMENT $295.00

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

CITY AUDITOR
OCT 07 1985

ISSUED BY B. Tang

CREDIT 25% SALES CARE	67007 77164		
25% SALES OF LOTS	100 77164	100	00
OPENINGS	100 77161		
BOXES	100 77162		
REMOVALS FOUNDATIONS	100 77163		
SALES TAX	60101 9020		
TOTAL PAID $		100	00

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
264-3181

No 32751

DATE 9/4 19 80

FROM Leonard Beaver ADDRESS 220 N. Pardee - SD - 92102

One Hundred DOLLARS ($ 100.00)

IN Part PAYMENT OF Grave for Mother Hallie M Beaver - Perpetual

LOT 34 GRAVE 8 ROW — SECTION 16 DIVISION 7 BLOCK

INVOICE NO.

W.O. E 5194

UNPAID BALANCE AFTER THIS PAYMENT 395.00

Cash

AC-313 (REV. 9-63)

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

CITY AUDITOR
SEP 10 1980

ISSUED

CREDIT 7 35% SALES CARE	67807 77184	
35% SALES OF LOTS	100 77184	100 00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	68101 8020	
TOTAL PAID $		100 00

T HOPE CEMETERY
MARKET STREET
IEGO, CALIF. 92102

E3194

217

☑ MOVED LEFT NO ADDRESS
☐ FORWARDING ORDER EXPIRED
☐ INSUFFICIENT ADDRESS
☐ ATTEMPTED NOT KNOWN
☐ NO SUCH NUMBER
☐ OTHER
☐ ROUTE # 2067

Leonard Beavers
220 N. Pardee
San Diego, CA 92102

BEA 20 17052491 12/05/85
NOTIFY SENDER OF NEW ADDRESS
BEAVERS JAMES LEONRD
9839 CAMINITO BALSA
SAN DIEGO CA 92129-2803

BEA 39 070749N1 12/07/85

RETURN TO SENDER
NO FORWARDING ORDER ON FILE

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12/4/1985

DEED

Nº 11218

OWNERSHIP AND INTERMENT PRIVILEGES

TO Leonard Beavers for the sum of $ 495.00 (DOLLARS)

LEGAL DESCRIPTION Lot 34, Grave 3, Section 16, Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER E-5194

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

Cemetery Manager

Property Director

W.O. NO. E-6794

NOTE—STRAIGHT

$ 395.00 San Diego, California. 9-4-85, 19

-120- days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Three Hundred Ninety Five DOLLARS,

with interest from Jan 3, 1986 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X Leonard Beavers

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

to be Paid in full by 1-3-86

OFFICIAL RECEIPT

E5194

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

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

№ 32881

DATE Nov. 4 1985

FROM Leonard Beavers ADDRESS [illegible] N. Parker, S.D. Ca. 92102

One hundred and no/100 DOLLARS ($ 100.00)

IN Cart PAYMENT OF Pre-need lot for Hallie Beavers

LOT 34 GRAVE 8 ROW SECTION 16 DIVISION ~~BLOCK~~ 7

INVOICE NO. Cash

W.O. E-5194

UNPAID BALANCE AFTER THIS PAYMENT $195.00

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

CITY AUDITOR
NOV 6 1985

ISSUED BY [illegible]

CREDIT 15% SALES CARE	67807 77184	99.00
10% SALES OF LOTS	100 77184	1.00
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	66101 9080	
TOTAL PAID $		100.00

AC-012 (REV. 8-81)

E 5195

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/4/85 19

CHARGE

ADDRESS

NAME OF DECEASED Helen Kellogg - Dec

OWNER Pre need - B-3250

ADDRESS

MORTUARY Beardsley - Mitchell -

LOT	GR 8 ROW 5 SEC 9 BLK DIV 7		—
OPENING/CLOSING TIME	DAY DATE		320 00
VAULT LINER	SIZE Std		245 00
REC. FEE/REMOVAL/FOUNDATION	S. Tax		35 00 14 70
	TOTAL		614 70
PAID RECEIPT NUMBER			
	BALANCE		

See E5197

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 George

W.O. NO. E 5195

INVOICE NO.

PY-593 (4-82)

E5196

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/4/85 19

CHARGE

ADDRESS

NAME OF DECEASED Roy Furuya - ⊗

OWNER

ADDRESS

MORTUARY Lewis Colonial

LOT 4960 GR ROW SEC ~~BLK~~ DIV 10	P.N	
OPENING/ CLOSING TIME P.30 DAY DATE Mon 9/9	105	00
VAULT/LINER Drop By Comite Fish	100	00
S Tax	6	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	246	00
PAID RECEIPT NUMBER 9-9-85 32767	246	00
BALANCE	—	

Drop off - Center

~~Head~~ of grave

PAID

SEP 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 [signature]

W.O. NO. E 5196

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

E5196

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2181

№ 32767

DATE 9-9 1985

FROM Kameyo Furuya ADDRESS [illegible] Harrison Ave. Sta. 92 [illegible]
Two hundred forty six and no/100 — DOLLARS ($ 246.00)
IN full PAYMENT OF Roy Furuya Service

LOT 4960 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

W.O. E-5196

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 16 1985

ISSUED BY B. Lang

CREDIT 50% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	105	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 8020	6	00
TOTAL PAID $		246	00

AR-515 (REV. 2-81)

E5196

INTERMENT ORDER AND AUTHORIZATION

Contract No._____ Interment No._____ Date_____

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 ROY FURUYA Age_____ Sex_____
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 X Kameyo Furuya
Interment Right Owner

Signature X Kameyo Furuya Relationship WIFE
Person Signing Interment Order

Address 2229 HARRISON, SAN DIEGO, CA 92113 Tel. No. 236-1855
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_____

E5196

53820

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Lewis Colonial/Benbough

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ROY NMN FURUYA	MALE	SEPT 29, 1914	SEPT 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	KAMEYO FURUYA - wife 2229 Harrison Ave. San Diego, CA 92113

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 9/5/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Nancy M Small
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 SEP 04 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Ronald L. Loomis 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.

E5197

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-5-85 19

CHARGE Funeral Home

ADDRESS

NAME OF DECEASED Elsie P. Thompson - dec

OWNER

ADDRESS

MORTUARY Beardsley - Mitchell

LOT	GR 8 ROW 5 SEC 9 ~~BLK~~ DIV 7	P.N.	~~132 50~~
OPENING/ CLOSING TIME	2:00 PM DAY DATE Fri - 9/6 Graveside only		320 00
VAULT/LINER	SIZE		245 00
		ST.	14 70
REC. FEE/REMOVAL/FOUNDATION			35 00
9-6-85 32764	TOTAL		614 70
PAID RECEIPT NUMBER			614 70
	BALANCE		0

Will be here about 1:40 -
Want Chapittant if Possible - if Rain

Ck# 7047

PAID
SEP 6 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

AUTHORIZED
~~IN PERSON~~
PHONE BY

ORDER TAKEN BY Gaye

W.O. NO. E 5197

INVOICE NO.

PY-593 (4-82)

E5197

MOUNT HOPE CEMETERY

October 29, 19 84

The undersigned hereby requests and authorizes the interment of the remains of Elsie Peck Thompson in Lot 8 Gr ____ Row 5 Sec. 9 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 Helen Kellogg
Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

John L Fortner
Witness

Louise M Fortner
Witness

E5197

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2151

№ 32764

DATE 9/6/85 19

FROM Beardsley-Mitchell F.H. ADDRESS 1818 Sunset Cliffs Blvd. SD 92107

Six Hundred fourteen and 70/100 DOLLARS ($ 614 70/xx)

IN full PAYMENT OF Interment of Elsie Thompson -

LOT — GRAVE 8 ROW 5 SECTION 9 DIVISION BLOCK 7

INVOICE NO.

W.O. E-5197

UNPAID BALANCE AFTER THIS PAYMENT full

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

CITY AUDITOR
SEP 10 1985

ISSUED [signature]

CREDIT 20% SALES CARE	67007 77184		
40% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	69101 9020	14	70
TOTAL PAID $		614	70

CA 2047

E5197

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Elsie Peck Thompson	Female	1/13/1909	9/3/1985

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	Nancy A. Smith (Daughter) 1532 Scott Street San Diego, California 92106

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

- [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 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 SEP 05 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 SEP 6 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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

E5198

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/5/85 19

CHARGE Barbara L. Freeman

ADDRESS 2734 Jaynia Pl. Lemon Gr. 92045

NAME OF DECEASED Pre-need for Nellie M. Nave

OWNER

ADDRESS Pre need

MORTUARY

✓ LOT 136 GR 9 ROW SEC 1 BLK DIV 11	495	00
OPENING/ CLOSING TIME DAY DATE	—	
VAULT/LINER SIZE	—	
REC. FEE/REMOVAL/FOUNDATION Pre need grave only	—	
TOTAL	495	00
PAID RECEIPT NUMBER 32757	100	00
10-3-85 32823 BALANCE	395	00
Pre need - Bal due	395	00
in 60 days —	—0—	

PAID
OCT 3 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY CHARTER DIRECTS PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY B. L. Freeman

ORDER TAKEN [signature]

W.O. NO. E 5198

INVOICE NO.

PY-593 (4-82) #11205

E5198

OFFICIAL RECEIPT

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

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

№ 32823

DATE 10-3 1985

FROM Barbara Freeman ADDRESS 2734 Cayman Pl. Lem Gr 92145

Three hundred ninety five and 00/100 DOLLARS ($ 395.00)

IN full PAYMENT OF Pre-need lot

LOT 136 GRAVE 9 ROW SECTION 1 DIVISION ~~BLOCK~~ 11

INVOICE NO. Check

W.O. E-5198

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 07 1985

ISSUED BY [illegible]

CREDIT 20% SALES CARE	67097 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

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. 32757

DATE 9/5/85 19

FROM Barbara L. Freeman ADDRESS 2234 Jaynia Ct Lemon Gr. 92045

One Hundred and no/100 DOLLARS ($ 100.00)

IN Part PAYMENT OF Grave for Nellie M. Nave - Pre need

LOT 136 GRAVE 9 ROW — SECTION 1 DIVISION 11 BLOCK

INVOICE NO.

W.O. E-5198

UNPAID BALANCE AFTER THIS PAYMENT 395.00
CK # 6509

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

CITY AUDITOR
SEP 10 1985

ISSUED

CREDIT 85% SALES CARE	$7007 77184	20 00
85% 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

E5199

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/5/85 19

CHARGE Barbara Freeman

ADDRESS 2734 Jaynie Pl - Lemon Gr 92045

NAME OF DECEASED (Dale Lester Nave)

OWNER Same

ADDRESS

MORTUARY

LOT 136 GR 10 ROW SEC 1 BLK DIV 11

OPENING/ CLOSING TIME DAY DATE

VAULT/LINER SIZE Gal Van 15 00

REC. FEE/REMOVAL/FOUNDATION ~~VA Marked Lots 130 00~~

S.T. 90

TOTAL 15 90

PAID RECEIPT NUMBER 32758 15 90

BALANCE 0

PAID
SEP 5 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Work request issued - today -

G. I. Markw to have 2" Border

Pre Paid E-5124

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

AUTHORIZED IN PERSON PHONE BY

ORDER TAKEN BY [signature]

W.O. NO. E 5199

INVOICE NO.

PY-593 (4-82)

E5199

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32758

DATE 9/5/85 19

FROM Barbara Freeman ADDRESS 2734 Joyner St. Kenna G - 92045

Fifteen and 90/100 DOLLARS ($ 15.90)

IN full PAYMENT OF Flower Vase - W.O. Issued -

LOT 136 GRAVE 10 ROW SECTION 1 DIVISION BLOCK 11

INVOICE NO.

W.O. E-5199

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 10 1985

ISSUED BY [signature]

CREDIT 34% SALES CARE	67007 77184	
35% 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

CR #6509

AC-015 (REV. 9-81)

E5200

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/5 19

CHARGE

ADDRESS

NAME OF DECEASED Daisy Gray - Dec

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 42	GR 2	ROW	SEC 1	BLK DIV 7		Pre-need	
OPENING/ CLOSING TIME 11:00		DAY DATE Mon 9/9/85				320	00
VAULT/LINER		SIZE				245 ~~320~~	00 ~~00~~
REC. FEE/REMOVAL/FOUNDATION						35	00
				ST.		14	00
					TOTAL	614	00
PAID RECEIPT NUMBER 32770 9-10-85						614	00
					BALANCE	0	

Church

Chapel & Garaveside -
First Burial was extra deep -
James W. Gray -

PAID
SEP 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 George

W.O. NO. E 5200

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

E5200

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32770

DATE 9-10 1985

FROM Anderson-Ragsdale ADDRESS 5050 Federal Blvd SDCa 9102

Six hundred fourteen and no/100 - DOLLARS ($ 614.00)

IN full PAYMENT OF Daisy Gray Service

LOT 42 GRAVE 2 ROW SECTION 1 DIVISION ~~BLOCK~~ 7

INVOICE NO. Check

W.O. E-5200

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 16 1985

ISSUED BY B. Lang

CREDIT 25% SALES CASE	67007 77154		
10% SALES OF LOTS	100 77154		
OPENINGS	100 77151	320	00
BOXES	100 77152	245	00
REMOVALS FOUNDATIONS	100 77153	35	00
SALES TAX	60101 9029	14	00
TOTAL PAID $		614	00

AC-313 (REV. 8-81)

E5200

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DAISY LUBERTA GRAY	Female	Sept. 22, 1886	Sept. 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	Anna E. Smith - Daughter 5740 Malvern Ct. San Diego, CA 92120

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: SEP 06 1985; SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ [signature]
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 9 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.

E5201

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE Sept 6, 1985 19

CHARGE Masayuki Henry Kodama

ADDRESS 3126 - Lloyd St, S.D 92117

Pre need for ~~NAME OF DECEASED~~ Masayuki Henry & Kayue (wife)

OWNER Same

ADDRESS Same

MORTUARY —

LOT 5347 GR — ROW — SEC — DIV 10	595	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER Pre need SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	595	00
PAID RECEIPT NUMBER 32761	595	00
BALANCE	0	0

Pre need for Mr & Mrs Kodama
May use upright Markers.
2 Cremains per grave
One Marker

PAID
SEP 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 ~~BY~~ Mr H Kodama

ORDER TAKEN BY [signature]

W.O. NO. E 5201

INVOICE NO.

PY-593 (4-82) #11197

OFFICIAL RECEIPT

ES201

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
284-3151

№ 32761

DATE 9/6/85 19

FROM Masayuki Henry Kodama ADDRESS 3126 Lloyd St SD 92117

Five Hundred Ninety five and no/100 DOLLARS ($ 595.00)

IN full PAYMENT OF Odd grave site - for 2 remains - Per Need

LOT 5347 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO.

W.O. E5201

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
SEP 10 1985

ISSUED BY [signature]

CREDIT 50% SALES CARE	67097 77184	119	00
50% SALES OF LOTS	100 77184	476	00
OPENINGS	100 77181	—	—
BOXES	100 77182	—	—
REMOVALS FOUNDATIONS	100 77183	—	—
SALES TAX	60191 9029	—	—
TOTAL PAID $		595	00

AC-313 (REV. 8-81)

CK# 5759

E5202

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-9 19 85

CHARGE Donovan Brown

ADDRESS

NAME OF DECEASED Lois A. Brown

OWNER

ADDRESS

MORTUARY Greenlawn, Bakersfield, Ca (Archie)

LOT 8 GR ROW SEC 100F BLK 17½	Prepaid	
OPENING/CLOSING TIME delivery only 2:00 DAY/DATE Fri 9-12-85	320	00
VAULT/LINER SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 9-13-85 32781	614	70
BALANCE	-0-	

Mortuary to bring authorization and check

PAID

SEP 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 5202

INVOICE NO.

PY-593 (4-82)

MOUNT HOPE CEMETERY

August 24 74 E 5202

~~August 18,~~ 19 ~~72~~

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

LOIS A. BROWN in Lot 8 Gr ____ Row ____ Sec. I.O.O.F.
Block
~~Section~~ 17½ 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.

Norman V. Brown — 941 Alamo Drive

Vacaville Ca 95688

Signature of relative or legal representative — Address & relationship to deceased or authority to sign authorization

LOT OWNER

Witness

Notary Public

Witness

W. MICHAEL CONNER
NOTARY PUBLIC, CALIFORNIA
PRINCIPAL OFFICE IN
SOLANO COUNTY
My Commission Expires November 3, 1977

E5202

TO Mt. Hope Cemetery
Name of Cemetery

3751 Market St. (619) 264-3151

City San Diego

State Calif.

Interment No. .....

Work Order No. .....

ORDER FOR INTERMENT

Subject to your rules and regulations, you are hereby authorized to inter the remains of:

Name Lois Anita Brown

Space ..... Lot 8 Block 17½ Lawn 100F section

Crypt ..... Tier ..... Block ..... Mausoleum Section .....

Niche ..... Tier ..... Block ..... Mausoleum Section .....

Time of Service ..... Day of Service ..... Date of Service .....

Veteran .....

TERMS .....

.....

.....

.....

I hereby authorize the above interment

Donovan V. Brown

Grave Owner must sign, if not relative

Interment and Equipment . $.....

Sectional Liner . . . . . $.....

Concrete Vault . . . . . $.....

Cremation Urn . . . . . $.....

Sales-Tax . . . . . $.....

Overtime Charges . . . . $.....

Total Charges . . . . . $.....

DISINTERMENT AND REMOVAL

Disinter ..... Remains of .....

From ..... And reinter as indicated above

I hereby certify that I am the .....
Relative

I hereby authorize the above interment

.....

Grave Owner must sign, if not relative

HISTORICAL RECORDS

Date of Birth 7/18/1925 Date of Death 9/5/85 Place of Death Kinsville

Funeral Director Greenlawn City Bakersfield

NEAR RELATIVES

Name Donovan V. Brown Name .....

Address 6129 Meiggs Ct Address .....
Citrus Heights, Ca 95621

Order Taken By .....

Date Order Taken .....

GL-32

E5208

AUG 24, 1974 ~~August 18,~~ 19 ~~72~~

The undersigned hereby requests and authorizes the interment of the remains of LOIS A. BROWN in Lot 8 Gr ____ Row ____ Sec. I.O.O.F. Block ~~Mausoleum~~ 17½ 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.

Norman V. Brown — 341 Alamo Shores, Vacaville Ca 95688

Signature of relative or legal representative — Address & relationship to deceased or authority to sign authorization

LOT OWNER

Witness

Notary Public

Witness

W. MICHAEL CONNER
NOTARY PUBLIC, CALIFORNIA
PRINCIPAL OFFICE IN
SOLANO COUNTY
My Commission Expires November 3, 1977

OFFICE:
MT. HOPE CEMETERY
3751 MARKET ST.
SAN DIEGO CALIF.
92102

E5202

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Lois Anita Brown	~~Male~~ Female	7-18-1925	9-6-1985 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
Kernville	Kern	Donovan V. Brown (brother) 6129 Meiggs Ct. Citrus Heights, CA 95621

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Greenlawn Mortuary	779

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 SEP 12 1985
			SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Leon M. Hebertson, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 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

002589 № 32781

E5202

DATE 9-13 1985

FROM Greenlawn Mort & Cemetery ADDRESS 3700 River Blvd Bakersfield Ca

Six hundred fourteen and 70/100 DOLLARS ($ 614.70)

IN full PAYMENT OF Lois A Brown Service

LOT 8 GRAVE ROW SECTION 101F ~~DIVISION~~ BLOCK 17½

INVOICE NO. Check

W.O. E-5202

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 25 1985

ISSUED BY B. Lang

CREDIT 30% SALES CARE	67007 77164		
30% SALES OF LOTS	100 77164		
OPENINGS	100 77161	320	00
BOXES	100 77162	245	00
REMOVALS FOUNDATIONS	100 77163	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

AC-512 (REV. 9-81)

E5203
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-9-1985

CHARGE County of SD - Mrs. Wright

ADDRESS 5201-A Ruffin Rd. SD Ca 92123

NAME OF DECEASED Paf Ferguson

OWNER Case # 11868

ADDRESS

MORTUARY Humphrey, C.V. - Sharon

LOT 158 GR 6 ROW SEC 2 ~~BLK~~ DIV 11	55	00
OPENING/ CLOSING TIME — DELIVERY ONLY — 10:00 DAY DATE TUES. 9-10-85	90	00
VAULT/LINER Sand SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	145	00
PAID RECEIPT NUMBER		
BALANCE		

Bill PA

— We Select —

Burial deep — bottom

THE CITY CHARTER MAKES NO 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 5203

INVOICE NO. 035965
000952

PY-393 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5203

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
PAZ FERGUSON	Female	03-01-1908	09-02-1985

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	Public Administrator Indigent Burial Officer 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

- 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 SEP 09 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 10 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramos, M.D.
			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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/26/85

DATE: 11/26/85
TIME: 214612
PAGE: 4

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

E-5203

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	DRG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
035965	10/09/85	000952	COUNTY OF SAN DIEGO					11/20/85	CK	04519189	145.00	145.00	0.00
			100	072		77181	000072				90.00		PAID IN FULL
			100	072		77184	000072				55.00		

OFFICIAL RECEIPT

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

11/26/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT

MOUNT HOPE CEMETERY

264-3151

E5203

№ 32910

Date: 11-21, 19 85

From: County of SD Address: 5201-A Ruffin Rd SD Ca 92123

One hundred forty five and no/100 Dollars ($ 145.00)

In full Payment of Raf Ferguson Service

Case # 11868

Lot 157 Grave 6 Row Section 2 Division Block 11

Invoice No. 035965

Acct. No. 100752

W.O. E-5203

Unpaid Balance after this Payment —

Pre-Need ☐ At Need ☐ On Acct ☒

Ck ☒ Cash ☐

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

ISSUED BY [signature]

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	$	145.00

AC-212 (Rev. 8-85)

E5204

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/9/85 19

CHARGE Ruby West

ADDRESS 278-50th apt S.D. 92102

NAME OF DECEASED Miner West Jr.

OWNER /

ADDRESS

MORTUARY Rayndale

LOT 43 GR 7 ROW SEC 1 BLK DIV 12 595 00

OPENING/CLOSING TIME 2:00 P.M. Chapel by S. DAY DATE Fri 9-13-85 320 00

VAULT LINER SIZE Std 245 00

REC. FEE/REMOVAL/FOUNDATION 35 00

14 20

TOTAL 1209 70

PAID RECEIPT NUMBER

BALANCE

Mr. Rayndale to Pay as per 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 Ruby West ORDER TAKEN BY George

W.O. NO. E 5204 INVOICE NO. 035966 005665

PY-593 (4-82)

E5204

Anderson-Ragsdale Mortuary

5050 FEDERAL BOULEVARD • 263-3141
SAN DIEGO, CALIFORNIA 92102

THE THIRD GENERATION OF RAGSDALES IN THE MORTUARY PROFESSION



$2000.00 insurance
− 1589.20 Mortuary
$ 410.80 left over

← $ 1109.70 - grave
− 410.80 insurance
$ 698.90 cash

E5204

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Miner West, Jr.	Male	Sept. 15, 1916	Sept. 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	Vera Mae Hamilton - Niece 508 North 32nd 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 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: SEP 11 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 SEP 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.

E-5204

E-5204

035966 10/09/85 005665	ANDERSON-RAGSDALE MURTUARY			10/16/85 CK	5395	1,209.70	1,209.70	0.00
	100	072	77181	000072		320.00		PAID IN FULL
	100	072	77182	000072		245.00		
	100	072	77183	000072		35.00		
	100	072	77184	000072		476.00		
	60101		9020			14.70		
	67007		77184			119.00		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,879.70

OFFICIAL RECEIPT

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

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

E5204

№ 32851

DATE 10-16 1985

FROM Anderson-Bagsdale ADDRESS 5050 Federal Blvd Sn Ca 92110

Twelve hundred nine and 70/100 — DOLLARS ($ 1209.70)

IN full PAYMENT OF Miner West Gr. Services

LOT 43 GRAVE 7 ROW SECTION 1 DIVISION BLOCK 72

INVOICE NO. 035966

Acct 005665

W.O. E-5204

check

CITY AUDITOR
OCT 21 1985

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

CR 003416
+ INV 035966

UNPAID BALANCE AFTER THIS PAYMENT 0

ISSUED BY B Tang

CREDIT 10% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77161	
BOXES	100 77162	
REMOVALS FOUNDATIONS	100 77163	
SALES TAX	60101 0020	
TOTAL PAID $		1209.70

AC-512 (REV. 8/81)

E 5205

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/9/85 19

CHARGE Norwella L. Warren

ADDRESS 751-49th St., S.D. 92102

NAME OF DECEASED Ndubuisi Chima

OWNER Family

ADDRESS

MORTUARY Ragsdale

LOT 683 GR ____ ROW ____ SEC ~~#~~ 2 DIV 9		100	00
OPENING/ CLOSING TIME 2:30	DAY DATE Tues. 9/10/85	100	00
VAULT/LINER Chapel & G.S. Protector		100	00
REC. FEE/REMOVAL/FOUNDATION		35	00
	S.T.	6	00
	TOTAL	341	00
PAID RECEIPT NUMBER 9-10-85 32771		341	00
	BALANCE	0	

3-6 Casket

Be Billed to Ragsdale

grave - 48"

Casket is 46" long

PAID
SEP 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 ~~[illegible]~~ Norwell Warren

ORDER TAKEN BY Scoyer Stitt

W.O. NO. E 5205

INVOICE NO. ____

PY-593 (4-82)

3-6 Casket
Concrete Cap

E5205

MOUNT HOPE CEMETERY

9/9/85 19

The undersigned hereby requests and authorizes the interment of the remains of N Dubuisi U Chemin in Lot 683 Gr — Row — Sec. 2 Block Division 9 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.

L. Norwell Warren

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

[signature]
Witness

Witness

OFFICIAL RECEIPT

E5205

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32771

DATE 9-10 19 85

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

three hundred forty one and no/100 DOLLARS ($ 341.00)

IN full PAYMENT OF Interment Opening Service

LOT 683 GRAVE ROW SECTION 2 DIVISION 9 BLOCK 7

INVOICE NO. Check

W.O. E-5205

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 16 1985

ISSUED BY B. Day

CREDIT 50% SALES CARE	67007 77184	200 00
50% SALES OF LOTS	100 77184	200 00
OPENINGS	100 77181	120 00
BOXES	100 77198	100 00
REMOVALS FOUNDATIONS	100 77182	25 00
SALES TAX	80181 9820	0 00
TOTAL PAID $		341 00

AC-515 (REV. 9-81)

E5205

PERMIT FOR D. POSITION OF HU..AN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
NDUBUISI UCHE CHIMA	Male	Nov. 17, 1982	Sept. 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	Nervella L. Warren - Mother 751 49th 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 Mount 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 SEP 10 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Harold G. Powers M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 10 1985 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stells

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.

E5206

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-9 19 85

CHARGE Yukio George Kodama

ADDRESS 4329 Felspar St Ca. 92109

NAME OF DECEASED Preneed

OWNER

ADDRESS

MORTUARY

LOT 5346 GR ROW SEC BLK DIV 10	595	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	595	00
PAID RECEIPT NUMBER		
BALANCE	595	00

9-9-85 32766 595 00

0

PAID
SEP 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 Yukio George Kodama ORDER TAKEN BY Lang

W.O. NO. E 5206 INVOICE NO.

PY-593 (4-82) #11198

E 5206

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32766

DATE 9-9 1985

FROM Yukio L. Kodama ADDRESS 1329 Felspar St Ca. 92109

Five hundred ninety five and no/100 - DOLLARS ($ 595.00)

IN full PAYMENT OF Pre-need lot

LOT 5346 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. check

W.O. E-5206

UNPAID BALANCE AFTER THIS PAYMENT 0

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

#00300

CITY AUDITOR
SEP 16 1985

ISSUED BY B. Lang

CREDIT 87807 / 20% SALES CARE 77184	119	00
20% SALES OF LOTS 190 / 77184	476	00
OPERINGS 190 / 77181		
BOXES 190 / 77182		
REMOVALS FOUNDATIONS 190 / 77183		
SALES TAX 66101 / 9928		
TOTAL PAID $	595	00

AC-312 (REV. 8-81)

E5207

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE Sept. 9, 19 85

CHARGE CONTI & Son Monument 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 Install.

for August 1985 TOTAL $1320.00

PAID RECEIPT NUMBER

BALANCE

8/7 - $125. 2x1 - Jackson,G.J.
125. 2x1 - Williman, B.
125. 2x1 - Prychun, N.
125. 2x1 - Gregory, V.
125. 12x30 - Toothaker, J & P
125. 2x1 - Devine, L & P.
160. 3x1 Fnd - Ninomiya, G & M
160. 2x1 Fnd - Manuel, W.
125. 2x1 - Spencer, R.L.
125. 2x1 - Burhop, L.

THE CITY CHARTER MAKES NO 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 5207

INVOICE NO. 035015

Acct. 004821

PY-593 (4-82)

E-5207

035015 09/11/85 004821 CONTI AND SON MEMORIAL CO 10/01/85 CK 4975 1,320.00 1,320.00 0.00
100 072 77183 000072 1,320.00 PAID IN FULL

E-5207

OFFICIAL RECEIPT

10/3/85

E5207

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

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

№ 32813

DATE 10-1 1985

FROM Conti & Son ADDRESS 3871 Imperial Ave. SD 92113

Thirteen hundred twenty and no/100 - DOLLARS ($ 1320.00)

IN full PAYMENT OF Marker installations

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. 035015

Acct 004821

W.O. E-5207

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lang

CREDIT 50% SALES CARE	57007 77184	
50% SALES OF LOTS	100 77184	
OPENINGS	100 77101	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $		1320.00

AC-012 (REV. 8-81)

E5208

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-9 19 85

CHARGE Ruth A. Keller 463-0045

ADDRESS 4174 So. Tropics Dr. L.M. Ca. 92041

NAME OF DECEASED Karl Keller

OWNER

ADDRESS

MORTUARY Humphreys C.V.

1546

LOT 1547 GR ROW SEC DIV 10 1190 00

OPENING/CLOSING TIME GRAVESIDE 4:00 DAY DATE THURS 9-12-85 105 00

VAULT/LINER ASH SIZE 6 100 00

REC. FEE/REMOVAL/FOUNDATION 35 00

Overtime 100 00

TOTAL 1536 00

PAID RECEIPT NUMBER 9-9-85 32768 1536 00

BALANCE -0-

PAID
SEP 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 Ruth A. Keller ORDER TAKEN BY Lang

W.O. NO. E 5208 INVOICE NO.

PY-593 (4-82) #11199

OFFICIAL RECEIPT

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

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

E5208

№ 32768

DATE 9-9 1985

FROM Ruth A. Keller ADDRESS 4174 So. Tropico Dr. L.M. Ca 92041

fifteen hundred thirty six and no/100 DOLLARS ($ 1536.00)

IN full PAYMENT OF Karl Keller service and Orenced lot

LOT 1546 & 1547 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. check

W.O. E-5208

UNPAID BALANCE AFTER THIS PAYMENT Ø

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

#00300

CITY AUDITOR
SEP 16 1985

ISSUED BY E. Lang

CREDIT 20% SALES CARE	67007 77184	231.00
20% SALES OF LOTS	100 77184	952.00
OPENINGS	100 77181	145.00
BOXES	100 77182	100.00
REMOVALS FOUNDATIONS	100 77183	135.00
SALES TAX	60101 9030	6.00
TOTAL PAID $		1536.00

AC-212 (REV. 9-81)

E5208

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KARL ALEXANDER KELLER	Male	05-29-1933	09-08-1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
El Cajon	San Diego	Ruth A. Keller (Wife) 4174 So. Tropico Drive 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

- ☐ 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 Leneda, Inc. El Cajon, CA	DATE CREMATED 9/10/85	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 SEP 10 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald L. Ramos, M.D. Inc
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 12 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 5209
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/10 19 85

CHARGE SEAMAN-POE MONUMENT COMPANY

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 August 1985 TOTAL 670 00

PAID RECEIPT NUMBER

BALANCE

8/6 $135. 2x1 Bronze - Dull, M.
8/6 PD 2x1 - Loftin, L.
8/11 125. 2-6 - Simon, M
8/20 125. 2x1 - Fassler, A & A
~~8/20 160. 12x30 Fnd - Yuriko, K.~~
8/21 125 12x30 - Fredrickson, J.

THE CITY CHARTER MAKES NO 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 5209

INVOICE NO. 025016

PY-593 (4-82)

Acct. 000253

E 3201

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/11/85

DATE: 10/11/85
TIME: 21:25:37
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
035016	09/11/85	000253	SEAMAN/POE MONUMENT CO					10/09/85	CK	6253	670.00	670.00	0.00
			100	072		77163	000072				670.00		PAID IN FULL

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 670.00

E 3201

OFFICIAL RECEIPT

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

10/11/85

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

E5209

№ 32829

DATE 10-7 1985

FROM Seaman Pac ADDRESS 3893 Imperial Ave SD 92113

Six hundred seventy and no/100 — DOLLARS ($ 670.00)

IN full PAYMENT OF Memorial installations for August 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. 035016
Acct 000253

W.O. E-5209

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY B. Lang

CREDIT 10% SALES CARE	67007 77184	
10% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60191 9020	
TOTAL PAID $		670

AC-512 (REV. 9-81)

E5210

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/10 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 August 1985 TOTAL 760 00

PAID RECEIPT NUMBER

BALANCE

8/16 $125 - Henricksen,F
8/16 125 - Lenora, A.
8/21 125 - Bibeault, M.
8/21 125 - Hooper, J.
8/28 125 - Madden, E.F.
8/28 135 - Spofford, N. (Bronze)

THE CITY CHARTER MAKES NO 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 5210

INVOICE NO. 035019

PY-593 (4-82)

Acct. 006490

035019	09/11/85	006490	CLEMENS GRANITE COMPANY			11/07/85	CK	13219	760.00	760.00	0.00
			100	072	7183	000072			760.00		PAID IN FULL

OFFICIAL RECEIPT

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

11/12/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-5181

E5210

№ 32891

DATE 11-7 1985

FROM Clemens Granite ADDRESS 10527 Prospect, Santee 92071

Seven hundred sixty and no/100 — DOLLARS ($ 761.00)

IN full PAYMENT OF Marker installed for Aug 1985

LOT _____ GRAVE _____ ROW _____ SECTION _____ DIVISION BLOCK _____

INVOICE NO. 035019

Acct 006490

W.O. E-5210

UNPAID BALANCE AFTER THIS PAYMENT —

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

ISSUED BY B. Lang

CREDIT 36% SALES CARE	67007 77184	
36% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	80101 9020	
TOTAL PAID $		761

AC-812 (REV. 9-81)

E5211

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-12 1985

CHARGE Clifton Arnold

ADDRESS 2624 E. 14th St. N.C. Ca 92050

NAME OF DECEASED Preneed for

OWNER Sarah E. Arnold

ADDRESS

MORTUARY

✓ LOT 92 GR 12 ROW SEC 2 BLK DIV 11	395	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	395	00
PAID RECEIPT NUMBER 9-12-85 32778	50	00
BALANCE	345	00

Cancel 2/7/86
see WO E-5714

THE CITY CHARTER MAKES NO 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 Lang

W.O. NO. E 5211

INVOICE NO.

PY-593 (4-82)

ES211 2-7-86

Should be Cancelled due to non Payment

per George

Death now — for 250-856

See E-5714

E5211

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32778

DATE 9-12 1985

FROM Clifton Arnold ADDRESS [illegible] D.C. Ca. [illegible]

fifty and no/100 DOLLARS ($ 50.00)

IN Cert PAYMENT OF Pinned Lot [illegible] Arnold

LOT 92 GRAVE 12 ROW SECTION 12 DIVISION ~~BLOCK~~ 11

INVOICE NO. [illegible]

W.O. E-5211

UNPAID BALANCE AFTER THIS PAYMENT $345.00

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

CITY AUDITOR
SEP 16 1985

ISSUED BY [illegible]

CREDIT 30% SALES CARE	67007 77164	10	00
50% SALES OF LOTS	100 77164	40	00
OPENINGS	100 77161		
BOXES	100 77162		
REMOVALS FOUNDATIONS	100 77163		
SALES TAX	68101 9020		
TOTAL PAID $		50	00

AC-213 (REV. 8-81)

E5212

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-12 1985

CHARGE County of SD. - Jonnie McBride

ADDRESS 5201-A Ruffin Mrs. Wright

NAME OF DECEASED Baby Girl Prunty

OWNER Case # 11837

ADDRESS 757-2020 Rick Wilson

MORTUARY Eternal Hills, Oceanside, Ca

✓ (65) (17)

LOT ____ GR ____ ROW ____ SEC 5 BLK 7 DIV	28	00
OPENING/CLOSING TIME -DELIVERY- 10:00 DAY DATE Wed. 9-19-85	45	00
VAULT/LINER ____ SIZE ____		
REC. FEE/REMOVAL/FOUNDATION ____		
TOTAL	73	00
PAID RECEIPT NUMBER ____		
BALANCE		

Bill Indigent Officer

1½ #'s! - Stanford Casket

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

AUTHORIZED
IN PERSON
PHONE BY Kurt

ORDER TAKEN BY Lang

W.O. NO. E 5212

INVOICE NO. 035968
000952

PY-593 (4-82)

PERMIT FOR DISPOSITION OF HUMAN REMAINS

E5212

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Baby Girl (NMN) Prunty	Female	Sept. 13, 1985	Sept. 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
Oceanside	San Diego	S. D. Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Eternal Hills Mortuary	234

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 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 SEP 19 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Donald L. Lamont, 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.

E-5212

035968	10/09/85	000952	COUNTY OF SAN DIEGO				11/20/85	CK	04519189	73.00	73.00
			100	072	77181	000072				45.00	
			100	072	77184	000072				28.00	

PAID IN FULL 0.00

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 218.00

OFFICIAL RECEIPT

11/26/85

E5212

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

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

№ 32911

Date: 11-20, 1985

From: County of S.D. Address: 5201-A Ruffin Rd. S.D. 92123

Seventy three and no/100 Dollars ($ 73.00)

In full Payment of Baby Girl Fruity Service Case #11837

Lot 65 Grave 7 Row Section 5 Division Block 7

Invoice No. 635968

Acct. No. 000952

W.O. E-5212

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.

ISSUED BY B. Lang

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	$	73	00

AC-212 (Rev. 8-85)

04- 519189

REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO 86A E5212

INVOICE NUMBER	AUTHORITY	DESCRIPTION	INVOICE AMOUNT	CON-TRA	DISCOUNT AMOUNT	NET AMOUNT
	BS07-23-74	IB FERGURSON A11868				145.00
	BS07-23-74	IB PRUNTY BABY GIRL				73.00
		NOT NEGOTIABLE				
					TOTAL	218.00

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
(619) 236-3082

00360

E5213
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/13/85 19

CHARGE Rosie VanMontgem

ADDRESS 4468-38th SD Ca 92116

NAME OF DECEASED Gerrit C. VanMontgem

OWNER

ADDRESS

MORTUARY Lewis Colonial (Jerry)

LOT 124 GR 5 ROW SEC 2 BLK DIV 11	250	00
OPENING/CLOSING TIME 2:00 DAY DATE Mon 9-16-85	320	00
VAULT/LINER Chpl SIZE Std 2-T.	245	00
	14	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	864	70
PAID RECEIPT NUMBER 9-13-85 32783	864	70
BALANCE	-0-	

10 chairs

PAID
SEP 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 Rosario Van Montgem ORDER TAKEN BY Lang

W.O. NO. E 5213 INVOICE NO.

PY-593 (4-82)

E5213

MOUNT HOPE CEMETERY

9-13 19 85

The undersigned hereby requests and authorizes the interment of the remains of Gerrit C. Van Mantgem in Lot 124 Gr 5 Row _____ Sec. 2
~~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.

Rosario Van Mantgem
Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E5213

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
GERRIT C. VAN MANTGEM	male	Sept 21,1939	Found Sept 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	Rosario Van Mantgem - wife 4468 - 38th St. 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

- [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 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 SEP 16 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ A. Ronald L. Ramos, M.D. MPH
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON SEP 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

E5213

No. 32783

DATE 9-13 19 85

FROM Rosie Van Montgomery ADDRESS 4468-38th St Ca. 92116

Eight hundred fifty-seven and 70/100 DOLLARS ($ 864.70)

IN full PAYMENT OF Merrit C. Van Montgomery Trust

LOT 124 GRAVE 5 ROW SECTION 2 DIVISION BLOCK 11

INVOICE NO. (Mail)

W.O. E-6213

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 25 1985

ISSUED BY B. Tang

CREDIT 30% SALES CARE	67007 77184	50	00
40% SALES OF LOTS	100 77164	200	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60161 9020	14	70
TOTAL PAID $		864	70

E5214

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/13/85 19

CHARGE Douglas J. Miller

ADDRESS 640 "D" Ave. National City 92050

NAME OF DECEASED - For himself - Pre-need

OWNER Will be Cremation

ADDRESS

MORTUARY Cypress View - Pre need 9/13/85

Price not guaranteed

		Pre need
LOT 4245 GR ____ ROW ____ SEC ____ ~~BLK~~ DIV 10		
OPENING/ CLOSING TIME ____ DAY DATE ____		105 00
VAULT/LINER Concrete Ash Vault		100 00
REC/FEE/REMOVAL/FOUNDATION		35 00
	Sales Tax	6 00
	TOTAL	
PAID RECEIPT NUMBER	32782	246 00
	BALANCE	~~00~~

PAID
SEP 13 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

To be in grave of 4245 - ash Vault
At Head of grave Sp.

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~~ x Douglas J. Miller

ORDER TAKEN BY Gregory Stetson

W.O. NO. E 5214

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

002560

№ 32782

DATE 9/13/85 19

FROM Douglas J. Miller ADDRESS 640 "D" Ave National City 92050

Two Hundred forty Six Dno/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Pre-need Interment of Cremain - Note Not Guaranteed as per stamp on back of this Sheet

LOT 4245 GRAVE — ROW — SECTION — DIVISION BLOCK 10

INVOICE NO.

W.O. E-5214

UNPAID BALANCE AFTER THIS PAYMENT —0—

Cash

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

CITY AUDITOR
SEP 25 1985

ISSUED BY George Stitt

CREDIT 50% SALES CARE	67007 77164	—
50% SALES OF LOTS	100 77164	—
OPENINGS	100 77161	105.00
BOXES	100 77162	100.00
REMOVALS FOUNDATIONS	100 77163	35.00
SALES TAX	60101 9020	6.00
TOTAL PAID $		246.00

E5215

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/16/ 19 85

CHARGE Will Brej CR

ADDRESS

NAME OF DECEASED Kathryn Higgins

OWNER Same.

ADDRESS

MORTUARY Merkley - Mitchell

LOT 111 GR 8 ROW — SEC 1 BLK DIV 12

OPENING/ CLOSING TIME 2:30 DAY DATE Tues - 9/17

VAULT/LINER SIZE Std S.T.

REC. FEE/REMOVAL/FOUNDATION

P.N.	
	320 00
	245 00
	14 70
	35 00
TOTAL	614 70
	614 70
BALANCE	~~00~~

PAID RECEIPT NUMBER 32785

CH#3109

Graveside Service only

Husband 7/10/84 - L.I.P.

PAID

SEP 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 ~~BY PERSON~~

PHONE BY

ORDER TAKEN BY George

W.O. NO. E 5215

INVOICE NO.

PY-593 (4-82)

E5215

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KATHRYN JONES HIGGINS	FEMALE	MAY 15, 1912	SEP 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	MARY HOUGH, DAUGHTER 3321 VOLTAIRE STREET SAN DIEGO, CA 92106

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, 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 SEP 17 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 SEP 17 1985 (ENTER DATE)			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgia Stella

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
284-3151

No. 32785

DATE 9/17/85 19

FROM Merkley-Mitchell Mortuary ADDRESS 3655 - 5th Ave - SD 92103

Six Hundred fourteen & 70/100 DOLLARS ($ 614.70)

IN full PAYMENT OF Interment of Kathryn Higgins, Dec.

CR#3109-

LOT 111 GRAVE 8 ROW — SECTION 1 DIVISION 12 BLOCK 12

INVOICE NO. _____

W.O. E 5215

UNPAID BALANCE AFTER THIS PAYMENT 0

CR 3109

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

CITY AUDITOR
SEP 25 1985

ISSUED BY [signature]

CREDIT 30% SALES CARE	67007 77186		
40% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77183	245	00
REMOVALS FOUNDATIONS	100 77182	35	00
SALES TAX	60181 9929	14	70
TOTAL PAID $		614	70

E5216

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-16 1985

CHARGE County of SD - Joe McCormick

ADDRESS 5201-A Ruffin SD Ca 92123

NAME OF DECEASED Kryptle Ann Badum (X)

OWNER Case #

ADDRESS

MORTUARY Clairemont (Dorothy)

✓ LOT 65 GR 2 ROW SEC 5 BLK DIV 7

OPENING/CLOSING TIME -DELIVERY- AFTERNOON -2100- DAY DATE THURS 9-19-85 29 00

VAULT/LINER SIZE

REC. FEE/REMOVAL/FOUNDATION

TOTAL 29 00

PAID RECEIPT NUMBER

BALANCE

-Newborn- Copper Urn

Kathy + Jeffrey Badum
(Mother + Father)

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 5216

INVOICE NO. 035969

000952

PY-593 (4-82)

E5216

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Krystal Ann Badum	Female	Sept. 12, 1985	Sept. 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	Kathy Ann Badum-Mother 3346 Apache Avenue San Diego, California 92117

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

- ☐ 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
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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 SEP 18 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Robert Garcia
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mount Hope Cemetery, 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 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 ▶ Kathy A. Badum DATE SIGNED 9-17-85
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 $300	DATE PERMIT ISSUED SEP 18 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 _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Royer Stath

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-5816

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/01/85

DATE: 11/01/85
TIME: 000310
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
035969	10/09/85	000952	COUNTY OF SAN DIEGO					10/28/85	CK	506533	29.00	29.00	0.00
			100	072		77164	000072				29.00		PAID IN FULL

OFFICIAL RECEIPT

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

10/31/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

E5216

№ 32873

DATE 10-28 19__

FROM County of SD ADDRESS 5201-A Ruffin Rd SD 92[illegible]

Twenty-nine and no/100 DOLLARS ($ 29.00)

IN full PAYMENT OF Krystle Badam [illegible]

LOT 65 GRAVE 2 ROW ____ SECTION 5 DIVISION ~~BLOCK~~ 7

INVOICE NO. 035969

Acct 000952

W.O. E-5216

UNPAID BALANCE AFTER THIS PAYMENT 4

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

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	80101 9020	
TOTAL PAID $		29

AD-213 (REV. 8-81)

E5217

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/16/85 19

CHARGE Mrs Minomiya - 273-7358

ADDRESS

NAME OF DECEASED George Minomiya - Q

OWNER Same

ADDRESS

MORTUARY none -

		P.N.
LOT 172 GR 2 ROW SEC 11 BLK DIV 7		
OPENING/ CLOSING TIME 10:00 AM DAY DATE Fri 20th		105 00
VAULT/LINER Greenside only SIZE		100 00
	E. T.	6 00
REC. FEE/REMOVAL/FOUNDATION		35 00
32788	TOTAL	246 00
PAID RECEIPT NUMBER		246 00
	BALANCE	0

Set up for Cremain - Comm Vault -
Will Pay 9 Am 9/20

PAID
32788
SEP 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 George

W.O. NO. E 5217

INVOICE NO.

PY-593 (4-82)

E5217

MOUNT HOPE CEMETERY

Aug 13 1985

The undersigned hereby requests and authorizes the interment of the remains of George K. Ninomiya in Lot 172 Gr 2 Row _____ Sec. 11 ~~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.

Massye Ethel Ninomiya 2104 Emerald St SD 92109

Lloyd K. Nakagawa Rubenstein Ave 1561

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Cardiff by the Sea Ca. 92007

_____
Witness

Fujie Nakagawa
Witness

E5217
53764

PERMIT FOR DISPOSITION OF HUMAN REMAINS

Pacific Beach Mortuary

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
George Kitoji Ninomiya	Male	May 20,1899	Aug. 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	Ethel M. Ninomiya-wife 2104 Emerald St. 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

- ☐ 1. BURIAL (INCLUDES ENTOMBMENT)
- X ☐ 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 8/14/85	SIGNATURE OF PERSON IN CHARGE OF CREMATORY Nancy M. Sowell
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 AUG 13 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 9/20/85 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Joyce Stetler

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
264-3181

No 32788

DATE 9-20 1985

FROM MASAYE NINOMIYA ADDRESS 2104 EMERALD ST. S.D. 92109

TWO HUNDRED FORTY SIX 00/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Services for
GEORGE I. NINOMIYA

LOT 172 GRAVE 2 TIER SECTION 11 DIVISION 7 BLOCK

INVOICE NO.

W.O. E-5217

UNPAID BALANCE AFTER THIS PAYMENT

CR 1198

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

CITY AUDITOR
SEP 25 1985

ISSUED BY

CREDIT	67007	
35% SALES CARE	77184	
35% SALES OF LOTS	100 77184	
OPENINGS	100 77181	105 00
BOXES	100 77183	100 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	60101 9020	6 00
TOTAL PAID $		246 00

E 5218

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-17 19 85

CHARGE Leiw Fun Yip –

ADDRESS 3493 Mt Acadew Ave - SD 92111

NAME OF DECEASED Chan Yip

OWNER

ADDRESS

MORTUARY McCarmick - Carroll - Robb

✓ LOT 10 GR ROW 9 SEC I BLK DIV CH	Prepaid	
OPENING/CLOSING TIME 11:30 – HERE – DAY DATE SAT 9-21-85 OT	385	00
	330	00
VAULT/LINER SIZE	259	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	999	70
PAID RECEIPT NUMBER 32790	999	70
BALANCE	-0-	-0-

Will bring check w/service

FAMILY TO WATCH INTERMENT 3/4 12:30

PAID
SEP 21 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

THE CITY C[illegible]IONS FOR THE EXTENSION OF CREDIT.
I AGREE T[illegible] REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON / PHONE BY Phone

ORDER TAKEN BY Lang

W.O. NO. E 5218

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. 32790

DATE 9/21/85 19

FROM Linn Fun Yip ADDRESS 3493 Mt Aachen Ave - SD - 92111

Nine hundred ninety nine & 70/100 DOLLARS ($ 999 70/XX)

IN full PAYMENT OF Interment of Chan Y. YIP - dec

LOT 10 GRAVE — ROW 9 SECTION I DIVISION BLOCK Ch

INVOICE NO.

W.O. E-5218

UNPAID BALANCE AFTER THIS PAYMENT full ~~0~~

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

CITY AUDITOR
SEP 25 1985

ISSUED BY George Stelter

CREDIT 25% SALES CARE	67807 77184		P.M.
25% SALES OF LOTS	100 77184		
OPENINGS	100 77181	385	00
		320	00
BOXES	100 77182	245	00
REMOVALS R.F. FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		999	70

ck# 106

AC-313 (REV. 3-81)

E5218

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Chan Y. Yip	Female	Nov. 25, 1894	Sept. 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	Lin F. Yip, Son 3493 Mt. Aachen San Diego CA 92111

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 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 SEP 19 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/21/85 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald E. Powell M.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Joyce Watts

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 5219

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/18 19

CHARGE ~~[illegible]~~ Janice Gannott

ADDRESS 3752 Bancroft St. S.D. 92104

NAME OF DECEASED Fern Milner

OWNER Pre arrange W.O. 3961

ADDRESS

MORTUARY Rogers

✓ LOT 303 GR — ROW — SEC — BLK DIV 10		P.V.
OPENING/ CLOSING TIME 10:00 Am DAY DATE Mon. 9/23 Chapel & G.S.		Pre Paid
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION		35 00
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 ~~[illegible]~~ PHONE BY

ORDER TAKEN BY George

W.O. NO. E 5219

INVOICE NO. 035973 014702

PY-593 (4-82)

E5219

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
FERN EMERY MILNER	Female	July 22, 1905	9-16-85

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Fairfax	Virginia	Fern E. Milner – 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 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: SEP 19 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 _____ (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.

E5219

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/22/85

DATE: 10/22/85
TIME: 230345
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
035973	10/09/85	014702	JANICE GANNOTT					10/17/85	CK	766	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

E5219

E5220

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-18 1985

CHARGE Thomas C. Elmore, Sr.

ADDRESS 4126 - 39th St apt 1 - SD 92105

NAME OF DECEASED Bertha Elmore

OWNER

ADDRESS

MORTUARY Humphrey C.V - Joe Brawley

LOT 270 GR 6 ROW — SEC 2 BLK ~~DIV~~ 12	595	00
OPENING/ CLOSING TIME - Chapel - 1:00 DAY DATE THUR 9-19-85	320	00
VAULT/LINER SIZE Std	245	00
Stor	14	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1209	70
PAID RECEIPT NUMBER 10-1-85 - 32825	1209	70
BALANCE	0	

Chapel & Graveside - Thur - 1:00 P.M.
Payable in 30 days.

PAID
OCT 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~~ X Thomas C. Elmore Sr. ORDER TAKEN BY Leroy -

W.O. NO. E 5220 INVOICE NO.

FY-593 (4-82)

W.O. NO. E-5220

NOTE—STRAIGHT

$ 1209 70/100 San Diego, California, Sept 18, 1981

— 30 — days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Twelve Hundred nine and 70/100 DOLLARS,

with interest from October 19-1981 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

x Thomas C. Edmonds

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E 5220

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Bertha Belle Elmore	Female	May 4,1915	Sept. 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	Thomas C. Elmore Sr.-Husband 4126 39th Street San Diego, Ca. 92105

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey Mortuary	F-964

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 SEP 19 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 L. Reams 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 5220

No 32825

DATE 10-7 19 85

FROM Thomas C. Elmore ADDRESS 4126-39th #1 92105

Two hundred nine and 76/100 ——— DOLLARS ($ 209.76)

IN full PAYMENT OF Bertha Elmore Service

LOT 270 GRAVE 6 ROW SECTION 5 DIVISION BLOCK 12

INVOICE NO. (check)

W.O. E-5220

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 10 1985

ISSUED BY

CREDIT 50% SALES CARE	87007 77184	119 00
50% SALES OF LOTS	100 77184	476 00
OPENINGS	100 77181	321 00
BOXES	100 77183	245 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	68161 9020	14 76
TOTAL PAID $		209 76

E5721
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-19 1985

CHARGE Charles W. Collins

ADDRESS 5126 Thornton, El Paso, Tx. 7993

NAME OF DECEASED Charlie Lee Collins

OWNER

ADDRESS

MORTUARY Humphrey - C.V.

LOT 2 GR 13 ROW SEC MAS BLK DIV O	Preneed	
OPENING/CLOSING TIME 3:00 Graveside DAY DATE FRI 9-20-85	320	00
VAULT/LINER SIZE	245 14	75
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER		
BALANCE		

Bill Estate

Nephew to Call & Supply Atty info
Sign interment

Stephanie White - 234-2331 to be Bill

(see over)

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

AUTHORIZED IN PERSON / PHONE BY x Walter Collins ORDER TAKEN BY Long

W.O. NO. E 5221 INVOICE NO. 035971 014703

PY-393 (4-82)

Estate of Charlie

Pro-Tech Legal Svcs
1122 - 4th ave
Suite 709
SD 92109
Stephanie White

E5221

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Charlie Lee Collins	Female	Aug. 7,1889	Sept. 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
El Cajon	San Diego	Charles W. Collins-nephew 5126 Thornton El P)aseo, Texas 79932

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Humphrey 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 SEP 20 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 9/20/85 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald G. Ramras, M.D.
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgen Stelter

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

E5221

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	TELEPHONE NO	FOR COURT USE ONLY
Estate of Charlie Lee Collins Pro-Tech Legal Services ATTN: Stephanie White 1122-4th Ave. - Suite 709 San Diego, CA 92109		Filed for approval: (date) (Deputy) Duplicate mailed: (date) (Deputy) Presented to court for approval: (date) (Deputy)
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (NAME): Charlie Lee Collins 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: $ 614.70 plus interest
2. Claimant *(name)*: Mt. Hope Cemetery
   a. [XX] an individual.
   b. [ ] an individual or entity doing business under the fictitious name of *(specify)*:
   c. [ ] a partnership. The person signing has authority to sign on behalf of the partnership.
   d. [ ] a corporation. The person signing has authority to sign on behalf of the corporation.
3. Address of claimant *(specify)*: 3751 Market St.
   San Diego, CA 92102
4. I am authorized to make this claim which is justly due or may become due. To my knowledge there are no offsets or payments that have not been credited.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: 10/9/85

George W. Stelter
Cemetery Manager
(TYPE OR PRINT NAME AND TITLE)

George W. Stelter
(SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

5. Date of first issuance of letters:
6. Date of death:
7. This claim was presented on *(date)*:
8. Estimated value of estate:
9. [ ] Claim is allowed for: $
   [ ] Claim is rejected for: $
10. [ ] The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSONAL REPRESENTATIVE)

11. [ ] Approved for: $
    [ ] Rejected for: $

Date:

SIGNATURE OF [ ] JUDGE [ ] COMMISSIONER

12. [ ] Number of pages attached:
    [ ] Signature follows last attachment

(Continued on reverse)

* See reverse for instructions before completing.

ESTATE OF (NAME):	CASE NUMBER
Charlie Lee Collins Decedent	

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. Debts incurred after the date of death, except funeral claims, must not be included on this claim form.

If the claim is based upon a note or other written instrument, a copy of the 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
09/20/85	Charlie Lee Collins Services	
	Lot 2, Grave 13, Masonic Section, Division O	
	Opening/Closing	$ 320.00
	Concrete Liner	245.00
	Tax on liner	14.70
	Recording Fee	35.00
		$ 614.70
	TOTAL	$ 614.70

NOTICE

State Health and Safety Code Division 7, Part 1, Chapter 3, Section 7[illegible] "__Costs of funeral services, [illegible] thereon from [illegible] shall be considered [illegible] expenses__"

Monthly interest in the amount of 6.15

will be added starting 12-20-85

035971	10/09/85	014703	ESTATE OF CHARLIE LEE COLLINS			11/12/85	CK	010848	614.70	614.70	0.00
			100	072	77181	000072			320.00		PAID IN FULL
			100	072	77182	000072			245.00		
			100	072	77183	000072			35.00		
			60101		9020				14.70		

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 969.70

E53-1

E5222
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/19/85 19

CHARGE Earl Ford, Jr. -

ADDRESS 347 So. 35th St - SD 92113

NAME OF DECEASED Miss Eddie Lee Watkins -

OWNER (Great nephew)

ADDRESS

MORTUARY Anderson - Ragsdale

✓ LOT 3446 GR — ROW — SEC — ~~BLK~~ DIV 10	495	00
OPENING/ CLOSING TIME 9:09 AM DAY DATE Mon - 9/23	320	00
VAULT/LINER Chapel + GS SIZE Std	245	00
ST.	14	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1109	70
PAID RECEIPT NUMBER		
BALANCE		

Has Insurance - due
Ragsdale to Collect =
9 AM Chapel

$ 1009.70
written off
5/3/89
Per Treas.

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

AUTHORIZED IN PERSON ~~PHONE~~ BY Earl Ford, Jr.

ORDER TAKEN BY [signature]

W.O. NO. E 5222

INVOICE NO. 035975
014701

PY-593 (4-82)

W.O. NO. E-5222

NOTE—STRAIGHT

$ 1109.70 San Diego, California. Sept 19, 1985

~~30~~ days after date, for value received, the undersigned maker(s) promise(s) to pay to

Mt. Hope Cemetery or San Diego City Treasurer

, or order

at 3751 Market St., San Diego, CA 92102

the sum of Eleven Hundred nine and 70/100 DOLLARS,

with interest from October 20, 1985 on the unpaid principal at the rate of

12 per cent per annum, payable on demand

Should interest not be paid when due, it shall thereafter bear like interest as the principal. Should default be made in payment of interest when due, the whole sum of principal and accrued interest shall become immediately due, without notice, at the option of the holder of this note. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. Each maker will be jointly and severally liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

X [signature]

347 So. 35th St, San Diego 92113

Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

E5222

MOUNT HOPE CEMETERY

9/19 1985

The undersigned hereby requests and authorizes the interment of the remains of E.L. Watkins, in Lot 346 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.

*

Earl Watkins Jr.
Signature of relative or legal representative

Great nephew
Address & relationship to deceased or authority to sign authorization

Roger Stotts
Witness

Witness

E5222

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ERDIE LEE WATKINS	Female	Oct. 8, 1916	Sept. 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	Earl Ford, Sr. - Nephew 347 So. 35th 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

- ☒ 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 SEP 20 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 _____ (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.

E5223
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/19/85 19

CHARGE Donald C. Smith

ADDRESS 12058 Obisto Rd - S.D. 92128

NAME OF DECEASED Pre need for self

OWNER

ADDRESS Pre need

MORTUARY

LOT 54 GR 12 ROW — SEC 2 DIV 12	495	00
OPENING/ CLOSING TIME DAY DATE		
VAULT/LINER SIZE Pre need Space only		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 32787	495	00
BALANCE	-0-	-0-

Paid by Ck#3012

PAID
SEP 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 Donald C. Smith ORDER TAKEN George

W.O. NO. E 5223 INVOICE NO.

PY-593 (4-82) #11200

OFFICIAL RECEIPT

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

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

№ 32787

DATE 9/19/85 19

FROM Donald C. Smith ADDRESS 12058 Obert St S.D. 92128

Four Hundred Ninety five & no/100 DOLLARS ($ 495.00)

IN full PAYMENT OF Pre need Grave for himself next to Nora B Smith - E-4506

LOT 54 GRAVE 12 ROW — SECTION 2 DIVISION 12

INVOICE NO.

W.O. E-5223

UNPAID BALANCE AFTER THIS PAYMENT None

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

CITY AUDITOR
SEP 25 1985

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77154	99 00
20% SALES OF LOTS	100 77154	396 00
OPENINGS	100 77151	0
BOXES	100 77152	0
REMOVALS FOUNDATIONS	100 77153	0
SALES TAX	60101 9050	0
TOTAL PAID $		495 00

AL-3012

E5224

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-20 19 85

CHARGE Holland/Lyons Mort

ADDRESS Ridge Crest Tel # 619-371-1376

NAME OF DECEASED HELEN J. BREWER

OWNER Same

ADDRESS

MORTUARY Holland/Lyons

		Pre	Need
LOT 1 GR 7 ROW SEC 5 DIV 6			
OPENING/CLOSING TIME 3pm DAY DATE MON. 9-23-85		320	00
VAULT/LINER Bell SIZE		259	70
REC. FEE/REMOVAL/FOUNDATION		35	00
TOTAL		614	70
PAID RECEIPT NUMBER 32796		614	70
BALANCE		0	

CK w/ MORT

Delivery Only (Service)

PAID

SEP 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 Mel Green

ORDER TAKEN BY

W.O. NO. E 5224

INVOICE NO.

PY-593 (4-82)

E5224

MOUNT HOPE CEMETERY

9/23/8X 19____

The undersigned hereby requests and authorizes the interment of the remains of Helen T. Brewer in Lot 1 Gr 7 Row ____ Sec. 5 ~~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 Frank A. Brewer	Husband
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

E5224

№ 32796

DATE 9/23/85 19

FROM Holland & Lyons Mortuary ADDRESS 216 - So Norma, Ridgecrest Cal 93555

Six Hundred fourteen and 70/100 DOLLARS ($ 614 70/xx)

IN full PAYMENT OF Interment of Helen J. Wells Brewer -

LOT 1 GRAVE 7 ROW SECTION 5 DIVISION BLOCK 6

INVOICE NO.

W.O. E-5224

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 01 1985
002765

ISSUED BY [signature]

CREDIT 10% SALES CARE	57007 77164	—
10% SALES OF LOTS	100 77164	—
OPENINGS	100 77161	320 00
BOXES	100 77162	245 00
REMOVALS FOUNDATIONS	100 77163	35 00
SALES TAX	60101 9020	14 70
TOTAL PAID $		614 70

ck 18304

E5224

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Helen Juanita Brewer	Female	04-18-1913	09-19-1985

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Ridgecrest	Kern	Frank A. Brewer (Husband) 1535 Hussey Rd. Ridgecrest, Ca. 93555

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Holland & Lyons Mortuary	F-1184

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--5751 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 ▶ N/A 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 9-20-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Leon M Hebertson by L McClung
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]

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

E5225

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/20/85 19

CHARGE W. L. Douglas

ADDRESS 4921 - Dassco Ct SD 92102

NAME OF DECEASED Mary Douglas

OWNER Same

ADDRESS

MORTUARY Ragsdale

LOT 124 GR 9 ROW SEC 1 BLK DIV 12	395	00
OPENING/CLOSING TIME 1:00 P.M. DAY DATE Monday 9/23	320	00
	245	00
VAULT LINER SIZE Std st.	14	20
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1009	70
PAID RECEIPT NUMBER 32789	1009	70
BALANCE	0	0

Service Monday 9/23
Single grave -
Will pay by 9/23/ 4 PM

PAID
SEP 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 W. L. Douglas ORDER TAKEN BY Joye

W.O. NO. E 5225 INVOICE NO.

PY-593 (4-82)

E5225

MOUNT HOPE CEMETERY

9/20 1985

The undersigned hereby requests and authorizes the interment of the remains of Mary Douglas in Lot 124 Gr 9 Row — Sec. T 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.

W L Douglas
Signature of relative or legal representative

Husband
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
264-3181

No 32789

DATE 9/20/85 19

FROM W. L. Douglas ADDRESS 4921 Dawes Ct, SD - 92102

One Thousand Nine and 20/00 DOLLARS ($ 1009.20)

IN full PAYMENT OF Burial of Mary Douglas dec'd

LOT 124 GRAVE 9 ROW SECTION 1 DIVISION 12 BLOCK

INVOICE NO.

W.O. E-5225

UNPAID BALANCE AFTER THIS PAYMENT 0

R# 014399-

AD-818 (REV. 9-81)

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

CITY AUDITOR
SEP 25 1985

ISSUED BY

CREDIT	67007		
25% SALES CARE	77184	79	00
25% SALES OF LOTS	100 77184	316	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		1009	70

E5225

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARY DOUGLAS	Female	Nov. 29,1921	Sept. 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
National City	San Diego	W. L. Douglas - Husband 4921 Dasco 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 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 SEP 23 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 _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION Georgia Ragsdale

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.

E5226

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/21/85 19

CHARGE Wm. Morris

ADDRESS 1717 Thomas Ave SDCa 92109

NAME OF DECEASED Clarence Morris

OWNER Same

ADDRESS

MORTUARY Pris Fredrich - 442-4411

		P.N.
LOT 4204 GR ____ ROW ____ SEC ____ DIV 10		
OPENING/ CLOSING TIME 10:00 Am Chapel & G.S.	DAY DATE Mon 9/23	320 00
VAULT LINER	SIZE Std	245 00
		14 70
REC. FEE/REMOVAL/FOUNDATION		35 00
	TOTAL	614 70
PAID RECEIPT NUMBER 9-23-85	32795	614 70
	BALANCE	0

Family to Sign & Pay at time of Service - Guaranteed by F.H.

PAID
SEP 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

ORDER TAKEN BY Joye

W.O. NO. E 5226

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
284-3151

E 5226

№ 32795

DATE 9-23 19 85

FROM Patsy R. Jones ADDRESS 260 E. Bradley Ave. #38 El Cajon

Six hundred fourteen and 70/100 DOLLARS ($ 614 70)

IN full PAYMENT OF Clarence Morris Service

LOT 4204 GRAVE ROW SECTION DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-5226

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 01 1985
002755

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67907 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	265	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9620	14	70
TOTAL PAID $		614	70

AD-013 (REV. 9-81)

E5226

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT		SEX	DATE OF BIRTH	DATE OF DEATH
Clarence	Morris	Male	August 19,1900	September 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	William R. Morris Son 1717 Thomas Ave. San Diego, CA 92109

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 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: 9-23-85	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Lamar, 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.

E5227

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE _____ 19____

CHARGE Mildred Mason

ADDRESS 4844 Logan Ave apt 103 - SD 92113

NAME OF DECEASED Charlotte J. Brown

OWNER For her - Charlotte Brown interment

ADDRESS _____

MORTUARY _____

LOT 65 GR 3 ROW _____ SEC 2 BLK DIV 11 300 00

OPENING/ CLOSING TIME _____ DAY DATE _____

VAULT/LINER _____ SIZE _____ Pre need Space only

REC. FEE/REMOVAL/FOUNDATION _____

TOTAL 300 00

PAID RECEIPT NUMBER _____

BALANCE _____

Will Make deposit of $100.00 by 10/10/85
Payments as possible and all by 1-10-86

Mail sent 2-24-86
✓ ✓ 6-26-86 no payments made 4-16-87

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~~ X Mildred Mason ORDER TAKEN BY George

W.O. NO. E 5227 INVOICE NO. _____

PY-593 (4-82)

E5228
MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-23 1985

CHARGE Frank Wong - Sui Mo Wong

ADDRESS

NAME OF DECEASED Cheung Chai Woon Wong

OWNER

ADDRESS

MORTUARY Cypress View (Stan)

LOT 6 GR ROW 6 SEC I BLK DIV CH	Prepaid	
OPENING/CLOSING TIME 2:30 - CHAPEL - DAY DATE Tues 9-24-85	320	00
VAULT/LINER T.S. SIZE 20	345	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	720	70
PAID RECEIPT NUMBER 9-23-85 32793	720	70
BALANCE	-0-	

Please open Imperial St gate.

PAID
SEP 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 Sui Mo Wong ORDER TAKEN BY Lang

W.O. NO. E 5228 INVOICE NO.

PY-593 (4-82)

E 5228

MOUNT HOPE CEMETERY

9-23 1985

The undersigned hereby requests and authorizes the interment of the remains of Cheung Chai Woon Wong in Lot 6 Gr ____ Row 6 Sec. I ~~Block~~ Division CH 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.

Sui Mo Wong
Signature of relative or legal representative

544-21st Stret S. D. Son
Address & relationship to deceased or authority to sign authorization

Barbara Lang
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

E 5228

№ 32793

DATE 9-23 1985

FROM Sie Mo Wong ADDRESS 541 - 2 St Sd Ca 92102

Seven hundred twenty and 70/100 DOLLARS ($ 720.70)

IN full PAYMENT OF Cheung Chi Woon Wong Service

LOT 6 GRAVE ROW 6 SECTION I DIVISION ~~BLOCK~~ CA

INVOICE NO. Check

W.O. E-5228

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
OCT 01 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	321 00
BOXES	100 77182	345 00
REMOVALS FOUNDATIONS	100 77183	35 00
SALES TAX	00101 9850	21 70
TOTAL PAID $		720 70

AC-212 (REV. 2-81)

E5228

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Chai Woon Wong AKA: Chai Woon Cheung	Female	Oct. 5, 1896	Sept. 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
Signal Hill	Los Angeles	Son: Sui Mo. Wong 541 21st Street San Diego, California 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Cypress View/Bonham Brothers	F670

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 Cem., SanDiego, 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 SEP 2 3 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

E 5229

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/23/85 19

CHARGE Rosemary Schmidt

ADDRESS 5225 Stone Court SD 92115

NAME OF DECEASED John Leo Schmidt Sr

OWNER Widow - Mrs -

ADDRESS Same

MORTUARY none - Removal Permit

LOT 46 GR ROW SEC 4 BLK 8 DIV		
OPENING/CLOSING TIME Removal DAY DATE Tuesday - 9/24		
VAULT/LINER Disinterment	210	00
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	210	00
PAID RECEIPT NUMBER 32791 -	210	00
BALANCE	~~0~~	~~0~~

We are to disinter and have
Urn ready by 11 AM 9/24/85
for Rosemary to transport.
Use 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 Rosemary Schmidt ORDER TAKEN BY

W.O. NO. E 5229 INVOICE NO.

PY-593 (4-82)

E5229

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Lee Schmidt	M	11/19/23	10/2/71

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Malaga Spain	Spain	Rosemary Schmidt 5225 Stowe Ct. San Diego CA 92115
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER	
Rosemary J. Schmidt	—	

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: From: Mt Hope Cemetery		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: To: Holy Cross Cemetery		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 ▶ Rosemary J. Schmidt DATE SIGNED: Sept. 13, 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 DATE PERMIT ISSUED: SEP 17 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)		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

On this 24th day of September 1985 I have received from Mt Hope Cemetery the remains + urn Vault sealed and 12x24 granite Marker. Charges at Mt. Hope are paid in full.

Rosemary Schmidt
Widow of John Lee Schmidt

Request to Cemetery Mgr.
9/24/85

E5229

THE CITY OF
SAN DIEGO
MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

PROPERTY DEPARTMENT

AUTHORITY TO DISINTER, REMOVE ~~OR REINTER~~

Sept 23 MONTH 1985 YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

John L. Schmidt ⊗

from Lot 46 Grave ____ Section 4 Row ____ Block ____ Div 8
and to remove the same to ~~and reinter said remains in Lot ____ Grave ____~~
~~Section ____ Row ____ Block ____ Div ____~~. Deliver to Romney
at office of Mt Hope 11 AM 9/24/85

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 Rosemary Schmidt		
Signature	Signature	Signature
Widow		
Relation to deceased	Relation to deceased	Relation to deceased
5225 Stowe Ct San Diego 92115		
Address	Address	Address

I hereby authorized the above disinterment:

my lot
(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
264-3181

№ 32791

DATE 9/23/85 19

FROM Rosemary Schmidt ADDRESS 5225 Stone Ct - SD - 92115

Two hundred and ten and no/100 DOLLARS ($ 210.00)

IN full PAYMENT OF Disinterment of John L. Schmidt @ Interred 10/14/71 - Permit in Hand - Willtry & Sell Space

LOT 46 GRAVE ROW SECTION 4 DIVISION 8

INVOICE NO.

W.O. E5229

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
SEP 25 1985

ISSUED BY Rosenstett

CREDIT 25% SALES CARE	67007 77184		
25% SALES OF LOTS	100 77184		
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	210	00
SALES TAX	69101 9020		
TOTAL PAID $		210	00

CR 949

E5229

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
John Leo Schmidt	M	11/19/23	10/2/71

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Malaga Spain	Spain	Rosemary Schmidt 5205-1 Stowe Ct San Diego CA 92115

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Rosemary T. Schmidt	—

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: From Mt Hope Cemetery		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: To: Holy Cross Cemetery		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 ▶ Rosemary T Schmidt DATE SIGNED Sept 13, 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	DATE PERMIT ISSUED: SEP 17 1985 SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Romer M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: 9-24-85 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George Stolte CM

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

Cremains delivered by HHN- Douglass Vault

E5230

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/23 85

CHARGE Eddie Stuart

ADDRESS 570 So 37th St. SD 92113

NAME OF DECEASED Daisy M. Bernard - dec

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 97 GR 7 ROW SEC 1 BLK DIV 12		395	00
OPENING/ CLOSING TIME 2:00 P.M. Chapel + G.S.	DAY DATE Wed 9/25	320	00
VAULT/LINER	SIZE Std	245	00
REC. FEE/REMOVAL/FOUNDATION		35	00
	S.T.	14	70
	TOTAL	1009	70
PAID RECEIPT NUMBER 9-26-85 32801		400	00
9-26-85 32802		609	70
	BALANCE	609	70

Payable before 9/26/85 — 0 —

Burial for Mary Sister

PAID
SEP 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~~ Eddie Stuart ORDER TAKEN BY Joyce

W.O. NO. E 5230 INVOICE NO.

PY-593 (4-82)

E 5230

MOUNT HOPE CEMETERY

9/23 19 85

The undersigned hereby requests and authorizes the interment of the remains of Daisy M Bernard in Lot 97 Gr 7 Row _____ Sec. 1 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.

x Eddie Stuart — Brother

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

[illegible] 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

E5230

№ 32801

DATE 9-26 1985

FROM Charles E. Jones ADDRESS 1260 3rd #137, C.V. Ca 92011

Four hundred and no/100 DOLLARS ($ 400.00)

IN Part PAYMENT OF Daisy M. Bernard Service

LOT 97 GRAVE 7 ROW SECTION 1 DIVISION ~~BLOCK~~ 1

INVOICE NO. Check

W.O. E-5230

UNPAID BALANCE AFTER THIS PAYMENT $609.00

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

CITY AUDITOR
OCT 01 1985

ISSUED BY [illegible]

CREDIT 67007 / 50% SALES CARE 77154	79	00
50% SALES OF LOTS 100 / 77154	316	00
OPENINGS 100 / 77151	5	00
BOXES 100 / 77152		
REMOVALS FOUNDATIONS 100 / 77153		
SALES TAX 60101 / 9020		
TOTAL PAID $	400	00

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
264-3181

E5230

№ 32802

DATE 9-26 1985

FROM Laura L. Bradley ADDRESS 923-41st Oakland, Ca 94608

Six hundred nine and 70/100 DOLLARS ($ 609.70)

IN full PAYMENT OF Daisy M. Bernard service

LOT 97 GRAVE 7 ROW SECTION 1 DIVISION ~~BLOCK~~ 12

INVOICE NO. Check/cash

W.O. E-5230

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 01 1985

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77154		
10% SALES OF LOTS	100 77154		
OPENINGS	100 77151	315	00
BOXES	100 77152	245	00
REMOVALS FOUNDATIONS	100 77153	35	00
SALES TAX	66191 9029	14	70
TOTAL PAID $		609	70

AC-212 (REV. 9-81)

E5230

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
DAISY MAE BERNARD	Female	Sept. 25,1908	Sept. 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
Chula Vista	San Diego	Eddie Stuart - Brother 570 South 37th 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

- ☒ 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 SEP 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 ▶ Donald L. Ramos M.D. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Doreen Stokes

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.

E5231

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-23 19 85

CHARGE Walter E. Wooden, Sr.

ADDRESS 2373 Balboa Vista Dr. SD 92105

NAME OF DECEASED Dimple Wooden

OWNER

ADDRESS

MORTUARY Greenwood

LOT 30 GR 2 ROW SEC 1 BLK 7 DIV	Opened	
OPENING/CLOSING TIME -Chapel- 2:30 DAY DATE Tues 9-24-85	105	00
VAULT/LINER Asb SIZE TAX	100	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	240	00
PAID RECEIPT NUMBER 9-23-85 32792	240	00
BALANCE	-0-	

Per Cemain 9/26/85. noon

PAID
SEP 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 Walter E. Wooden Sr. ORDER TAKEN BY Lang

W.O. NO. E 5231 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
264-3181

E 5231

№ 32792

DATE 9-23 19 85

FROM Walter Wooden ADDRESS 2373 Balboa Vista Dr. Dig 9-4

Two hundred forty six and no/100 DOLLARS ($ 246.00)

IN full PAYMENT OF Dimple Wooden Service

LOT 30 GRAVE 2 ROW SECTION 1 DIVISION ~~BLOCK~~ 7

INVOICE NO. Check

W.O. E-5231

UNPAID BALANCE AFTER THIS PAYMENT

CITY AUDITOR
OCT 01 1985

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

002755

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67807 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	185	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	68101 9020	6	00
TOTAL PAID $		246	00

AC-012 (REV. 8-81)

E5231

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Dimple J. Wooden	Female	April 15, 1893	Sep. 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	Walter E. Wooden, Sr.-Son 2373 Balboa Vista Drive San Diego, California 92105

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)
- X 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 NA		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory I-805 & Imperial Avenue, San Diego	DATE CREMATED SEP 25 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ Robert E. Garcia
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED Mt. Hope Cemetery, 3751 Market Street, 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 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 SEP 24 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 9/24/85 (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Glenn Stella

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.

E5232

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/23/85 19

CHARGE Dorman Ray Malone, Jr.

ADDRESS USA Meddac Box 45 - Ft. Irwin, Ca 92310

NAME OF DECEASED Dorman Ray Hamilton Malone (Dec)

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 103 GR 9 ROW SEC 1 BLK DIV 12	395	00
OPENING/ CLOSING TIME 12:30 Chapel & G.S. DAY DATE Wed 9-25-85	320	00
VAULT/LINER SIZE Std	345	00
S. Tax	20	70
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL		
PAID RECEIPT NUMBER 32794	1115	70
BALANCE	0	0

Interment fee & burial in full

PAID
SEP 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~~ Dorman Ray Malone Jr. ORDER TAKEN BY Lorgen Stetter

W.O. NO. E 5232 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

E 5232

№ 32794

DATE 9/23/85 19

FROM Dorman Roy Malone Jr & Dis ADDRESS USA Meddae Box 45 = Ft. Irwin Ca 92310

Eleven Hundred fifteen and 70/100 DOLLARS ($ 1115 70/100)

IN full PAYMENT OF Interment of Dorman Roy H. Malone - Dec

LOT 103 GRAVE 9 ROW — SECTION -1- DIVISION BLOCK 12

INVOICE NO.

W.O. E-5232

UNPAID BALANCE AFTER THIS PAYMENT —

CR # 1220

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "[illegible]" IN THIS SPACE.

CITY AUDITOR
OCT 01 1985

Gwyen Stelts

CREDIT 20% SALES CARE	67087 77184	79	00
10% SALES OF LOTS	100 77184	316	00
OPENINGS	100 77181	320	00
BOXES	100 77182	345	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60191 9020	20	70
TOTAL PAID $		1115	70

E5232

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
AKA Dorman Ray Hamilton Dorman Ray Malone	Male	May 4, 1937	Sept. 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	Dorman Ray Malone, Jr — Son 9738 St. George Street Spring Valley, CA 92077

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 Mount 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 SEP 24 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)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Joyce Stitt

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.

E5233

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-24 19 85

CHARGE Laliberte, Joseph Jr.

ADDRESS 2154 Imogene Ave SD 92154

NAME OF DECEASED Kevin David Laliberte

OWNER

ADDRESS

MORTUARY Hubbard

LOT 679 GR ROW SEC 1 ~~BLK~~ DIV 9	100	00
OPENING/CLOSING TIME graveside DAY DATE Thurs. 9-26	100	00
VAULT/LINER SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	235	00
PAID RECEIPT NUMBER 32800	235	00
BALANCE	0	

2' casket

PAID
SEP 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 Joseph R. Laliberte Jr.
PHONE BY

ORDER TAKEN BY Lang

W.O. NO. E 5233

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
264-3181

№ 32800

DATE 9/26/85 19

FROM Joseph Laliberte ADDRESS 2154 Imogene - SD 92154

Two Hundred Thirty five Dollars 00/100 DOLLARS ($ 235.00)

IN full PAYMENT OF Burial of Kevin D. Laliberte Dr

LOT 679 GRAVE ROW SECTION 1 DIVISION BLOCK 9

INVOICE NO.

W.O. E 5233

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 01 1985

ISSUED BY [signature]

CREDIT 10% SALES CARE	67007 77184	20	00
10% SALES OF LOTS	100 77184	80	00
OPENINGS	100 77181	100	00
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	69101 9026		
TOTAL PAID $		235	00

AC-213 (REV. 3-81)

E5233

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
KEVIN DAVID LALIBERTE	Male	Sept. 22, 1985	Sept. 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	Joseph R. Laliberte - Father 2154 Imogene Avenue San Diego, Ca 92154

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 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 SEP 25 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 L. Remer, 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 5234

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-24 19 85

CHARGE Lillian Hill

ADDRESS 2083 Harrison St SD Ca. 92113

NAME OF DECEASED Elgie Hill

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 43 GR 11 ROW SEC 2 BLK DIV 12	Preneed	
OPENING/CLOSING TIME 2:00 —CHAPEL— DAY DATE Thurs 9-26		
VAULT/LINER T.S. SIZE		
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	35	00
PAID RECEIPT NUMBER 10-2-85 32820	35	00
BALANCE	-0-	

PAID
OCT 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 5234

INVOICE NO.

PY-893 (4-82)

E5234

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
ELGIE HILL	Male	Oct. 19,1902	Sept. 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	Lillian C. Hill - Wife 2083 Harrison 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 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 SEP 25 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 ▶

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

E5234

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32820

DATE 10-2 1985

FROM Lillian Hill ADDRESS 2083 Harrison Ave S Ca 92113

Thirty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Elgie Hill service

LOT 43 GRAVE 11 ROW SECTION 2 DIVISION ~~BLOCK~~ 12

INVOICE NO. Check

W.O. E-5234

UNPAID BALANCE AFTER THIS PAYMENT ✓

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

CITY AUDITOR
OCT 07 1985

ISSUED BY B. Lang

CREDIT 25% SALES CARE	67007 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	35.00
SALES TAX	68101 9020	
TOTAL PAID $		35.00

AD-012 (REV. 5-81)

E5235

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/24/85 19

CHARGE Hazel Stanfill

ADDRESS 1260 - 3rd ave - apt 226 - Chula Vista 92011

NAME OF DECEASED

OWNER for Burial of Albert I Bearden
Vet II

ADDRESS

MORTUARY

LOT 53 GR 11 ROW SEC 3 BLK DIV 12	495	00
OPENING/CLOSING TIME DAY DATE		
VAULT/LINER SIZE Burial grave only		
REC. FEE/REMOVAL/FOUNDATION		
TOTAL	495	00
PAID RECEIPT NUMBER 32798	495	00
BALANCE	0	0

Brother of Hazel - He is to use same.

PAID
SEP 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~~ *Hazel M. Stanfill ORDER TAKEN BY Joyce Stott

W.O. NO. E 5235 INVOICE NO.

PY-593 (4-82) #11201

OFFICIAL RECEIPT

E5235

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

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

No. 32798

DATE 9/24/85

FROM Hazel M. Stanfill ADDRESS 1260 - 3rd St #226 - C.V. 92011

Four Hundred Ninety-five and 00/100 DOLLARS ($ 495.00)

IN full PAYMENT OF Fee need grave for Albert I. Borden - Vet WW2 + -

LOT 53 GRAVE 11 CITY AUDITOR SPACE — SECTION 3 DIVISION BLOCK 12

INVOICE NO.

W.O. E-5235

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

OCT 01 1985

ISSUED BY

CREDIT 50% SALES CARE	$7007 77184		99 00
50% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181		
BOXES	100 77182		
REMOVALS FOUNDATIONS	100 77183		
SALES TAX	60181 8020		
TOTAL PAID $		495	00

UNPAID BALANCE AFTER THIS PAYMENT 0

R #111

AC-872 (REV. 9-81)

E5236

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/24/85 19

CHARGE Rogsdale Mortuary

ADDRESS 5050 Federal - SD 92102

NAME OF DECEASED William Chaney - dec.

OWNER Charles Cooper - Friend of Wm. Chaney -

ADDRESS

MORTUARY Rogsdale

LOT 97 GR 12 ROW SEC 1 BLK DIV 12	395	00
OPENING/CLOSING TIME 12:00 noon at Chapel DAY/DATE Thurs 9/26	320	00
VAULT/LINER SIZE Std	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
ST.	14	00
TOTAL	1009	00
PAID RECEIPT NUMBER 32799	1009	00
BALANCE	0	0

Non-Veteran

Charles Cooper is Friend -

PAID
SEP 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~~ x Charles B. Cooper ORDER TAKEN BY Joyce Stitt

W.O. NO. E 5236 INVOICE NO.

PY-593 (4-82)

E5236

OFFICIAL RECEIPT

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

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

No 32799

DATE 9/24/85 19__

FROM Rags Dale Mortuary ADDRESS 5050 Federal Blvd - SD 92102

One Thousand Nine and no/00 DOLLARS ($ 1009.00)

IN full PAYMENT OF Interment Lot and funeral fees for

William Chaney - dec -

LOT 97 GRAVE 12 ROW — SECTION 1 DIVISION 12 BLOCK

INVOICE NO.

W.O. E-5236

UNPAID BALANCE AFTER THIS PAYMENT 0

RH 5318

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

CITY AUDITOR
OCT 01 1985

ISSUED BY

CREDIT 20% SALES CARE	67007 77184	79	00
25% SALES OF LOTS	100 77184	316	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	00
TOTAL PAID		1009	00

E5236

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
WILLIAM CHANEY	Male	Oct. 30, 1914	Sept. 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	Charles Cooper - Friend 1215 S. 44th 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 Mount Hope Cemetery: 3751 Market St.; San Diego, CA 92102		COUNTY San Diegp
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 SEP 24 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 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.

E5236.

OFFICIAL RECEIPT

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

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

№ 32955

Date: 12-16, 19 85

From: Anderson Bagdale Address: 5050 Federal Blvd. S 92114

One hundred twenty five and no/100 Dollars ($ 125.00)

In full Payment of marker installation for William Chaney

Lot 97 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-5236

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
DEC 18 1985

ISSUED BY B. Chaney

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	125.00
Sales Tax	80101 8020	
TOTAL PAID	$	125.00

AC-212 (Rev. 8-85)

E5237

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/25/85 19

CHARGE Forest Lawn - Glendale

ADDRESS

NAME OF DECEASED Helen Marcoe - Dec

OWNER Same

ADDRESS

MORTUARY Forest Lawn - Glendale

LOT 158 GR 1 ROW SEC 4 BLK 7 DIV		P.N.
OPENING/ CLOSING TIME 11 AM Delivery only DAY DATE Fri 9/27		320 00
VAULT/LINER SIZE LLd KT		245 00
REC. FEE/REMOVAL/FOUNDATION		14 50 35 00
TOTAL		614 70
PAID RECEIPT NUMBER 32807		614 70
BALANCE		-0-

Will Bring Ck -
Owner of lot to use Same

PAID
SEP 27 1985
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIFORNIA

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

AUTHORIZED SIGNATURE

PHONE BY

ORDER TAKEN BY

W.O. NO. E 5237

INVOICE NO.

PY-593 (4-82)

OFFICIAL RECEIPT

E5237

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-2181

No. 32807

DATE 9/27/85 19

FROM Forest Lawn Mortuary ADDRESS Glendale Ca

Six Hundred Fourteen and 70/100 DOLLARS ($ 614.70)

IN full PAYMENT OF Interment Fee for Helen Marcus-Dec

Fri 9/27/85

LOT 158 GRAVE 1 ROW — SECTION 4 DIVISION 7 BLOCK

INVOICE NO.

W.O. E-5237

UNPAID BALANCE AFTER THIS PAYMENT —0—

CR # 20812

AC-252 (REV. 9-81)

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

CITY AUDITOR
OCT 01 1985

ISSUED BY

CREDIT 85% SALES CASH	87007 77184		
85% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	—
BOXES	100 77182	245	—
REMOVALS FOUNDATIONS	100 77183	35	—
SALES TAX	80101 8020	14	70
TOTAL PAID $		614	70

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER E5237

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
HELEN	A.	MARCOE	September 24, 1985	1415

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE	IF UNDER 1 YEAR: MONTHS	IF UNDER 24 HOURS: HOURS	MINUTES
Female	White /Czechoslovakian	NO	July 2, 1884	101 YEARS			

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Wisconsin	Adolph P. Terch - Unk.	Annie Unk. - Unk.

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE BIRTH NAME)
USA	19 na TO 19 na	519 40 4807	Widowed	none

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Homemaker	69	Own Home	Homemaking

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
5160 S. Flower St.		Littleton

19D. COUNTY	19E. STATE
Jefferson	Colorado

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Glendale Adventist Medical Cent.	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1509 Wilson Terrace	Glendale

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

Shirley W. Packard - Granddaughter

Same Residence - 80123

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) Acute Urosepsis + U.T.I. — 2 days

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF — (B) Cerebral Arteriosclerosis & Senility — 4 yrs

DUE TO, OR AS A CONSEQUENCE OF — (C) Osteo arthritis major joints — yrs

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Progressive Debility

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE:

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.)
7-18-82	9-24-85

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Frank J. Gaspar MD

28C. DATE SIGNED: 9-25-85

28D. PHYSICIAN'S LICENSE NUMBER: A-15710

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: FRANK J. GASPAR, M.D. 610 N. Central Avenue #204 Glendale, Califofnia

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 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	9/27/85	Mt. Hope Cemetery 3751 Market St. San Diego, CA	4365 Wayne A Bowman

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
FOREST LAWN MORTUARY-GLENDALE	656		

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (1-85)

COPY

Courtesy of Forest Lawn Mortuary

E5237

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HELEN A. MARCOE	Female	7/2/1884 (101)	9/24/85

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
Glendale	Los Angeles	Shirley W. Packard 5160 S. Flower St. Littleton, CA 80123

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Forest Lawn Memorial Park, Glendale	656

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 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 SEP 26 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Barbara S. Mate
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.

E5238

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 10/1/85 19

CHARGE Patricia Edwards

ADDRESS 212 E. 94th St. L.A. Ca 90003

NAME OF DECEASED Marguerite Hall

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 106 GR 9 ROW SEC 2 ~~BLK~~ DIV 11	250	00
OPENING/ CLOSING TIME 10:00 AM DAY DATE Wed - Graveside	320	00
VAULT/LINER Std SIZE 10-2-85	100	00
R.F.	35	00
REC. FEE/REMOVAL/FOUNDATION H.E. Lewis	145	00
Sale Tax	6	00
TOTAL		
PAID RECEIPT NUMBER 32812	856	00
BALANCE	00	

Graveside Service.

Put out Max Chairs - 12 on letter

PAID
OCT 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 Patricia Edwards

ORDER TAKEN BY

W.O. NO. E 5238

INVOICE NO.

PY-593 (4-82)

E5238

ORDER

T. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/27 19 81

CHARGE

ADDRESS Marguerite

NAME OF DECEASED ~~Margaret~~ Hall - dec

OWNER

ADDRESS

MORTUARY Rogsdale

LOT 6	GR 3	ROW	SEC 3	BLK DIV 12	395	00
OPENING/CLOSING TIME 10:00 AM		DAY DATE Wed		10/2	320	00
VAULT/LINER Riverside Liner		SIZE	Std	Sales Tax	100 / 6	00 00
REC. FEE/REMOVAL/FOUNDATION					180	00
				TOTAL	1001	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

W.O. NO. E 5238

INVOICE NO.

PY-593 (4-82)

E5238

Hall, Allen

19 - 9 - 3 - 12 - for

mrs

Stone Marguerite

7/21/78 - 180°

Wed - 85.

Oct 2 - 10 AM

E5238

MOUNT HOPE CEMETERY

10/1/85 19

The undersigned hereby requests and authorizes the interment of the remains of Marguerite Hall in Lot 106 Gr 9 Row Sec. 2 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 Patricia Edwards

Signature of relative or legal representative

Grand Daughter

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

E5238

№ 32812

DATE Oct 1 - 1985

FROM Patricia Edwards ADDRESS 1244 So. La Cienega Blvd - L.A. 90035

Eight hundred fifty six and no/100 DOLLARS ($ 856.00)

IN full PAYMENT OF Interment fees for Marguerite Hall - Dec

LOT 106 GRAVE 9 ROW — SECTION 2 DIVISION ~~BLOCK~~ 11

INVOICE NO.

W.O. E5238

UNPAID BALANCE AFTER THIS PAYMENT 0

CR # 795

AC-212 (REV. 9-81)

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

PAID
OCT 1 1985
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY Roger Stell

CREDIT 20% SALES CARE	67007 77164	50	00
20% SALES OF LOTS	100 77164	200	00
OPENINGS	100 77161	320	00
BOXES	100 77162	100	00
REMOVALS FOUNDATIONS	100 77163	180	00
SALES TAX	60101 8020	6	00
TOTAL PAID $		856	00

THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS

DATE		AMOUNT
Pd in full for M A Hall's lot		
Lot 106 gr 9		

PATRICIA'S VINTAGE CLOTHING
TRUSTEE ACCOUNT
1244 SO. LA CIENEGA BLVD. 855-9027
LOS ANGELES, CA 90035

795

10/1 1985

18-66/1220

PAY TO THE ORDER OF Mount Hope Cemetery $ 856.00

Eight hundred fifty six 00 DOLLARS

BANK OF AMERICA
PICO-LA CIENEGA BRANCH 0308
8801 WEST PICO BOULEVARD
P.O. BOX 35027
LOS ANGELES, CA 90035

Patricia Edwards

⑈000795⑈ ⑆122000661⑆ 03089⑈00212⑈

NAME OF DECEASED Marguerite Hall

OWNER

ADDRESS

MORTUARY Ragsdale

LOT 106 GR 9 ROW SEC 2 ~~BLK~~ DIV 11	250	00
OPENING/CLOSING TIME 10:00 AM DAY DATE Wed - Graveside	320	00
VAULT/LINER Std. SIZE	100	00
R.F.	35	00
REC. FEE/REMOVAL/FOUNDATION H.E. Line	145	00
Sales Tax	6	00
TOTAL		
PAID RECEIPT NUMBER 32812	856	00
BALANCE	00	

Graveside Service

E5238

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
MARGARITE HALL	Female	June 11, 1902	Sept. 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
Hawthorne	Los Angeles	Patricia Edwards - Granddaughter 212 E. 94th Street Los Angeles, CA 90003

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 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 SEP 30 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 _____ (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

E5238

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

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

No. 32812

DATE Oct 1 - 1985

FROM Kathryn Edwards ADDRESS 1244 So. La Cienega Blvd - L.A. 90035

Eight hundred fifty six and no/100 DOLLARS ($ 856.00)

IN full PAYMENT OF Endowment fees for Marguerite Hall - Dec

LOT 106 GRAVE 9 ROW — SECTION 2 DIVISION BLOCK 11

INVOICE NO.

W.O. E5238

UNPAID BALANCE AFTER THIS PAYMENT 0

CR

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

CITY AUDITOR
OCT 03 1985

ISSUED

CREDIT 50% SALES CARE	$7007 77184	50	00
50% SALES OF LOTS	100 77184	200	00
OPENINGS	100 77181	320	00
BOXES	100 77182	100	00
REMOVALS FOUNDATIONS	100 77183	180	00
SALES TAX	60101 8020	6	00
TOTAL PAID $		856	00

E5239

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

H. West Rockie DATE 9/30 19

CHARGE -Chapel-

ADDRESS 3637-44th St SD Ca. 92105

NAME OF DECEASED Ward West

OWNER

ADDRESS

MORTUARY Featherengloll

LOT 64 GR — ROW 6 SEC 6 BLK DIV 7	—	
OPENING/ CLOSING TIME 2:00 P.M. DAY-DATE Mon 9/30	320	00
VAULT/LINER SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
	14	70
TOTAL		
PAID RECEIPT NUMBER 32809	614	70
BALANCE	~~0~~	~~0~~

Will Bring ck -

See - EL 5044 - under name Rockie, H. West

PAID

SEP 30 1985

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

ORDER TAKEN BY [signature]

W.O. NO. E 5239

INVOICE NO.

PY-593 (4-82)

E5239

MOUNT HOPE CEMETERY

9/30 1985

The undersigned hereby requests and authorizes the interment of the remains of Ward West in Lot 64 Gr ~ Row -6- 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.

* _____ X _____

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

_____
Witness

_____
Witness

E5239

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HARD LEROY WEST	Male	Oct.31,1914	Sept. 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	H. West Rockie, sister 3637 44th 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

- ☒ 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 SEP 30 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 _____ (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. 32809

DATE 9/30/85 19

FROM Featheringill Mortuary ADDRESS 6322 El Cajon Blvd - SD 92115

Six Hundred fourteen and 70/100 DOLLARS ($ 614.70)

IN full PAYMENT OF Interment fees in full for
Ward Sloy-West - deceased

LOT 64 GRAVE ROW 6 SECTION 6 DIVISION 7 BLOCK

INVOICE NO.

W.O. E-5239

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 03 1985

ISSUED BY

CREDIT 30% SALES CASH	$7007 77184		
30% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	14	70
TOTAL PAID $		614	70

E5240

MT. HOPE CEMETERY

ORDER

CITY OF SAN DIEGO, CALIFORNIA

DATE 9/30/85 19

CHARGE Dorothy Coleman - Widow

ADDRESS 4990 Lise Ave SD 92102

NAME OF DECEASED Harrison A. Coleman - dec

OWNER Same

ADDRESS

MORTUARY Ragsdale

LOT 75 GR 4 ROW SEC 2 DIV 11	395	00
OPENING/ CLOSING TIME 1:00 PM DAY DATE Oct 2 - Wed	320	00
D.D. Crypt - VAULT/LINER SIZE Double - S.T.	470	00
	28	20
REC. FEE/REMOVAL/FOUNDATION	435	00
TOTAL	1648	20
PAID RECEIPT NUMBER		
BALANCE		

Has Insurance will pay in 30 days - Use double Crypt We install now -

Setup at Vet Mon.

THE CITY CHARTER MAKES NO 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 Coleman ORDER TAKEN BY [signature]

W.O. NO. E 5240 INVOICE NO. 036163 014774

PY-593 (4-82)

E5240

MOUNT HOPE CEMETERY

Sept 30 1985

The undersigned hereby requests and authorizes the interment of the remains of Harrison Coleman in Lot 75 Gr 4 Row — Sec. 2 ~~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. I wish to buried on top in the double crypt

X Dorothy Coleman

Signature of relative or legal representative

Widow of Harrison

9/30/85

Address & relationship to deceased or authority to sign authorization

Joyce Stitt

Witness

Witness

E5240

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HARRISON ALLEN COLEMAN	Male	March 8, 1934	September 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
Chula Vista	San Diego	Dorothy Coleman - Wife 4990 Lisa Avenue San Diego, California 92102

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Anderson-Ragedale 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 OCT 0 1 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald L. Parrish, M.D. KW
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.

COPY 2

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 5-78) FORM VS-9

E5240

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)
Harrison Allen Coleman

2A. SOCIAL SECURITY NO. OF VETERAN
404 44 0679

2B. VA FILE NO.
C- 20341063

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)
Mount 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
Creditor and Cemetery

PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. DATE OF DEATH	8. PLACE OF DEATH
3/8/34	Louisville, Kentucky	9/26/85	Chula Vista, 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)
Dorothy Coleman
4990 Lise Avenue
San Diego, CA 92102

12. FIRST NAME, MIDDLE NAME, LAST NAME OF FATHER (Complete address, if living)
James Allen Coleman

13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living)
Anna Laura Coleman

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
1951	Kentucky	288 89 30	1955	San Diego, CA	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

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

17. PLACE OF BURIAL

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)

18. 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 10)

VA FORM APR 1980 21-530

EXISTING STOCKS OF VA FORM 21-530, MAR 1979, WILL 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 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
$ 1648.20	09/30/1985	- 0 -	☐ YES ☒ NO (If "No," complete Item 30B)	$ $1648.20

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)	$ -0-

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
Lorraine Stelter	Cemetery Manager

35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

Mount Hope Cemetery: 3751 Market Street; 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)
X Dorothy Coleman	Dorothy Coleman

37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

4990 Lise Avenue
San Diego, CA 92102

38. DATE	39. RELATIONSHIP TO VETERAN
Oct. 1, 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: 1980—311-065/1262

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 11/04/85

DATE: 11/04/85
TIME: 224938
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 SN/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
036163	10/18/85	014774	DOROTHY COLEMAN					11/01/85	CK	0048694	1,648.20	1,648.20	0.00
			100	072		77181	000072				320.00		PAID IN FULL
			100	072		77182	000072				470.00		
			100	072		77183	000072				435.00		
			100	072		77184	000072				316.00		
			60101			9020					28.20		
			67007			77184					79.00		

E-5240

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,648.20

OFFICIAL RECEIPT

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

11/4/85

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3121

E5240

№ 32878

DATE 10-31 19 85

FROM Dorothy Coleman ADDRESS 4990 Lin Ave SD Ca 92102

Sixteen hundred forty eight and 00/100 DOLLARS ($ 1648.00)

IN full PAYMENT OF Harrison A. Coleman Service

LOT 75 GRAVE 4 ROW SECTION 2 DIVISION ~~BLOCK~~ 11

INVOICE NO. 036163

Acct 014774

W.O. E-5240

UNPAID BALANCE AFTER THIS PAYMENT 0

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

1

ISSUED BY [illegible]

CREDIT 50% SALES CARE	67067 77184	
25% SALES OF LOTS	100 77184	
OPENINGS	100 77181	
BOXES	100 77182	
REMOVALS FOUNDATIONS	100 77183	
SALES TAX	60101 9020	
TOTAL PAID $	1648.00	

AC-012 (REV. 8-81)

E5241

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-30 19 85

CHARGE David Mitchell

ADDRESS 1415 "D" Ave. Natl City Ca 92050

NAME OF DECEASED Flora Mitchell

OWNER

ADDRESS

MORTUARY Neptune (Jan)

LOT 55 GR 3 ROW SEC 1 ~~BLK~~ DIV 4	495	00
OPENING/ CLOSING TIME graveside 2:00 DAY DATE Tues 10-1-85	320	00
	14	70
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	1109	70
PAID RECEIPT NUMBER 32811	1109	70
BALANCE	0	

Mortuary to bring check
family to come in + sign
interment order
Family to Pay

PAID
OCT 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~~ D Mitchell ORDER TAKEN BY Lang

W.O. NO. E 5241 INVOICE NO.

PY-593 (4-82)

E5241

MOUNT HOPE CEMETERY

Oct 1 19 85

The undersigned hereby requests and authorizes the interment of the remains of Flora Mitchell in Lot 55 Gr 3 Row _____ Sec. 1 ~~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 D Mitchell — X Husband

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

X _____
Witness

_____
Witness

E5241

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Flora Mitchell	Female	Mar 17, 1897	Sept 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	David R Mitchell-husband 1415 "D" Ave National City, Ca 92050

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
NEPTUNE SOCIETY	F-1352

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	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 9-30-85	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 _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ George W Mitchell

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. 32811

DATE 10-1-85 19

FROM David R. Mitchell ADDRESS 1415 D Ave N.C. 92050

Eleven Hundred Nine and 70/100 DOLLARS ($ 1109 70/100)

IN full PAYMENT OF Interment of Flora Mitchell-Lee

LOT 55 GRAVE 3 CRYPT ROW SECTION 1 DIVISION 4 BLOCK

INVOICE NO. Cash

W.O. E-5241

UNPAID BALANCE AFTER THIS PAYMENT 0

AC-416 (REV. 9-81)

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

PAID AUDITOR OCT 03 1985

ISSUED

CREDIT 20% SALES CARE	57007 77184	99	00
20% SALES OF LOTS	100 77184	396	00
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9320	14	70
TOTAL PAID $		1109	70

E5242

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-30 19 85

CHARGE Virginia Lee Haney

ADDRESS 2408-46 Alpine Blvd. Alpine 92001

NAME OF DECEASED Helen Bergfeld

OWNER

ADDRESS

MORTUARY Paris

✓ LOT 814 GR ROW SEC 1 ~~BLK~~ DIV 8 Preneed

OPENING/CLOSING TIME 1:00 - graveside DAY DATE TUES 10-1-85

	320	00
VAULT/LINER T.S. SIZE	20 345	70 00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	720	70
PAID RECEIPT NUMBER 9-30-85 32808	720	70
BALANCE	-0-	

PAID
SEP 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 Virginia Lee Haney ORDER TAKEN BY Lang

W.O. NO. E 5242 INVOICE NO.

PY-593 (4-82)

E5242

MOUNT HOPE CEMETERY

9-30 19 85

The undersigned hereby requests and authorizes the interment of the remains of Helen Bergfeld in Lot 814 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.

Virginia Lee Haney
Signature of relative or legal representative

Sister
Address & relationship to deceased or authority to sign authorization

Barbara Lang
Witness

Witness

E5242

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT

MOUNT HOPE CEMETERY

NO. **14701**

DATE Aug. 30 1967

FROM Virginia Lee Spires ADDRESS Rt 1, Box 48 H, Alpine, Calif.

Four hundred sixty and no/100 ——— DOLLARS ($ 460.00)

IN full PAYMENT OF Harold E. Spires Services

LOT 813 + 814 GRAVE ROW SECTION 1 DIVISION BLOCK 8

INVOICE NO. Cash

W.O. C-4791

UNPAID BALANCE AFTER THIS PAYMENT 0

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

PAID
AUG 30 1967
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY K Kelly

CREDIT SALES CARE	306 951	185 00
HALF SALES OF LOTS	100 7784	185 00
OPENINGS	100 7781	90 00
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		460 00

FORM AC-212

E5242

8/30/1967

C 3234

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Virginia Lee Spires for the sum of $ 370.00 (DOLLARS)

LEGAL DESCRIPTION Lot 813 and Lot 814 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-4791

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

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

2 X 1 Flush Marker Only

R. W. Dehne
Cemetery Manager

Eric Quarth
Public Works Director

FORM PW-584

E5242

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
HELEN D. BERGFELD	Female	7/21/1913	9/28/1985

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	Virginia Haney - Sister 2400-46 Alpine Blvd. Alpine, Ca., 92001

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Paris - Frederick Mortuary	F - 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 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	DATE PERMIT ISSUED SEP 30 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
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

E5242

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3121

002901 № 32808

#46 DATE 9-30 1985

FROM Virginia Lee Haney ADDRESS 2400 Alpine Blvd, Alpine Ca 92001

Seven hundred twenty and 70/100 DOLLARS ($ 720.70)

IN full PAYMENT OF Helen Bergfeld Strauss

LOT 814 GRAVE ROW SECTION 1 DIVISION ~~BLOCK~~ 1

INVOICE NO. Check

W.O. E-5242

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
OCT 03 1985

ISSUED BY B. Lang

CREDIT 20% SALES CARE	67007 77184		
20% SALES OF LOTS	100 77184		
OPENINGS	100 77181	320	00
BOXES	100 77182	345	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	60101 9020	20	70
TOTAL PAID $		720	70

AD-[illegible] (REV. [illegible])

E5243

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-30 19 85

CHARGE Jerry Mc Hang

ADDRESS 5514 Greenleaf Ave. Whittier, Ca 90601

NAME OF DECEASED Elizabeth Mc Hang

OWNER

ADDRESS

MORTUARY El Camino (Mr. Tuck)

LOT 4132 GR ROW SEC ~~BLK~~ DIV 10	Preneed	
OPENING/CLOSING TIME graveside 12:30 DAY DATE Wed 10-2-85	320	00
VAULT/LINER Bell SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 10-2-85 32817	614	70

ENCUMBRANCE

PAID

OCT 2 1985

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mr. McHang will bring check & sign interment orders on Wed.

- Need assistance to set Casket -

THE CITY CHARTER MAKES NO 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 McHang ORDER TAKEN BY Lang

W.O. NO. E 5243 INVOICE NO.

PY-593 (4-82)

E5243

MOUNT HOPE CEMETERY

Oct 2 19 85

The undersigned hereby requests and authorizes the interment of the remains of Elizabeth McClung in Lot 4132 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.

Jerry McClung

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

Witness

Witness

E5243

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Prudence Elizabeth McHarg	Female	Sept. 25, 1905	Sept. 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
Huntington Beach	Orange	Jerry B. McHarg 5514 Greenleaf Avenue Whittier, CA 90601

NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
El Camino Mortuary	1260

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	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
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: SEP 30 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT L. Earl Ehling, 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

E5243

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

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
264-3181

№ 32817

DATE 10-2 1985

FROM Jerry McHarg ADDRESS 5514 Greenleaf Ave. Whittier
Six hundred fourteen and 70/100 — 9060 DOLLARS ($ 614 70)

IN full PAYMENT OF Elizabeth McHarg Service

LOT 4132 GRAVE ROW SECTION DIVISION ~~BLOCK~~ 10

INVOICE NO. Check

W.O. E-5243

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR
OCT 07 1985

ISSUED BY [illegible]

CREDIT 25% SALES CARE	67007 77184		
50% SALES OF LOTS	100 77184		
OPENINGS	100 77181	321	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	69101 90X0	14	70
TOTAL PAID $		614	70

AD-012 (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 9-30 1985

CHARGE June E. Hamm

ADDRESS 4051 Hegg St SD Ca.

NAME OF DECEASED Leonard R. Hamm

OWNER

ADDRESS

MORTUARY Rogers (Mr. Bishop)

✓

LOT 13 GR 7 ROW SEC 1 BLK DIV 11 Preneed

OPENING/ CLOSING TIME 2:00 -CHAPEL- DAY DATE Wed 10-2-85

VAULT/LINER Bell SIZE

REC. FEE/REMOVAL/FOUNDATION 350 00

TOTAL 350 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 5244

INVOICE NO. 036164 014775

PY-593 (4-82)

E5244

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
LEONARD RILEY HAMM	Male	April 26, 1911	Sept. 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	June E. Hamm – Wife 4051 Hegg St. San Diego, 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

- ☒ 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 OCT 1 1985	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Donald R. Conroy, M.D. mm
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 ▶ Joyce Hall

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

№ 32868

DATE 10/24/85

FROM June E Hamm ADDRESS 4051 Hegg St SD 92103

Thirty five and no/100 DOLLARS ($ 35.00)

IN full PAYMENT OF Recording fee — Mr. Leonard R - Hamm

32868

LOT 13 GRAVE 7 ROW — SECTION 1 DIVISION BLOCK 11

INVOICE NO. 036164

W.O. E-5244

UNPAID BALANCE AFTER THIS PAYMENT 0

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

ISSUED BY [signature]

CREDIT 20% SALES CARE	67007 77154	—
20% SALES OF LOTS	100 77154	—
OPENINGS	100 77151	—
BOXES	100 77152	—
REMOVALS FOUNDATIONS	100 77153	35.00
SALES TAX	60101 9020	—
TOTAL PAID $		35.00

CR-0572

OFFICIAL RECEIPT

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

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

№ 32975

Date: 12/23/85, 19

From: June Hamm Address: 4051 Hedg St S.D. 92115

Fifteen and 90/100 Dollars ($ 15.90)

In full Payment of Vase for Leonard Riley Hamm dec

Lot 13 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-5244

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
DEC 26 1985

ISSUED BY [signature]

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	15 00
Sales Tax	60101 9020	90
TOTAL PAID	$	15 90

AC-212 (Rev. 8-85)

E5244

OFFICIAL RECEIPT

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

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

№ 33309

Date: 04-28, 1986

From: June Hamm Address: 4051 Hegg St SDCA 92115

Fifteen and 90/100 Dollars ($ 15.90)

In full Payment of Flower vase for June Hamm Pre-need

Lot 13 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-5244

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
APR 30 1986

ISSUED BY B. Lang

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181		
Burial Containers	100 77182	5	00
Recording fees or misc. service fees	100 77183	10	60
Sales Tax	60101 9020		30
TOTAL PAID	$	15	90

AC-212 (Rev. 5-85)

E5244

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

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 10/28/85

DATE: 10/28/85
TIME: 205437
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
036164	10/18/85	014775	JUNE E. HAMM					10/24/85	CK	0872	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 10-1 19 85

CHARGE Merle Cunningham

ADDRESS 3541 Herbert St SDCa 92103

NAME OF DECEASED Ralph A. Libby

OWNER

ADDRESS

MORTUARY Merkley-Mitchell (Scott)

LOT 3492 GR ROW SEC ~~SEC~~ DIV 10	Preneed	
OPENING/CLOSING TIME 1:00 — DELIVERY ONLY — DAY DATE THURS 10-3-85	320	00
VAULT/LINER SIZE	245	00
REC. FEE/REMOVAL/FOUNDATION	35	00
TOTAL	614	70
PAID RECEIPT NUMBER 32822	614	70
BALANCE	0	

Preneed lot C-3127-1966

Mortuary to bring check & interment order

PAID
OCT 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

ORDER TAKEN BY Long

W.O. NO. E 5245

INVOICE NO.

PY-593 (4-82)

E_5245

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
RALPH ASHLOCK LIBBY	MALE	SEP 3, 1901	SEP 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	MERLE CUNNINGHAM, NEPHEW 3541 HERBERT STREET SAN DIEGO, CA 92103

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

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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	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 OCT 01 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 _____ (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Geo. W. Stetson

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

№ 32822

DATE 10/3/85 19

FROM Merkley-Mitchell Mortuary ADDRESS 3655 - 5th Ave - SD - 92103

Six Hundred fourteen and 70/100 DOLLARS ($ 614 70/xx)

IN full PAYMENT OF Interment fees for Ralph Libby - deceased

LOT 3492 GRAVE — ROW — SECTION — DIVISION ~~BLOCK~~ 110

INVOICE NO.

W.O. E5245

UNPAID BALANCE AFTER THIS PAYMENT —

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

CITY AUDITOR
OCT 07 1985

ISSUED [signature]

CREDIT 50% SALES CARE	67007 77184	—	—
50% SALES OF LOTS	100 77184	—	—
OPENINGS	100 77181	320	00
BOXES	100 77182	245	00
REMOVALS FOUNDATIONS	100 77183	35	00
SALES TAX	66101 9020	14	70
TOTAL PAID $		614	70

Ck # 3420

40-[illegible] (REV. 9-81)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE _____ 19____

CHARGE _____

ADDRESS _____

NAME OF DECEASED _____

OWNER _____

ADDRESS _____

MORTUARY _____

LOT _____ GR _____ ROW _____ SEC _____ BLK DIV _____

OPENING/ CLOSING TIME _____ DAY DATE _____

VAULT/LINER _____ SIZE _____

REC. FEE/REMOVAL/FOUNDATION _____

_____ TOTAL _____

PAID RECEIPT NUMBER _____

BALANCE _____

Thru 5500 Void - using new work orders 10-1-85

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 _____

W.O. NO. E 5246 INVOICE NO. _____

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE _____ 19____

CHARGE _____

ADDRESS _____

NAME OF DECEASED _____

OWNER _____

ADDRESS _____

MORTUARY _____

LOT _____ GR _____ ROW _____ SEC _____ BLK DIV _____

OPENING/ CLOSING TIME _____ DAY DATE _____

VAULT/LINER _____ SIZE _____

REC. FEE/REMOVAL/FOUNDATION _____

_____ TOTAL _____

PAID RECEIPT NUMBER _____

BALANCE _____

Began w/ 5501 new work orders 10-1-85

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 _____

W.O. NO. E 5500 INVOICE NO. _____

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE _____ 19____

CHARGE _____

ADDRESS _____

NAME OF DECEASED _____

OWNER _____

ADDRESS _____

MORTUARY _____

LOT _____ GR _____ ROW _____ SEC _____ BLK DIV _____

OPENING/ CLOSING TIME _____ DAY DATE _____

VAULT/LINER _____ SIZE _____

REC. FEE/REMOVAL/FOUNDATION _____

_____ TOTAL _____

PAID RECEIPT NUMBER _____

BALANCE _____

Began w/ 5501 new work orders 10-1-85

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 _____

W.O. NO. E 5500 INVOICE NO. _____

PY-593 (4-82)

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE _____ 19____

CHARGE _____

ADDRESS _____

NAME OF DECEASED _____

OWNER _____

ADDRESS _____

MORTUARY _____

LOT _____ GR _____ ROW _____ SEC _____ BLK DIV _____

OPENING/ CLOSING TIME _____ DAY DATE _____

VAULT/LINER _____ SIZE _____

REC. FEE/REMOVAL/FOUNDATION _____

TOTAL _____

PAID RECEIPT NUMBER _____

BALANCE _____

Thru 5500 Void - using new work orders 10-1-85

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 _____

W.O. NO. E 5246 INVOICE NO. _____

PY-593 (4-82)