

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10-2-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melvin A. Delano <sup>10/14</sup>

in a liner <sub>Vault/Liner</sub> Funeral, date, time 10:00 AM - Fri

Church, Chapel, Graveside Chapel only; Greenwood Mortuary.

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

Lot 40 Grave 10 Row \_\_\_\_\_ Section MAS Division/Block S

Grave space & Care Fund ..... P.N.

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

**PAID**  
 OCT. 2 1985  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

*Will Pay for II marker setting later - \$130.00*

Total Due ..... 606.00

Paid receipt number 32819 ..... 606.00

Balance due 0

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

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

H. Wilson  
 Signature of authorized holder of deed  
Shawson of Hope Hall

H. Wilson  
 Signature  
3369 E. LAKEVIEW RD.  
 Address  
LAKE SIDE CALIF 92040  
 City  
4932567  
 Telephone  
 Zip Code

Seay  
 Signature

Work Order # E 5501  
 PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

E-5501  
MOUNT HOPE CEMETERY

9-30 1985

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

Melvin Delano in Lot 40 Gr. 10 Row \_\_\_\_\_ Sec. MAS  
Block \_\_\_\_\_

Division S 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.

Emma

Friend

\_\_\_\_\_

2003 Bayview Hts Dr. Apt 23

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

20 Ca. 92105

Barbara Lang

Witness

\_\_\_\_\_

Witness



E-5501



(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)

Melvin Albert Delano

2A. SOCIAL SECURITY NO. OF VETERAN

520-07-9638

2B. VA FILE NO.

C

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)

Joseph H. Wilson - Executor

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)

13369 East Lakeview Rd., Lakeside, CA 92040

4. RELATIONSHIP TO VETERAN

Friend/Executor

#### PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH 1/14/1924	6. PLACE OF BIRTH IA	7. DATE OF DEATH 10/1/1985	8A. PLACE OF DEATH El Cajon, CA	8B. DATE OF BURIAL 10/4/85
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9. MARITAL STATUS <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	10. SURVIVING CHILDREN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) Ralph E. Delano IA	13. FIRST NAME, MIDDLE NAME, LAST NAME OF MOTHER (Complete address, if living) Caroline E. Nading IA
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#### SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

13A. ENTERED SERVICE		13B. SERVICE NO.	13C. SEPARATED FROM SERVICE		13D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	
5/28/41	Colorado	311472	5/28/47	SD, CA	Sergeant - Marine Corp.

13. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

#### PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL Mt. Hope Cemetery 3751 Market St. SD, CA 92102	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," complete Items 19 and 20)
18. WAS BURIAL IN A NATIONAL CEMETERY OR CEMETERY OWNED BY THE FEDERAL GOVERNMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," complete Items 19 and 20)	19. BURIAL PLOT, MAUSOLEUM, ETC. COST IS: (Check one) <input type="checkbox"/> PAID BY ANOTHER PERSON(S) <input type="checkbox"/> DUE FUNERAL DIRECTOR <input type="checkbox"/> DUE CEMETERY OWNER <input checked="" type="checkbox"/> PAID BY CLAIMANT FOR BURIAL <input type="checkbox"/> NONE

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 \$ Burial \$631.00	22. AMOUNT PAID \$
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23. WHOSE FUNDS WERE USED?	24A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 24B and 24C)	24B. AMOUNT OF REIMBURSEMENT \$	24C. SOURCE OF REIMBURSEMENT
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25A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY LOCAL, STATE OR FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Before answering read and comply with instruction 11)
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**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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete items 27A and 27B ONLY, then complete Part IV)		27B. PLACE OF BURIAL Mt. Hope Cemetery 3751 Market, S.D., CA 92102	
28. COST OF BURIAL PLOT (Individual Grave Site) \$ 631.00	29A. DATE OF PURCHASE 10/2/85	29B. DATE OF PAYMENT 10/2/85	30A. HAVE BILLS BEEN PAID IN FULL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete item 30B)
31. WHOSE FUNDS WERE USED? J.H. Wilson		32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete items 32B and 32C)	30B. AMOUNT UNPAID \$ -0-
32C. SOURCE OF REIMBURSEMENT	33A. HAS OR WILL ANY AMOUNT BE ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) <i>Joseph H. Wilson</i>	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY <i>Paul by -</i>
35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT 13369 E. Lakeview Rd Lakeside, Ca 92040	

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) <i>(Mark)</i>	36B. NAME OF PERSON AUTHORIZING SERVICES (Type or Print) JOSEPH H. WILSON
37. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code) 13369 E. Lakeview Rd - Lakeside, Ca 92040	
38. DATE 10/17/85	39. RELATIONSHIP TO VETERAN Friend & Caretaker

**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.



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3181

No 32819

DATE 10/2/84 19

FROM J. H. Wilson ADDRESS 3369 E. Lakeside Ca 92040

~~Six Hundred and Six and 00/100~~ DOLLARS (\$ 606<sup>00</sup>),

IN full PAYMENT OF interment of Melvin A. Delano - one

LOT 40 GRAVE 10 - CITY ROW - SECTION MAS DIVISION BLOCK 5

INVOICE NO. \_\_\_\_\_

W.O. E-5501

UNPAID BALANCE AFTER THIS PAYMENT 0

1367

NOT VALID FOR PURPOSES UNLESS STAMPED "PAID" IN THIS SPACE  
 AUDITOR  
 OCT 07 1985  
 ISSUED BY *Joseph [Signature]*

CREDIT	97007	
50% SALES CARE	77184	
50% SALES OF LOTS	100	
	77184	
OPENINGS	100	320 00
	77182	
BOXES	100	180 00
	77182	
REMOVALS FOUNDATIONS	100	180 00
	77182	
SALES TAX	69101	6 00
	9820	
TOTAL PAID		606 00



E 5501

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Melvin Albert Delano</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Jan. 14, 1924</b>	DATE OF DEATH <b>Oct. 1, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Joseph H. Wilson-Executor 13369 E. Lakewiew Road Lakeside, California 92040</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- XXXX** BURIAL (INCLUDES ENTOMBMENT)  5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)  8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT)  6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY  7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE  9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION:

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mount Hoppe Cemetery, 3751 Market Street, San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 03 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. ...</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/4/85</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Seay ...</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 33102

Date: 02-13, 1986

From: J. D. Wilson Address: 12369 E. Lakeview St. Riverside  
One hundred thirty three and 20/100 Dollars (\$ 135.00)

In full Payment of Markers Installation for  
Malcolm Silbert Delano

Lot 40 Grave 18 Row \_\_\_\_\_ Section MHS Division 5  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5501

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 18 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
50% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID	\$	<u>135.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-3-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alexander Vercamman 10 AM in a Belle Funeral, date, time Fri 10-4-85 Church, Chapel Graveside 10 AM; Merkley Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 249 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup .....

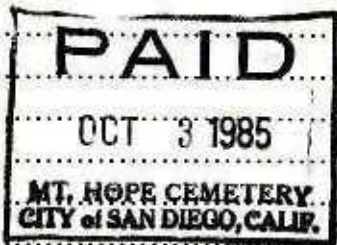
Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....



Total Due ..... 35.00

Paid receipt number 32824 - 35.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 5502

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

*Lang*



E-5502

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ALEXANDER VERCAMMEN</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>JAN 15, 1903</b>	DATE OF DEATH <b>OCT 3, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>EL CAJON</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>BERRA VERCAMMEN, WIFE 1345 EAST MADISON, SPACE 23 EL CAJON, CALIFORNIA</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MERKLEY-MITCHELL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

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 <b>MOUNT HOPE CEMETERY, SAN DIEGO, CALIFORNIA</b>		COUNTY <b>SAN DIEGO</b>
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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 04 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>10/14/85</u>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Donald L. Brown, M.D.</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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  
 284-3121

No 32824

DATE 10/4/85 19\_\_

FROM Merkley Mitchell Winters ADDRESS 3655-5th St S.D. 92103

Thirty five and no/100 DOLLARS (35<sup>00</sup>)

IN full PAYMENT OF Recording fee A. Vercauteren-dee

LOT 249 GRAVE \_\_\_\_\_ ROW \_\_\_\_\_ SECTION 1 DIVISION BLOCK 8

INVOICE NO. \_\_\_\_\_

W.O. F-5502

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 OCT 10 1985  
 ISSUED BY Loye

CEREBIT	67807	
90% SALES TAX	77184	
90% SALES OF LOYS	100	
	77184	
OPERINGS	100	
	77181	
BOXES	100	
	77182	
REMOVALS	100	
FOUNDATIONS	77183	<u>35<sup>00</sup></u>
SALES TAX	80101	
	9020	
TOTAL PAID \$		<u>35<sup>00</sup></u>

003120

CR-4786



Monday  
 MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10/3/85

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

of Edna Krogsen Krogsen  
 in a Vault Funeral, date, time 10/7 - 1:30 Chapel  
Vault/Line  
 Church, Chapel, Graveside (2:30 - Mt. Hope); Pacific Beach Mortuary.

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

✓ Lot 116 Grave 2 Row — Section 4 Division/Block 7

Grave space & Care Fund ..... —

Additional spaces and care fund ..... —

Opening/Closing & Setup ..... 320.00

Burial Container ..... 175.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee ..... 35.00

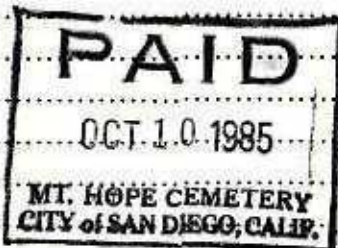
Recording and filing fee ..... 10.50

Sales taxes ..... 710.50

Total Due ..... 710.50

Paid receipt number 10/10 32837 710.50

Balance due 0



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

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

Burial in the grave  
 Signature of recorded holder of deed

Will need 4 P.B.

Via Phone  
 Signature Will Bing Ch  
 Address 10/7 -  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5503**



OFFICIAL RECEIPT



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

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

No 32837

DATE 10-10 1985

FROM Betty M. O'Brien ADDRESS 2364 Caskey Way San Diego

Seven Hundred Ten and 50/100 DOLLARS (\$ 710<sup>50</sup>)

IN full PAYMENT OF Edna J. Kropp's service

LOT 116 GRAVE 2 ROW \_\_\_\_\_ SECTION 4 DIVISION 7

INVOICE NO. check

W.O. E-5503

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE.  
 CITY AUDITOR  
 OCT 14 1985  
 ISSUED BY B. Rang

CREDIT	47807	
SALES CASE	77184	
SALES BY LOTS	100	
	77184	
OPENING	100	328 00
	77181	
BOXES	100	175 00
	77183	
REMOVALS FOUNDATIONS	100	265 00
	77183	
SALES TAX	60101	10 50
	8030	
TOTAL PAID		710 50

E-5503

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Edna Isabelle Krosser</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Aug. 30, 1900</b>	DATE OF DEATH <b>Oct. 2, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Betty Mae Osmon-daughter 2364 Cowley Way San Diego, Ca.</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Pacific Beach Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>815</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery-3751 Market St. San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		

ACKNOWLEDGMENT OF APPLICANT	<b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b>	SIGNATURE OF APPLICANT ▶
		DATE SIGNED

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
----------------	--	--	--

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 4 - 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald L. Brown M.D.</i>
-----------------	--	-------------------------------------	---	--

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>10/7/85</u> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Seayul</i>
--	---	---

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/4/85

*matthe'*

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

of M. Sylvia Roberts

in a Adult Vault/Liner Funeral, date, time 11 AM - 10/10

Church, Chapel, Graveside Church + HS; Pagesdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

*W.R.*

Lot ~~32~~ 32 Grave ~~3~~ 3 Row 1 Section 3 Division/week R

Grave space & Care Fund 32-3-1-12 350<sup>00</sup>

Additional spaces and care fund

Opening/Closing & Setup 320<sup>00</sup>

Burial Container Double Coffin 330<sup>00</sup>

Handling Fees 320<sup>00</sup>

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes 19.80

**PAID**  
OCT 17 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 1374.80

Paid receipt number 32855 1374.80

Balance due 0

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

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

William L Roberts  
Signature  
771 Palomar St  
Address  
Chula Vista apt 142  
City  
720-5129 92011  
Telephone Zip Code

Signature of recorded holder of deed

Work Order # E 5504

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-5504

MOUNT HOPE CEMETERY

October 4 1985

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

Mattie Sylvia Roberts in Lot 32 Gr 3 Row — Sec. 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.

*I wish to be buried in top of double crypt that is paid for. only opening fee on it due.*

Signature of relative or legal representative

Raymond H. M.  
Witness

William L. Roberts

171 Belmont St apt 142

Address & relationship to deceased or authority to sign authorization

CV-92011

Witness

OFFICIAL RECEIPT



WHITE . . . . . TO CUSTOMER  
 CASHIER . . . . . CEMETERY  
 PINK . . . . . AUDITOR  
 BOLSHROD . . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-2151

No 32855

DATE 10/17 1985  
 FROM William D. Roberts ADDRESS 171 Palomar St. CV-92011  
Thirteen Hundred Seventy Four DOLLARS 74<sup>00</sup>  
 IN full PAYMENT OF Interment fees on Mathias Sylvan Roberts

LOT 32 GRAVE 3 ROW 1 SECTION 1 DIVISION 12  
 BLOCK

INVOICE NO. check/cash

W.O. E 5504

UNPAID BALANCE AFTER THIS PAYMENT 0

ok # 07197251  
 ACAD (Rev. 7-81)

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED IN THIS SPACE.

CITY AUDITOR  
 OCT 21 1985

ISSUED BY [Signature]

CREDIT	42807	70 00
W% SALES CARE	77154	
W% SALES OF LOVE	100	280 00
77154		
OPENING	150	320 00
77154		
BOXES	100	330 00
77154		
REMOVALS	100	3 55 00
FOUNDACTIONS	77154	
SALES TAX	80101	19
8020		
TOTAL PAID		1374 80



E-5584

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>MATTIE SYLVIA ROBERTS</b>		SEX <b>Female</b>	DATE OF BIRTH <b>April 6, 1910</b>	DATE OF DEATH <b>October 3, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>William L. Roberts - Husband 171 Palomar Street Apt. #142 Chula Vista, California 92010</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT)
  5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
  8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT)
  6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
  7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
  9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>OCT 8 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE) <b>10/10/85</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10-4-85

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

of Charlatt Hussong <sup>TUES</sup>  
 in a Bellini Funeral, date, time 10/8 11:00  
 Church, Chapel, Graveside Greenwood Mortuary.

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

✓ 2658 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... P-N

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

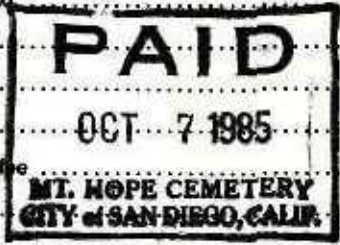
Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 286.00

Paid receipt number 32827 286.00

Balance due 0



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

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

[Signature]  
 Signature of recorded holder of deed

[Signature]  
 Address 902 Cypress, C.D. CA  
Orly 92010  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone 422-6373

Work Order # **E 5505**  
 PY-583 (REV. 8-86)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

Lang



E-5505

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Charlotte E. Hussong</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Sept. 3, 1908</b>	DATE OF DEATH <b>Oct. 4, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Walter Hussong—Son 4445 33rd Place San Diego, California 92116</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

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 <b>Mount Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 08 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE) <b>10/8/85</b>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Royal L. Ramirez, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Joseph Stettin</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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  
 264-5181

No 32827

DATE 10-7- 1985

FROM John Hussong ADDRESS 215 E. 1st St. Chula Vista 92010

Two hundred eighty six and no/100 DOLLARS (\$ 286.00)

IN FULL PAYMENT OF Charlotte Hussong Service

LOT 2658 GRAVE \_\_\_\_\_ ROW \_\_\_\_\_ SECTION \_\_\_\_\_ DIVISION BLOCK 10

INVOICE NO. Check

W.O. E-5505

UNPAID BALANCE AFTER THIS PAYMENT 00.00

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

CITY AUDITOR  
 OCT 10 1985

CREDIT	\$7007	
5% SALES TAX	77184	
10% SALES OF LOTS	100	
	77184	
OPENINGS	100	
	77181	
ROSES	100	100.00
	77182	
REMOVALS FOUNDATIONS	100	280.00
	77183	
SALES TAX	80101	6.00
	8880	
TOTAL PAID		286.00

ISSUED BY B. Cary



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 10-7-85

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

of Edna L. Tenhope  
in a Bell liner Funeral, date, time TUES 10 8-85 1:00 PM

Church, Chapel Graveside; Rogers Mortuary.

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

✓ Lot 18 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... PN

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... \_\_\_\_\_

Ch # 14401

Total Due ..... 35.00

Paid receipt number 10-8-85 35.00

32834 Balance due 0

**PAID**  
OCT 8 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5506

PV-593 (REV. 8-85)

*Phoned in by  
Rogers Mort.*

*Sang*

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 32834

DATE 10-8 19 85

FROM Keegan Mortuary ADDRESS 4094 University Blvd Ca 92115  
thirty-five and no/100 DOLLARS (\$ 35.00)  
 IN full PAYMENT OF Edna Lynn Tenhope service

LOT 18 GRAVE 7 ROW \_\_\_\_\_ SECTION 2 DIVISION BLOCK 1a

INVOICE NO. check

W.O. E-5506

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED 'PAID' IN THIS SPACE.  
 CITY AUDITOR  
 OCT 14 1985  
 ISSUED BY B. Jany

CREDIT	67007	
8% SALES TAX	77184	
9% SALES OF LOTS	100	
	77184	
OPENINGS	100	
	77181	
WORK	100	
	77182	
REMOVALS FOUNDATIONS	100	<u>35.00</u>
	77183	
SALES TAX	60101	
	8026	
TOTAL PAID		<u>35.00</u>



E-5.50.6

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>EDNA LYNN TENHOPE</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Nov. 21, 1895</b>	DATE OF DEATH <b>Oct. 5, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Letcher Lynn - Nephew 4105 Cortez Way Spring Valley, CA 92077</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>69</b>		

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 <b>Mt. Hope Cemetery -3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 7 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/18/85</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald H. Rogers, M.D.C.</i>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>	

**COPY 2** IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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  
 CEMETERY . . . . . CEMETERY  
 MINE . . . . . ANBITOR  
 GOLDENROD . . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3121

NO 32849

DATE 10-16 1985

FROM Riverside - S.P. ADDRESS 4291 Cedar + Riverside, CA 92501

One hundred twenty five and no/100 DOLLARS (\$ 125.00)

IN full PAYMENT OF marker installation fee

LOT 18 GRAVE 7 ROW 2 SECTION 2 DIVISION 1 BLOCK 1

INVOICE NO. check

W.O. E-5506

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED WITH IN THIS SPACE.  
 CITY AUDITOR  
 OCT 21 1985  
 ISSUED BY J. [Signature]

CREDIT	67087	
SALES TAX	77184	
NO. SALES	100	
BY LOT	77184	
OPENINGS	100	
	77181	
WORK	100	
	77182	
REMOVALS	100	
FOUNDATIONS	77183	<u>13500</u>
SALES TAX	80191	
	9920	
TOTAL PAID		<u>12500</u>



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10-7-85

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

of Leandrea Crawford  
 in a Bill Liner Vault/Liner Funeral, date, time THURS 10/10 - 2:00  
 Church, Chapel, Graveside \_\_\_\_\_; Ragsdale Mortuary.

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

Lot 42 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund .....		<u>250<sup>00</sup></u>
Additional spaces and care fund .....		<u>320<sup>00</sup></u>
Opening/Closing & Setup .....		<u>100<sup>00</sup></u>
Burial Container .....		<u>145<sup>00</sup></u>
Handling Fees .....		<u>35<sup>00</sup></u>
Flower vases - Marker setting fee .....		<u>6<sup>00</sup></u>
Recording and filing fee .....		<u>856<sup>00</sup></u>
Sales taxes .....		<u>856<sup>00</sup></u>
	Total Due .....	<u>856<sup>00</sup></u>
	Paid receipt number <u>32826</u>	<u>856<sup>00</sup></u>
	Balance due _____	

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

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

I hereby authorize the interment in lot I hold under deed.  
Ed B. Taylor  
 Signature of recorded holder of deed

Ed B. TAYLOR  
 Signature 4944 MANOMET ST.  
 Address SAN DIEGO CA 92113  
 State 619-264-7426 Zip Code  
 Telephone

Work Order # E 5507  
 PY-593 (REV. 8-80)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

*Long*

E-55.07

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>LEANDUS CRAWFORD</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 16, 1916</b>	DATE OF DEATH <b>October 4, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Sallie B. Crawford - Wife 4944 Manomet Street San Diego, California 92113</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>OCT 8 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/10/85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32826

DATE 10-7 1985

FROM C. B. Taylor ADDRESS 4944 Marmon St. La Jolla

Eight hundred fifty six and no/100 - DOLLARS (\$ 856.00)

IN full PAYMENT OF Stanley Crawford service

LOT 42 GRAVE 1 ROW 1 SECTION 2 DIVISION 11  
 BLOCK 11

INVOICE NO. 0000

W.O. E-5507

UNPAID BALANCE AFTER THIS PAYMENT 00.00

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

CITY AUDITOR  
 OCT 10 1985

ISSUED BY B. Lang

CREDIT	87007	<u>50.00</u>
3% SALES TAX	77184	
3% SALES OF LOTS	100 77184	<u>20.00</u>
OPENINGS	100 77181	<u>320.00</u>
BONES	100 77182	<u>100.00</u>
REMOVALS FOUNDATIONS	100 77183	<u>80.00</u>
SALES TAX	88101 8830	<u>6.00</u>
TOTAL PAID		<u>856.00</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

2PM

Date 10-7-85

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

of Charles Eugene Williams

in a Belle Sener Vault/Liner Funeral, date, time Fri 10-11-85 2:00

Church, Chapel, Graveside Bagdala Mortuary.

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

✓ Lot 89 Grave 2-5 Row \_\_\_\_\_ Section 15 Division/Block 7

Grave space & Care Fund .....	<u>250<sup>00</sup></u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container .....	<u>100<sup>00</sup></u>
Handling Fees .....	<u>145<sup>00</sup></u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales taxes .....	<u>6<sup>00</sup></u>
<b>Total Due .....</b>	<b><u>856<sup>00</sup></u></b>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Merrido Bullard  
Signature of recorded holder of deed

Merrido Bullard  
Signature  
609 60th St.  
Address  
San Diego, Ca. 92114  
City 2639407 Zip Code  
Telephone

Work Order # **E 5508**

PY-603 (REV. 8-85)

Invoice # 036165  
Acct. # 014776



E-5508

916-324-1341

Gibson - William

June

#350.37

---

Mr. Gibson - Broad / Cort

916-324-1341

over Payment William  
in  
June

Charles  
Williams

~~MA~~

no check  
3500  
need

# NOTE—STRAIGHT

\$ 856<sup>00</sup> San Diego, California, 10-7, 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 Eight hundred fifty six DOLLARS,

with interest from        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 Jrriudo Bullard  
1609 60th St.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

*Payment to come from Ragsdale Via Victim of Crime*



E-5508

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Charles Eugene Williams</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Feb. 28, 1969</b>	DATE OF DEATH <b>October 4, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Irriado Bullard - Mother 609 No. 60th Street San Diego, CA 92114</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 9 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald L. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Charles Eugene Williams</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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-5508

CITY TREASURER  
SAN DIEGO

6033508/04/86	860.00	INVS
08/04/86 6033 5	860.00-	CH
08/04/86 6033 5	.00	BA



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 33598

Date: 08-01, 1976

From: State of Calif. Address: Galaxy St Ste 300 San Marcos

In full Payment of Charles & William Service Dollars (\$ 260.00)

Lot 89 Grave 2-5 Row \_\_\_\_\_ Section 15 Division Block 7

Invoice No. 136165  
 Acct. No. 114776j  
 W.O. E. 5508  
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATE OF CALIFORNIA  
 "PAID" IN THIS SPACE.

**PAID**  
 AUG 04 '86

CREDIT	87007	
20% Sales Tax	77184	
50% Sales Tax	100	
7 Lots	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8030	
<b>TOTAL PAID</b>		\$ <u>260.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash

ISSUED BY E. J. [Signature]

E-5508

OFFICE OF  
**THE DISTRICT ATTORNEY**  
COUNTY OF SAN DIEGO  
EDWIN L. MILLER, JR.  
DISTRICT ATTORNEY

COUNTY COURTHOUSE  
SAN DIEGO, CA 92101  
(619) 236-2329

July 23, 1986

Mount Hope Cemetery  
3751 Market St.  
San Diego, CA

Dear Sirs;

As I discussed with you on July 21, 1986, I am enclosing the two-party check issued to you and Irriado Ballard for the burial/funeral expenses of Charles Eugene Williams (deceased October 1, 1985).

Please sign and return the enclosed receipt.

Thank you,

*Julia Holly*

JULIA HOLLY, Investigative Specialist  
Victim/Witness Assistance Program

JH:cb  
Encls.

*Ms. Ballard would not come in  
to sign the check -*

*Julia said to endorse as  
Mt Hope and process  
without other signature.*



E-5508

DETACH ON DOTTED LINE  
KEEP THIS PORTION FOR YOUR RECORDS

61570391

CALIFORNIA STATE BOARD OF CONTROL  
VICTIMS OF CRIME PROGRAM  
926 J STREET, SUITE 300  
SACRAMENTO, CA 95814  
916 322-4426

VICTIM OF CRIME : WILLIAMS, CHARLES  
INCIDENT DATE : 10- 01- 85  
DATE ALLOWED : 06- 24- 86

PAID FROM RESTITUTION FUND  
\*\* INITIAL AWARD \*\*

E-5508

E-5508

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

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 08/06/86

DATE: 08/06/86  
TIME: 002301  
PAGE: 1

DEPARTMENT 052

CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	DRG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
036165	10/18/85	014776	IRRIEDQ BULLARD						08/01/86	CK	E-5508	860.00	856.00	4.00-
				100	072		77181	000	072			320.00		OVERPAYMENT
				100	072		77182	000	072			100.00		
				100	072		77183	000	072			180.00		
				100	072		77184	000	072			200.00		
				60101			9020					6.00		
				67007			77184					50.00		
				63021			90222					4.00		

*mt. slope*

*Alfia to deposit  
to 100/072/77183*



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/9/85

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

of Frank Noel  
in a liner <sup>2 P.M.</sup> Funeral, date, time Fri 10/11/85  
Church, Chapel, Graveside Chapel - 85 ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 92 Grave 7 Row - Section 2 Division/Block 11

Grave space & Care Fund .....	<u>250<sup>00</sup></u>
Additional spaces and care fund .....	<u>          </u>
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container .....	<u>100<sup>00</sup></u>
Handling Fees .....	<u>145<sup>00</sup></u>
Flower vases - Marker setting fee .....	<u>          </u>
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales taxes .....	<u>6<sup>00</sup></u>
<u>- See note attached -</u>	
Total Due .....	<u>856<sup>00</sup></u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

x Frankie Dunn  
Address 7902 Shorewood Dr  
DD. C 92114  
State CA Zip Code  
Telephone# 589-7532

Work Order # E 5509

Invoice # 0361166  
Acct. # 014777

# NOTE—STRAIGHT

\$ 856<sup>00</sup>

San Diego, California, October 9, 1985

days after date, for value received, the undersigned maker(s) promise(s) to pay

Mt. Hope Cemetery or San Diego City Treasurer

or order

at 3751 Market St., San Diego, CA 92102

the sum of Eight hundred fifty six and <sup>00</sup>/<sub>100</sub> DOLLARS.

with interest from July 70, 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.

Frankie Dunn  
7902 Shorewood St.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



Pay Monthly Starting now 10, 1985  
the sum of \$100<sup>00</sup> to hit Hope  
final mo. Payment July 10, 1986 - 56<sup>00</sup>

E-5509

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Frank Noel</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 17, 1907</b>	DATE OF DEATH <b>Oct. 6, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Frankie Dunn-Daughter 7902 Shorewood Drive San Diego, California 92114</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

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 <b>Mount Hope Cemetery, 3751 Market Street, San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 09 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/11/85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. ...</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loeyu Stoltz</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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**  
 254-3151

No 33155

3/5/86

E-5509

Date: 13-03, 1976

From: Frankie Gunn Address: 2902 Norwood Dr. # 92114

One hundred and no/100 Dollars (\$ 100<sup>00</sup>)

In mt Payment of Frank's last service

Lot 92 Grave 27 Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 11

Invoice No. 036166

Acct. No. 114777

W.O. E-5509

Unpaid Balance after this Payment 3606<sup>00</sup>

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

1976

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		<u>100<sup>00</sup></u>

Pre-Need  At Need  On Acct   
 Ck  Cash

ISSUED BY B. Tang

OFFICIAL RECEIPT



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

*01/08/86*  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3161

**No 32991**

Date: *12-31*, 19*85*

From: *Frankie E. Luman* Address: *7911 McManis Ave, La Jolla, Ca 92037*

In *107* Payment of *Frankie Luman* Dollars (\$ *50.00*)

Lot *92* Grave *7* Row \_\_\_\_\_ Section *3* Division Block *11*

Invoice No. *136166*

Acct. No. *014777*

W.O. *E-5509*

Unpaid Balance after this Payment *1706.00*

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

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

ISSUED BY *B. [Signature]*

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<i>50.00</i>



## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 364-3181

No 32894

DATE 11-12 1985

FROM Frankie B. Lunn ADDRESS 7902 Greenwood Dr. La Jolla

One hundred and no/100 DOLLARS (\$ 101)

IN part PAYMENT OF Frank Noel service

LOT 9 1/2 GRAVE 7 ROW \_\_\_\_\_ SECTION 2 DIVISION BLOCK 11

INVOICE NO. check/10/85

036166 - a/cnt. 014777

W.O. E-5509

UNPAID BALANCE AFTER THIS PAYMENT 4256.00

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

CREDIT 87007

20% SALES TAX 77184

20% SALES OF LOTS 100 77184

OPENINGS 100 77181

BOXES 100 77182

REMOVALS FOUNDATIONS 100 77183

SALES TAX 80101 8020

TOTAL PAID 110.00

ISSUED BY L. Lunn

5-26-87  
E-5509

MEMO

URGENT - REPLY IMMEDIATELY  
 NO REPLY REQUIRED

Treas. Collections  
TO 61B

IF FOLD  
MESSAGE

What is status of:  
Frankie Dunn - acct # 014777  
Inv. 036166 10-18-85  
Bal Due \$606<sup>00</sup>

Thanks. mt. Hope  
SIGNED Barbara ms# 72

REPLY

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



ACR071  
INVOICE: 036166  
ACCOUNT: 014722

INVOICE INQUIRY  
IN TOTAL:  
NAME: FRANKIE DUNN  
INVOICE STATUS

856.00 PG 2

PAID

DISPOSITION	DATE	AMOUNT
	11/29/89	856.00

COLLECTION ACTIONS

LATE NOTICE - 1ST: 02/21/86 REFERRED TO - TREAS COLLECTION: 03/12/86  
- 2ND: 03/07/86 = CITY ATTORNEY  
- 3RD: - COLLECTION AGENCY

LATE CHGS BILLED

DATE	INVOICE	AMOUNT
------	---------	--------

LATE CHG-1:

-2:

DEPRESS PAL KEY FOR NEXT SCREEN

E - 5509

E-5509

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

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 11/18/85

DATE: 11/18/85  
 TIME: 224149  
 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
036166	10/18/85	014777	FRANKIE DUNN				11/12/85		E-5509	100.00	856.00	756.00
			100 072		77181	000072				37.38		PARTIAL PAYMENT
			100 072		77182	000072				11.68		
			100 072		77183	000072				21.03		
			100 072		77184	000072				23.36		
			60101		9020					0.70		
			67007		77184					5.85		

E-5509



E-5509

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

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 01/08/86

DATE: 01/08/86  
TIME: 205548  
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 FACIL1	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
036166	10/18/85	014777	FRANKIE DUNN		77181	000072	12/31/85	CK	E5509	50.00	656.00	706.00
			100 072		77182	000072				<del>10.59</del>		PARTIAL PAYMENT
			100 072		77183	000072				5.04		
			100 072		77184	000072				10.51		
			100 072		9020					11.68		
			60101		77184					0.35		
			67007							2.93		

E-5509

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 50.00

E-5509

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

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 03/05/86

DATE: 03/05/86  
TIME: 222453  
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
036166	10/18/85	014777	FRANKIE DUNN				03/03/86	CK	E-5509	100.00	856.00	606.00
			100 072		77181	000072				37.38		PARTIAL PAYMENT
			100 072		77182	000072				11.68		
			100 072		77183	000072				21.03		
			100 072		77184	000072				23.36		
			60101		9020					0.70		
			67007		77184					5.85		

E 5509



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/9/85

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

of Nelen J. Neughen

in a liner Vault/Liner Funeral, date, time Fri 10-11 11:00 AM

Church, Chapel, Graveside Delmar; Charmont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 20 Grave 6 Row - Section 2 Division 6

Grave space & Care Fund .....	<u>595<sup>00</sup></u>
Additional spaces and care fund .....	<u>320<sup>00</sup></u>
Opening/Closing & Setup .....	<u>100<sup>00</sup></u>
Burial Container <u>Ball liner</u> .....	<u>145<sup>00</sup></u>
Handling Fees .....	<u>-</u>
Flower vases - Marker setting fee .....	<u>35<sup>00</sup></u>
Recording and filing fee .....	<u>6<sup>00</sup></u>
Sales taxes .....	<u>1201<sup>00</sup></u>
<div data-bbox="409 779 739 1031" data-label="Text" style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p align="center"><b>PAID</b> OCT 10 1985 MT. HOPE CEMETERY CITY of SAN DIEGO/CA</p> </div>	
Paid receipt number <u>10/10 32838</u> <u>1201<sup>00</sup></u>	
Balance due	<u>0</u>

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

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

Signature of recorded holder of deed \_\_\_\_\_

Frank Durbak  
Signature  
11046 Lockridge St  
Address  
San Diego Ca 92071  
State  
562-5278  
Telephone

Work Order # E 5510  
PV-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-5510

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Helen Joan HUGHEN</b>		SEX <b>F</b>	DATE OF BIRTH <b>Jan 18, 1925</b>	DATE OF DEATH <b>Oct. 7, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Albuquerque</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Bernalillo</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Edward G. Forster 5123 Stream Ct. N.E. Albuquerque, New Mexico 87113</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Clairmont Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-1162</b>		

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 <b>Mount Hope Cemetery, 3751 Market St. San Diego Calif.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>OCT 11 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/17/85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Cannon M.D. RPL</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoyurt...</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 . . . . . REPAIR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3131

No 32838

DATE 10-10 1985

FROM Barbara Dicks ADDRESS 11046 Parkridge St. San Diego 92171

Twelve hundred one and no/100 DOLLARS (\$ 1201<sup>00</sup>)

IN cash PAYMENT OF Helen G. Hughes Service

LOT 20 GRAVE 6 ROW 1 SECTION 2 DIVISION BLOCK 6

INVOICE NO. check

W.O. E-5510

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR  
 OCT 14 1985

ISSUED BY B. Lang

WARRANT	87007	119	00
2% SALES TAX	77184		
2% SALES TAX	100	476	00
BY LAWS	77184		
	100	321	00
OPERINGS	77181		
	100	100	00
BOOKS	77182		
	100	180	00
REMOVALS	77183		
FOUNDATIONS			
SALES TAX	60101	6	00
	6020		
TOTAL PAID		1201	00

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10/10/82

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

of Lillian J. Stewart

in a liner Vault/Liner Funeral, date, time Mon. 10/14/82 - 11 AM

Church, Chapel, Graveside Chuk + S.S.; Regdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 68 Grave 7 Row - Section 2 Division/~~area~~ 11

Grave space & Care Fund single grave 250.00

Additional spaces and care fund -----

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee -----

Recording and filing fee 35.00

Sales taxes 6.00

Total Due 856.00

Paid receipt number 32836 456.00

Balance due 400.00

*Down*  
 11/10 456.00  
 12/10 100.00  
 1-10-82 100.00  
 2-10-82 100.00

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

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

Raymond H Stewart  
 Signature

4950 Defters Dr.  
 Address

San Diego 92102  
 City

264-6075 Zip Code

Telephone

Signature of recorded holder of deed  
[Signature]

Work Order # E 5511

Invoice # 036167

Acct. # 014778



114 77181

100 77182

180 77183

6 60101/9020

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3121

No 32836

DATE 10/10/85  
 FROM R. H. Stewart ADDRESS 4950 Dafter Dr - S.D. 92102  
Four Hundred fifty six and 00/100 DOLLARS (\$ 456<sup>00</sup>)  
 IN Part PAYMENT OF Interment fees on William J. Stewart - Dec.

LOT 68 GRAVE 7 ROW \_\_\_\_\_ SECTION 2 DIVISION BLOCK 11

INVOICE NO. ~~\_\_\_\_\_~~

W.O. E-5511

UNPAID BALANCE AFTER THIS PAYMENT 400<sup>00</sup>

CA# 2272

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS OFFICE

CITY AUDITOR  
 OCT 14 1985

ISSUED BY [Signature]

CREDIT	67097	50	00
50% SALES TAX	77184	200	00
50% SALES OF LOT	77184	206	00
OPENINGS	100		
BOXES	77182		
REMOVALS FOUNDATIONS	100		
77183			
SALES TAX	60101		
9025			
TOTAL PAID		456	00



OFFICIAL RECEIPT



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

10/31/85  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 384-3151

No 32871

DATE 10/28/85

FR Raymond H. Stewart ADDRESS 4950 Dwyer Dr. - San Diego - 92102

One Hundred and no/100 DOLLARS (\$ 100<sup>00</sup>)

IN part PAYMENT OF On Lillian J. Stewart - dec.

LOT 68 GRAVE 7 ROW A SECTION -2- DIVISION BLOCK 11

INVOICE NO 036167

W.O. E-5511

UNPAID BALANCE AFTER THIS PAYMENT 300<sup>00</sup>  
CH # 2277 - \$100<sup>00</sup>

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

ISSUED Raymond H. Stewart

CREDIT	67007
NET SALES CASH	77184
NET SALES OF LOTS	100
	77184
OPENING	100
	77181
WORK	100
	77182
REMOVAL FOUNDATIONS	100
	77183
SALES TAX	80101
	9920
TOTAL PAID	<u>100<sup>00</sup></u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3181

No 32900

DATE 11-14 1911

FROM Raymond Stewart ADDRESS 4950 S. Bay View St. Ca. 92111

One hundred and no/100 DOLLARS (\$ 111.00)

IN part PAYMENT OF Lillian Stewart

LOT 62 GRAVE 7 ROW 2 SECTION 2 DIVISION BLOCK 11

INVOICE NO. 036167

W.O. E-5511

UNPAID BALANCE AFTER THIS PAYMENT 4.11

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

CREDIT	87807	
8% SALES TAX	77184	
8% SALES OF LOTS	100	
	77184	
OPENINGS	100	
	77184	
BOXES	100	
	77184	
RENEWALS FOUNDATIONS	100	
	77184	
SALES TAX	80181	
	8020	
TOTAL PAID		<u>100</u>

ISSUED BY [Signature]



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3161

12/19/85

No 32954

Date: 12-16, 19

From: Payment Account Address: 4950 S. Bay Blvd. San Diego, CA 92116  
One Hundred and 20/100 Dollars (\$ 100.00)

In 100 Payment of Balance

Lot 108 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. 036167

Acct. No. 014778

W.O. E-5511

Unpaid Balance after this Payment \$110.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID	\$	<u>510.00</u>

Pre-Need  At Need  On Acct

Ck  Cash

ISSUED BY [Signature]

OFFICIAL RECEIPT



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

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

No 33042

Date: 01-21, 19  

From: Burton Stewart Address: 4950 Lexington St. S. O. 701  
One receipt and copy Dollars (\$ 100.00)  
 In full Payment of William Stewart

Lot 68 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. 036167  
 Acct. No. 114777  
 W.O. E-5511  
 Unpaid Balance after this Payment 0

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

*M/B*

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>100.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash



E-55.71

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>LILLIAN JEAN STEWART</b>		SEX <b>Female</b>	DATE OF BIRTH <b>June 29, 1935</b>	DATE OF DEATH <b>Oct. 8, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Raymond Stewart - Husband 4950 Dafter Drive San Diego, CA 92102</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3851 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶  DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT  <b>\$3.00</b>	AMOUNT OF FEE PAID  <b>OCT 9 1985</b> DATE PERMIT ISSUED 10/14/85 (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Forrest L. Ramos, M.D.</i>
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 <i>Leavenworth</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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-5511

036167 10/16/85 034778

RAYMOND H. STEWART

31/23/80 CA 2321

E-5511

100 072  
100 072  
100 072  
00101

~~100 072  
100 072  
100 072  
4020~~

100072  
J00072  
000072

100.00  
25.00  
25.00  
40.00  
1.00

400.00 PAID IN FULL 0.00



E-5511

036167 10/18/85 014778 RAYMOND H. STEWART  
100 072  
100 072  
100 072  
60101

E-5511

NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 200.00

11/14/85 CK E-5511  
77181 000072  
77182 000072  
77183 000072  
9020

100.00  
28.50  
25.00  
45.00  
1.50

400.00 PARTIAL PAYMENT 200.00

E-5511

036167 10/18/85 G-14778

RAYMOND H. STEWART

12/10/85 CR 2312

100 072  
100 072  
100 072  
60101

*mt. hope*

77181 000072  
77182 000072  
77183 000072  
9020

100.00  
28.50  
25.00  
45.00  
1.50

400.00

PARTIAL PAYMENT 100.00

E-5511

NUMBER OF INVOICES PAID  
TOTAL AMOUNT PAID

2  
3,807,579.50



E-5511

036167 10/18/85 014778 RAYMOND H. STEWART

E-5511

100 072  
100 072  
100 072  
60101

NUMBER OF INVOICES PAID  
TOTAL AMOUNT PAID

2  
129.00

10/30/85 CR 2277

77181 000072  
77182 000072  
77183 000072  
9020

100.00  
28.50  
25.00  
45.00  
1.50

402.00

PARTIAL PAYMENT 300.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/10/85

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

of Wanda Thomas

in a liner Vault/Liner Funeral, date, time 10/10/85 - 12:00 noon - Ch

Church Chapel Graveside Chapel # 5 ; Ragsdale Mortuary.

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

✓ Lot 20 Grave 9 Row — Section 2 Division/Block 11

Grave space & Care Fund .....	<u>250<sup>00</sup></u>
Additional spaces and care fund .....	<u>no</u>
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container .....	<u>100<sup>00</sup></u>
Handling Fees .....	<u>145<sup>00</sup></u>
Flower vases - Marker setting fee .....	<u>—</u>
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales taxes .....	<u>6<sup>00</sup></u>
<b>Total Due .....</b>	<b><u>857<sup>00</sup></u></b>
Paid receipt number <u>32852</u>	<u>857<sup>00</sup></u>
<b>Balance due .....</b>	<b><u>0<sup>00</sup></u></b>

**PAID**  
OCT 16 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

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

*ordered by Ragsdale Mortuary*

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

Signature of recorded holder of deed  
*Shane*

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 5512  
PV-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-5512

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>DJUNA DEMETRIS THOMAS</b>		SEX <b>Female</b>	DATE OF BIRTH <b>October 10, 1964</b>	DATE OF DEATH <b>October 3, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ethel Lee Globe - Mother 457 Aurora Street San Diego, California 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b> DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>OCT 11 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/11/85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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  
 254-3131

№ 32852

DATE 11-16 1985

FROM Andrew Raastad ADDRESS 5050 Federal Blvd, Apt 9211

Eight hundred sixty and no/100 — DOLLARS (\$ 860.00)

IN Full PAYMENT OF Quinn D. Thomas Service

LOT 20 GRAVE 9 ROW \_\_\_\_\_ SECTION 2 DIVISION BLOCK 11

INVOICE NO. Checks

W.O. E-5512

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE.  
 CITY AUDITOR  
 OCT 21 1985  
 ISSUED BY B. Lang

CREDIT	87007	50.00
2% SALES TAX	77164	
20% SALES OF LOTS	100 77164	200.00
OPENING	100 77181	324.00
WORKS	100 77182	160.00
RENOVALS FOUNDATIONS	100 77183	180.00
SALES TAX	60181 8828	60.00
TOTAL PAID		860.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-11-85

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

of Lawrence Sherman

in a Blue Loner Funeral, date, time 10-18- Fri 11Am

Church Chapel, Graveside Chapel #5; Bagdale Mortuary.

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

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 44 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 12

Grave space & Care Fund ..... 595.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Market setting fee ..... 35.00

Recording and filing fee ..... 6.00

Sales taxes DCT. 1.6.1985 ..... \_\_\_\_\_

Total Due ..... 1201.00

paid receipt number 10/11 32841 100.00

Balance due 10/16 - 32841 \$1101.00  
1101.00

**PAID**  
MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.

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

I hereby authorize the interment in lot \_\_\_\_\_ held under deed.

Carnest Young  
Signature of recorded holder of deed

Carnest Young  
Signature  
721 RAVEN S I  
Address  
SAN DIEGO CALIF 92109  
State  
2641820  
Telephone

Work Order # E 5513

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 32850

DATE 10/16/85 1985

FROM Ernest Young ADDRESS 721 Raven St. D. 92102  
Elmer Husband and One of my  
 IN full PAYMENT OF Instrument Lawrence Sherman - Dec DOLLARS (\$ 1101.<sup>00</sup>)

LOT 44 GRAVE 11 ROW \_\_\_\_\_ SECTION 2 DIVISION BLOCK 12

INVOICE NO. \_\_\_\_\_

W.O. E-5513

UNPAID BALANCE AFTER THIS PAYMENT 0

*ck 484464*

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

CITY AUDITOR  
 OCT 21 1985

ISSUED BY [Signature]

CREDIT	87087	
2% SALES TAX	77184	<u>19.00</u>
1% SALES OF LOTS	100	<u>476.00</u>
	77184	
OPENINGS	100	<u>321.00</u>
	77181	
BORES	100	<u>110.00</u>
	77182	
REMOVAL FOUNDATIONS	100	<u>180.00</u>
	77183	
SALES TAX	80101	<u>6.00</u>
	8020	
TOTAL PAID :		<u>1101.00</u>



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3181

№ 32841

DATE 10-11 1975

FROM Ernest Young ADDRESS 721 Rowan + Sea View

One hundred and no/100 DOLLARS (\$ 100.00)

IN part PAYMENT OF Lawrence Herman Service

LOT 44 GRAVE 11 ROW \_\_\_\_\_ SECTION 2 DIVISION 12

INVOICE NO. 0211

W.O. E-5513

UNPAID BALANCE AFTER THIS PAYMENT \$110.15

NOT VALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE.

CITY AUDITOR  
 OCT 23 1985

ISSUED BY B. Young

CREDIT	87887	
5% SALES TAX	77184	<u>100.00</u>
5% SALES OF LOTS	100	
	77184	
OPENINGS	100	
	77184	
WORKS	100	
	77184	
REMOVALS FOUNDATIONS	100	
	77184	
SALES TAX	80101	
	8080	
TOTAL PAID		<u>100.00</u>

E-551-3

51

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Lawrence Rubben Shurman</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Dec. 14, 1933</b>	DATE OF DEATH <b>Oct. 11, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ernest Young - Brother 721 Raven Street San Diego, CA 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St.; San Diego, CA 92102</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 16 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald L. Campos, M.D.M.M.</i>
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 ▶ <i>Seayen</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-14-85

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

of Phenice Loto for John

in a \_\_\_\_\_ Vault/liner Funeral date, time Charleston

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

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

Lot 154 Grave 12 Row 9, 10, 11 Section 1 Division/Block 12

Grave space & Care Fund ..... 1400.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 1400.00

Paid receipt number 125715 32934 v 20 -

Balance due 1380.00

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature 5449 Bayview Hts  
Address S.D. Ca 92105  
State 213-9326 Zip Code  
Telephone \_\_\_\_\_

Work Order # E 5514  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

	Bal.	1380 <sup>00</sup>
2-5-86	330791	20 <sup>00</sup>
		<u>1360<sup>00</sup></u>
2-28-86	33142✓	20 <sup>00</sup>
		<u>1340<sup>00</sup></u>
6-20-86	33478✓	10 <sup>00</sup>
		<u>1330<sup>00</sup></u>
7-18-86	33559✓	20 <sup>00</sup>
		<u>1310<sup>00</sup></u>
8-22-86	33671✓	20 <sup>00</sup>
		<u>1290<sup>00</sup></u>
9-19-86	33753✓	20 <sup>00</sup>
		<u>1270<sup>00</sup></u>
10-23-86	33862✓	20 <sup>00</sup>
		<u>1250<sup>00</sup></u>
11-6-86	33894✓	10 <sup>-</sup>
		<u>1240<sup>00</sup></u>
01-08-87	34075✓	25 <sup>00</sup>
		<u>1215<sup>00</sup></u>
02-12-87	34200✓	10 <sup>00</sup>
		<u>1205<sup>00</sup></u>
04-10-87	34414✓	20 <sup>00</sup>
		<u>1185<sup>00</sup></u>
5-8-87	34554✓	10 <sup>00</sup>
		<u>1175<sup>00</sup></u>
6-12-87	34689	20 <sup>00</sup>
		<u>1155<sup>00</sup></u>
8-7-87	34902	20 <sup>00</sup>
		<u>1135<sup>00</sup></u>





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

11900

E - 5514

**DEED**

OWNERSHIP AND INTERMENT PRIVILEGES

TO JOHN CHARLESTON for the sum of \$ 1,400 (DOLLARS)

LEGAL DESCRIPTION Lot 154, Graves 9, 10, 11, & 12, Section 1, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-5514

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 Size is 12" X 24", Flat Marker Only**

Wendy Jo League

Cemetery Manager

J. T. [Signature]

Property Director

OFFICIAL RECEIPT



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

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

00024213866

Date: 7-6, 1993

From: John Charleston Address: 5449 Lippin Hght, St  
1 Duwenty 713/10

In \_\_\_\_\_ Payment of Ph. Need Fee Dollars (\$ 20.00 )

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division Block 1

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE \$ 545

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  
 JUL 12 1993

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>



OFFICIAL RECEIPT



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

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

44679

E-5514

Date: 3/4, 19 94

From: John Charleston Address: 5449 Bayview Heights S.D. 92105

Twenty and 00/100 Dollars (\$ 20.00 )

In Part Payment of Pre-need lots

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 85.00

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

AC-212 (Rev. 1-81)

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	77184		
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fee	77183		
Pre-Need Trust	83033		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

45084

E-5514

Date: 6-6, 1994

From: JOHN CHARLESTON Address: 5449 BAYVIEW HEIGHT S.D. 92105

Twenty Dollars (\$ 20.00 )

In Part Payment of PRE-NEED LOT

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section \_\_\_\_\_ <sup>Division</sup> Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 25.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash   Check

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

ISSUED BY A. Ferque

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>



OFFICIAL RECEIPT



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

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

No 32934

Date: 12/5/85, 19

From: John Charleston Address: 5449 Bayview Hills 92105

In Twenty Dollars (\$ 20<sup>00</sup>)

Payment of PART on pu. need lot

Lot 154 Invoice No. \_\_\_\_\_

Grave 9-10-11-12 Row \_\_\_\_\_ Section 1 Division Block 12

Acct. No. \_\_\_\_\_

W.O. E 5514

Unpaid Balance after this Payment \_\_\_\_\_

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 10 1985

ISSUED

*[Signature]*

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>20</u>
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>20</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 33079

E-5514

Date: 12-05, 19  

From: John Parlington Address: 5449 Caymichael St Ca 92

Mount Hope Cemetery Dollars (\$ 200 )

In into Payment of Preneed Pts

Lot 12 Grave 9.10.11.12 Row    Section 1 Division Block   

Invoice No.   

Acct. No.   

W.O.   

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**  
**FEB 07 1986**

ISSUED BY B. Lang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20</u>
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8030	
TOTAL PAID		<u>20</u>



OFFICIAL RECEIPT



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

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

No 33142

Date: 2/28, 1986

From: John Charleston Address: 3761 Loyan Dr. #D 92102  
Atmanti Dr. Los Angeles  
 in cash Payment of on Pre-need lots Dollars (\$ 2000)

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

Unpaid Balance after this Payment \$1340.00

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  
 MAR 4 1986

ISSUED BY Raymond [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>20</u>	<u>00</u>
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	9020		
TOTAL PAID		<u>20</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 33478

E-5514

Date: 06-20, 1986

From: John Worleston Address: 5449 Brynmore Ave San Diego

1000 Dollars (\$ 10.00)

In part Payment of arrears

Lot 124 Grave 910/11 Row 1 Section 1 Division Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

Unpaid Balance after this Payment \$1330.00

Pre-Need  At Need  On Acct   
 Ck  Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 JUN 26 1986  
 ISSUED BY R. Wang

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>10.00</u>



OFFICIAL RECEIPT



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

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

000827

No 33559

Date: 7-18, 1985

From: Concepcion Hernandez Address: 1449 East Wacker Drive, San Diego, CA 92104

In cash Payment of Grave lot Dollars (\$ 200.00 )

Lot 124 Grave 9141112 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. B-5514

Unpaid Balance after this Payment \$1310.00

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

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

**CITY AUDITOR**  
**JUL 28 1985**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>200</u>
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
<b>TOTAL PAID</b>		<u>\$200.00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 33671

Date: 08-22, 1986

From: John Charleston Address: 5449 Payson St, La Jolla

to out Payment of opened gate Dollars (\$ 20.00 )

Lot 154 Grave 9.11.11.12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 Unpaid Balance after this Payment \$12.90

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

**CITY AUDITOR**

**AUG 26 1986**

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Tax	77184		
80% Sales of Lots	100	20.00	
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	8020		
TOTAL PAID		\$	20.00

Pre-Need  At Need  On Acct   
 Ck  Cash



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 33753

Date: 09-19, 1986

From: And Charleston Address: 5449 Baymont St. La Jolla

Twenty and no/100 Dollars (\$ 20.00 )

In part Payment of Prinick lots

Lot 154 Grave 9.10.11+12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5514

Unpaid Balance after this Payment 12.76

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-88)

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

**CITY AUDITOR**

921300

OCT 02 1986

ISSUED BY R. [Signature]

CREDIT	67007		
2% Sales Tax	77184		
2% Sales of Lots	100		
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	8030		
TOTAL PAID		\$	<u>21.00</u>

OFFICIAL RECEIPT



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

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

No 33862

Date: 10-23 1986

From: John Halston Address: 5449 Baywood St. Apt 9-105

Twenty and no/100 Dollars (\$ 20.00 )

In part Payment of Credit for sales

Lot 154 Grave 9, 10, 11 + 12 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5514

Unpaid Balance after this Payment \$12.50<sup>00</sup>

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

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

004139

CITY AUDITOR

OCT 29 1986

ISSUED BY B. Long

CREDIT	67007		
20% Sales Tax	77184		
50% Sales of Lots	100	20	00
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or inst. service fees	100		
	77183		
Sales Tax	80101		
	8030		
TOTAL PAID		20	00



OFFICIAL RECEIPT



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

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

No 33894

E-5514

Date: 11-6, 19 86

From: John Charleston Address: 5449 Bayview Dr, La Jolla, Ca 92037

Gen and notice Dollars (\$ 10.00)

In part Payment of Annual Lot

Lot 154 Grave 9, 10, 11 + 12 Row Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

Unpaid Balance after this Payment \$1848.00

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

004597

CITY AUDITOR

NOV 13 1986

ISSUED BY L. J. [Signature]

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100	10	00
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	60101		
	9020		
TOTAL PAID		10	00

Pre-Need  At Need   
 Ck  Cash

OFFICIAL RECEIPT

No 34075



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

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

From John Charleston<sup>5</sup> Address 5449 Raymond St. S.D. Ca 92115 Date: 01-8 19 87  
Twenty five and 00/100 Dollars (\$ 25.00)  
 In part Payment of Preneed Lots

Lot 154 Grave 9, 10, 11 & 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5514

BALANCE DUE \$1215.00

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.

JAN 12 1987

ISSUED BY Liang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	8022	
	60101	
	73380	
TOTAL PAID	\$	<u>25.00</u>



OFFICIAL RECEIPT

No 34200



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

From: John Charleston Address: 5449 Bayview Hts Date: Feb. 12, 1987  
Jew dollars and <sup>no</sup> 100 Dollars (\$) 10<sup>00</sup>  
 In part Payment of Preneed lot

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 BALANCE DUE \$1205<sup>00</sup>

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 D. Lowrey

CREDIT	67007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	<u>10 00</u>
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

OFFICIAL RECEIPT

No 34414



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

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

Date: 04-10, 1987

From John Charleston Address 5449 Baywood Vista Rd Ca 92105

In part Payment of Twenty and no/100 Dollars (\$ 20<sup>00</sup>)

Payment of Preneed Lot (5)

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE \$1185<sup>00</sup>

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 B. Lang

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	80033	
	80022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>20 00</u>



OFFICIAL RECEIPT

No 34554



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

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

Date: 5/8/87, 19

From: John Charleston Address: 5449 Bryman

Item no 7/100 Dollars (\$ 10<sup>00</sup>)

In Credit Sale Payment of Credit Sale E-5514

Lot 154 Grave 9-10-11-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 1175<sup>00</sup>

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>1000</u>
Opening/ Closing	100	
	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77183	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83028	
	9022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>10 00</u>

logged

OFFICIAL RECEIPT

No 34689



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

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

Date: 6/12, 1987

From: John Robinson Address: 5449 La Verne

Twenty Dollars Dollars (\$ 20 )

In \_\_\_\_\_ Payment of Credit Lot Sale

Lot 154 Grave 7, 10, 11 & 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE \$1155.00

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

AC-212 (Rev. 11-85)

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

ISSUED BY Andrea L. Wood

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>20</u>	<u>—</u>
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63035		
	9522		
Sales Tax	80101		
	76390		
TOTAL PAID	\$	<u>20</u>	<u>—</u>



OFFICIAL RECEIPT

No 34902



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
284-3151

Date: 8-7, 1987

From: John Charleston Address: 5449 Bayview HTS. San Diego  
Twenty Dollars Dollars (\$ 20.00 )  
In \_\_\_\_\_ Payment of Credit Sale -

Lot 154 Grave 12, 9, 10, 11 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-5514  
BALANCE DUE \$1135.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>20</u>	
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77183		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

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

ISSUED BY JTD

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 35094



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

E-5514

Date: 10-5, 1987

From: John W. Walker Address: 5449 Myrtle St. 72105

In: John Walker Dollars (\$) 10.00

Payment of Credit Lot Sale

Lot 154 Grave 9, 10, 11 & 12 Row \_\_\_\_\_ Section 1 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 1105.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 11-88)

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

CITY AUDITOR

OCT 9 1987

ISSUED BY [Signature]

	67007	77184	100	77184	100	77181	100	77182	100	77183	100	77183	63053	8022	60101	78980	TOTAL PAID	
CREDIT																		
30% Sales Care																		
80% Sales of Lots																		
Opening/Closing																		
Burial Containers																		
Handling Fee																		
Recording & Misc. Fees																		
Pre-Need Trust																		
Sales Tax																		
TOTAL PAID																	\$ 10	-



OFFICIAL RECEIPT

No 35249



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3181

Date: 11-5- 1987

From: JOHN CHARLESTON Address: 5449 BAYVIEW HTS. S.D. CA. 92105

Twenty Dollars Dollars (\$ 20.00 )

In part Payment of Purchased lots credit fees

Lot 154 Grave 9, 10, 11, 12 Row — Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-5514

BALANCE DUE 1085.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 11-80)

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

004572

CITY AUDITOR

NOV 16 1987

ISSUED BY Bruce Morrison

CREDIT	57007		
20% Sales Care	77184		
50% Sales of Lots	100	20	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77183		
Recording & Misc. Fees	100		
Trust	77182		
Sales Tax	80191		
TOTAL PAID	78380	20	00

OFFICIAL RECEIPT

No 34986



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY

254-3151

E-5514

Date: 9/3, 1977

From: J. P. [unclear] Address: 5449 Baywood St, [unclear]

Twenty Dollars Dollars (\$ 20.00)

in Payment of Successor Lot Sale

Lot 154 Grave 9, 10, 11 & 12 Row \_\_\_\_\_ Section 1 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 1115.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 11-69)

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

*City Auditor's*  
**002153**  
*9/4/87*

ISSUED BY Judy Ward

CREDIT	67007		
50% Sales Care	77184		
50% Sales of Lots	100	<u>20</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77183		
Recording & Misc. Fees	100		
	77185		
Pre-Head Trust	60003		
	60022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>20</u>	<u>-</u>



OFFICIAL RECEIPT

No 35530



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
284-3151

Date: 1-8-88, 1988

From: John Charleston Address: 5449 Bayview 92105

In Payment Payment of on Credit deb 10/14/85 Dollars (\$ 20.00 )

Logard

Lot 154 Grave 9-90-11-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. F-5514  
BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 10-87)

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

CITY AUBITOR

JAN 13 1988

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	80101	
	78990	
TOTAL PAID		<u>20.00</u>

OFFICIAL RECEIPT

No 35648



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

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

E-5514

Date: 2-4 1988

From: John Charleston Address: 5449 Bayview Court San Diego 92105  
ten dollars Dollars (\$ 10.00 )

In part Payment of Credit Mt

Lot 15A Grave 9,10,11,12 Row — Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-55A  
BALANCE DUE 1055.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE  
CITY AUDITOR  
FEB 08 1988  
ISSUED BY Peter Black

CREDIT	67007	
20% Sales Care	77184	
10% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77181	
8 Gal Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>10.00</u>

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



OFFICIAL RECEIPT



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

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

No 35803

Date: 3-4 1988

From: John Charlater Address: 5449 Bayview Heights

Twenty dollars 20/100 Dollars (\$ 20.00)

In: \_\_\_\_\_ Payment of credit on sale

Lot 154 Grave 9, 10, 11 & 12 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 BALANCE DUE 1035.00

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

CITY AUDITOR

MAR 08 1988

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

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100	<u>20</u>	<u>-</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63053		
9022			
Sales Tax	00101		
78360			
TOTAL PAID	\$	<u>20</u>	<u>-</u>

ISSUED BY [Signature]

OFFICIAL RECEIPT

No 35976



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

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

From: John Charlston Address: 5449 Bayview St, D Date: 4-5, 1988  
ten dollars Dollars (\$ 10.00 )  
 In \_\_\_\_\_ Payment of Credit

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 BALANCE DUE 1025.00

Pre-Need Lbl  At Need  On Acct   
 Pre-need Trust  Cash  Check

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**CITY AUDITOR**  
**APR 8 1988**  
 MAY 10 1988  
 ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184		
50% Sales of Lots	100		
Opening/Closing	77184		<u>10 00</u>
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	60038		
	8022		
	00101		
	78360		
TOTAL PAID	\$		<u>10 00</u>



OFFICIAL RECEIPT

*Credit Sale*

No 35350



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

From: *John Paulston* Address: *5449 Bayview* Date: *12/3/87*  
*Twenty and 00/100* Dollars (\$ *20.00*)  
 In *Payment* of *On Credit Sale E-5514*

Lot *154* Grave *9-10-11-12* Row \_\_\_\_\_ Section *1* Division *12*

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. *E-5514*  
 BALANCE DUE *1065.00*

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

*0055567*

CITY AUDITOR  
 DEC 13 1987

ISSUED BY *[Signature]*

CREDIT	67007	
20% Sales Tax	77184	
50% Sales Tax	100	<i>20.00</i>
Opening/Closing	77181	
Burial	100	
Contingent	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	69023	
Sales Tax	9022	
	80101	
	78360	
TOTAL PAID		<i>20.00</i>

*logged*

OFFICIAL RECEIPT

No. 36173



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

From: John Chabot Address: 5449 San view Hwy, SD Date: 5-19, 1988  
ten dollars Dollars (\$ 10.00)  
In Payment of Credit for sale

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-5514  
BALANCE DUE 1015.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.  
  
CITY AUDITOR  
  
MAY 23 1988  
  
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	65093	
	9022	
	90101	
	78380	
TOTAL PAID		<u>10.00</u>

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



OFFICIAL RECEIPT

No 36310



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

Date: 6-17, 1988

From: John Chadester Address: 5409 Bonita Blvd SD

In 1005.00 Payment of Credit Sat Jan Dollars (\$ 1005.00)

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 BALANCE DUE 1005.00

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**

**JUN 27 1988**

**012657**

ISSUED BY Andrea Nash

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>10 00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	83033	
	9022	
	80101	
	76390	
TOTAL PAID		<u>10 00</u>

OFFICIAL RECEIPT

No 36425



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

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

From: John Charleston Address: 5449 Bayview Hill, SD Date: 7-15, 19 88

In ten dollars Payment of Credit for Sale Dollars (\$ 10.00 )

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 995.00

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

AG-212 (REV. 10-57)

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

ISSUED BY Arden Wood

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	77184	<u>10 00</u>
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77186	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>10 00</u>



OFFICIAL RECEIPT

No 36593



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

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

E-5514

Date: 8-29, 1988

From: John Charles Address: 5449 San Juan Street, D  
Van Buren Dollars (\$ 10.00 )

In Payment of Credit Set

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division 1 Block 2

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-3514  
BALANCE DUE 985.00

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

**CITY AUDITOR**  
**SEP 6 1988**

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT

NE 36663



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

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

Date: 9-9, 1988

From: John Charleston Address: \_\_\_\_\_

10000 Dollars (\$ 10,000)

in Payment of Credit for Sale

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 975.00

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**  
**SEP 14 1988**

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	10	
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	63033		
State Tax	8022		
	80101		
	78390		
TOTAL PAID	8	10	



OFFICIAL RECEIPT

No 37258



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

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

From: John Galaster Address: 5449 Bayview Hill, D Date: 1-25, 1989  
San Marcos, CA 92108  
In: \_\_\_\_\_ Payment of payment of credit balance Dollars (\$ 10.00)

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. 2-5514  
BALANCE DUE 765.00

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

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

CITY AUDITOR  
FEB 06 1989

ISSUED BY: [Signature]

CREDIT	87007	
20% Sales Care	77184	
50% Sales of Lots	100	10 -
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77186	
Pre-Need Trust	100	
Sales Tax	8022	
	8022	
	60101	
	76500	
TOTAL PAID		10 -

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

CITY AUDITOR

No 37595

APR 07 1989 / - 4 19 89  
 Date: \_\_\_\_\_

From: John Charleston Address: 5449 Graymire West St  
front 2nd Dollars (\$ 20.00 )

In \_\_\_\_\_ Payment of Credit Set Date

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 BALANCE DUE 945.00

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	68023	
Pre-Need Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

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



OFFICIAL RECEIPT

No 37721



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

Date: 5-2, 19 89

From: John Chorlaster Address: 5449 Bayview Hill  
Trinité 701100 Dollars (\$ 20.00 )

In \_\_\_\_\_ Payment of Credit Set

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No \_\_\_\_\_

Acct. No \_\_\_\_\_

W.O. E-5514

BALANCE DUE 925.00

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 Andrea Wood

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>20.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>20.00</u>

CITY AUDITOR  
MAY 08 1989

OFFICIAL RECEIPT



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

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

NO 37885

From: J. Charleston Address: 5449 Bayview Hill, D Date: 6-2 19 89  
Cap no 100 Dollars (\$ 10.00 )  
 In \_\_\_\_\_ Payment of Credit Lots

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. 2-5514  
 BALANCE DUE 915.00

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**  
**JUN 09 1989**

ISSUED BY Jandra Wood

CREDIT	87007	
20% Sales Care	77184	
60% Sales of Lots	100	<u>10.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	9022	<u>10.00</u>



OFFICIAL RECEIPT

NO 38617



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

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

E-5514

Date: 12-4, 1989

From: John Charleston Address: 2449 Laguna Hills Rd  
San Diego 92112 Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Grave Lot

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 2-5514

BALANCE DUE 775.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

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

CREDIT	67007
20% Sales Care	77184
80% Sales	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

10.00  
**CITY AUDITOR**  
**DEC 11 1989**  
10.00

ISSUED BY Indea Wood

TOTAL PAID \$ \_\_\_\_\_

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 627-3400

No 41694

Date: 12-30-1990

From Charleston, John Address: 5449 Bayview HT SA Ch. 94105-

Twenty and 00/100 Dollars (\$ 20.00 )

In full Payment of Credit Vato

Lot 154 Grave 2-10-11-12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Salse Care	77164	
80% Salse	100	<u>20.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	50101	
	78380	
TOTAL PAID	\$	<u>20.00</u>



OFFICIAL RECEIPT



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

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

NO 39188

E-5514

Date: 5-7, 1940

From: John Charles [unclear] Address: 5447 [unclear] St., N. 92105

Dollars (\$ \_\_\_\_\_)

In \_\_\_\_\_ Payment of Credit Note

Lot 154 Grave 9.11.12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE \$ 1754

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-37)

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

CITY AUDITOR

MAY 14 1940

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Com	77184	
80% Sales of Lots	100	10 00
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	
8022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	10 00

OFFICIAL RECEIPT



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

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

No 40137

Date: 1-4, 1991

From: John Charleston Address: 5449 Bayview Height S.P.  
Zen 100 Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Credit Lot

Lot 159 Grave 7, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.Q. E-5514

BALANCE DUE 855

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

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

ISSUED BY

H. Ferguson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>10</u>	<u>00</u>
77184			
Opening/Closing	100		
77181			
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
	8022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>



OFFICIAL RECEIPT



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

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

No 40280

Date: 2-6, 19 91

From: John Charleston Address: 5449 Bayview Blvd + Sun Diego CA 92105  
ten dollar bill Dollars (\$ 10.00 )

In put Payment of Credit lets

Lot 154 Grave 910, 11512 Row \_\_\_\_\_ Section 1 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 845.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 10-87)

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

ISSUED BY Lisa Black

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>10 00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 39348

E-5514

Date: 6-12, 1970

From: John Charleston Address: 5449 Baywood Ave, SD 92105

In Payment of Credit for Dollars (\$ 10.00)

Lot 154 Grave 9-104112 Row Section 1 Division 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. F-5514  
BALANCE DUE \$ 165.00

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

AC-212 (Rev. 10-67)

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	10
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	\$ 10.00

CITY AUDITOR  
JUN 18 1970



OFFICIAL RECEIPT



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

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

No 41830

Date: 2-5, 1993

From: John Charleston Address: 5449 Bayview #117, SD

In Twenty Dollars (\$ 20)  
Payment of Pre-Need Lot

Lot 154 Grave 9, 10, 11 & 12 Row - Section 1 Division 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-5514  
BALANCE DUE \$ 805.-

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20</u>
Opening/Closing	77184	<u>00</u>
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	80101	
	78380	
TOTAL PAID	\$	<u>20 00</u>

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

ISSUED BY White

OFFICIAL RECEIPT



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

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

CITY AUDITOR

No 41951

MAR 06 1992

Date: 3-4, 1992

From: Jha Charleston Address: 5449 Bayview Hgts, #10  
Twenty 710/10 Dollars (\$ 20.00 )  
In \_\_\_\_\_ Payment of Pre-Need Lot

Lot 154 Grave 9, 10, 11, + 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-5514  
BALANCE DUE 5785.00

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

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>20</u>	<u>00</u>
Opening/Closing	77194		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	100		
TOTAL PAID	63033		
	9222		
	80101		
	78390		
		<u>20</u>	<u>00</u>

009590

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

ISSUED BY Jwaits



OFFICIAL RECEIPT



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

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

No 42193

From: John Charles Address: 5449 Bayview Hst., SD 92105  
Diversity 770/10  
In \_\_\_\_\_ Payment of Pre-Need Lots Dollars (\$ 20.-)

Lot 154 Grave 9, 10, 11, + 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-5514  
BALANCE DUE \$465.-

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

CREDIT	67007	
20% Sales Care	77184	
50% Sales of Lots	100	<u>20 W</u>
Opening/ Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	63003	<u>20 W</u>
	9022	
	80101	
	78380	

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

ISSUED BY [Signature]

OFFICIAL RECEIPT



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

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

No 42312

Date: 6-4, 1992

From: John Charleston Address: 5449 Bayview Heights, S.D. 92105  
Frank and 1100  
Dollars (\$ 20.00 )

In paid Payment of Credit Lots.

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5514

BALANCE DUE 745.00

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 W. T. Taylor

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100	<u>20</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	83033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID		<u>20</u>	<u>-</u>



OFFICIAL RECEIPT



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

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

No 42577

Date: 9-4- 1992

From: John Charleston Address: 5449 Bayview Height, S.D. 92105

Twenty dollars and 00/100 Dollars (\$ 20.00 )

In part Payment of priced lots

Lot 154 Grave 9,10,11,12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E5514

BALANCE DUE 705.00

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 W. J. League

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>20</u>	<u>-</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	80101		
78390			
TOTAL PAID	\$	<u>20</u>	<u>-</u>

OFFICIAL RECEIPT



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

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

No 42688

Date: 9-4, 19 92

From: John Charleston Address: 5449 Bayview Height

Twenty Dollars (\$ 20.00 )

In Payment of Pre-Need Lot ~~9~~

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE \$685.

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.

ISSUED BY J. Wait

CREDIT	57007		
20% Sales Cars	77184		
80% Sales of Lots	100	<u>20</u>	<u>W</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	63033		
	9022		
TOTAL PAID	80101	\$	<u>20 W</u>
	78380		



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 627-3400

No 42491

Date: 7-8, 1992

From: John Charleston Address: 5449 Bayview Ht, LA 92105

In Twenty Dollars (\$ 20.00 )  
 Payment of Pre-Need LOT

Lot 154 Grave 9, 10, 11, 12 Row - Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 8725.-

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

AC-212 (Rev. 1-81)

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	<u>20 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	83033	
	9022	
	80101	
	78380	
TOTAL PAID	.	<u>20 W</u>

OFFICIAL RECEIPT



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

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

No 42918

From: J. Charleston Address: 5449 Bayview St., SD Date: 11-4, 1992  
Dollars (\$ \_\_\_\_\_)

In \_\_\_\_\_ Payment of \_\_\_\_\_

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-5514  
BALANCE DUE \$645.

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

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>20</u>
Opening/Closing	77184	<u>10</u>
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
TOTAL PAID	9022	
	80101	
	78390	
		<u>20</u>
		<u>10</u>

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

ISSUED BY J. White



OFFICIAL RECEIPT



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

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

No 42792

From: J. Charleston Address: 5449 Baywood Heights, Se  
Quincy 710/150  
 Dollars (\$ 20.- )  
 In \_\_\_\_\_ Payment of Pre Need Lots

Date: 10-5, 1992

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 BALANCE DUE \$665.-

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>20</u>	<u>00</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

No 43074

Date: 12-4, 1992

From: John Charleston Address: 5449 Bayview Height

Twenty one (21) / 100 Dollars (\$ 20.00 )

In cash Payment of Preneed Lots

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-5514  
BALANCE DUE 625.00

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 W.J. Traylor

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>20</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	60033		
	9022		
	80101		
	78380		
TOTAL PAID	\$	<u>20</u>	<u>-</u>



OFFICIAL RECEIPT



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

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

No 43179

From: John Charles Address: 5449 Bayview Ave, San  
Diego 710/110 Dollars (\$ 20.00)  
 In \_\_\_\_\_ Payment of Pre-Need Lots

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 BALANCE DUE 5605.00

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 Waits

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>20</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	85101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

43987

From: John Charleston Address: 5449 Baymead Hill, SD Date: 8-9, 1995  
Quincy Dollars (\$ 20 )  
 In \_\_\_\_\_ Payment of Pre-Need Fee

Lot 154 Grave 9, 10, 11 & 12 Row 7 Section 1 Division 13

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-3514  
 BALANCE DUE \$525.<sup>00</sup>

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

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100	<u>20</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	60101		
	76390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

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

ISSUED BY: Mail



OFFICIAL RECEIPT



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

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

44429

Date: 12-8, 1993

From: John Charleston Address: 5449 Bayview Hts. S.D. 92105

Twenty; 00/100 Dollars (\$ 20.00 )

In Part Payment of Pre-need lots

Lot 154 Grave 9-10-11-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 155.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

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

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	77184		
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44581

Date: 2-4, 1994

From: Charleston, John Address: 5449 Bayview Ln S.D. CA 92105

Twenty and 00/100 Dollars (\$ 20.00 )

In Part Payment of Pre-need lot

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 105.00

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.

ISSUED BY [Signature]

CREDIT	67007	<u>20</u>	<u>00</u>
20% Sales Tax	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	63003		
9022			
Sales Tax	80101		
75390			
TOTAL PAID	\$	<u>20</u>	<u>00</u>



OFFICIAL RECEIPT



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

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

44814

Date: 4-5, 1994

From: Mr. Charleston Address: 5449 Bayview Hwy, San Diego

Mount Hope Dollars (\$ 20 )  
 In \_\_\_\_\_ Payment of Pre Need Lots

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 BALANCE DUE 165.

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

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	6022		
Sales Tax	60101		
	78990		
TOTAL PAID	\$	<u>20</u>	<u>00</u>

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

OFFICIAL RECEIPT

44909



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

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

Date: May 4, 1994

From: Mr. Charles Address: 5449 Business Hgt. Dr.

County Dollars (\$ 20 )  
In \_\_\_\_\_ Payment of Pre Need Lots

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division Block D

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-5514  
BALANCE DUE 545

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

CREDIT	67007	
20% Sales Care	77184	<u>20</u>
80% Sales of Lots	100	<u>00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	65033	
	8022	
Sales Tax	60101	
	78380	

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

ISSUED BY White

TOTAL PAID \$ 20



OFFICIAL RECEIPT



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

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

45191

Date: 7-5-94, 19

From: Charleston, John Address: 5449 Bayview Hight. S.D. 18. 92105

In twasby five Dollars (\$ 25.00)  
In full part Payment of no need lot for Charleston John

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE Q

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

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

ISSUED BY V. Balaban

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
	77181		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	83033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

43656

Date: May 4, 1993

From: JOHN C Harleston Address: 5449 Bayview Height, San Diego Ca 92105

Twenty dollars and no cents 0/100 Dollars (\$ 20.00 )

In Part Payment of Pre-Need Trust Lot  
for JOHN C Harleston

Lot 154 Grave 9, 10, 11, 12 Row \_\_\_\_\_ Section 1 Division 13  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE \$565.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

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

ISSUED BY Maryann J Branta

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>20</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>20</u>	<u>00</u>



Send or bring any coupon with each remittance

**COUPON**

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **PRE-NEED LOT & TRUST**

**TOMAS & MARIA CHAVEZ**

**E-10231**

**7711 Shady Grade**

**San Diego, 92114**

**(71-11 & 12-2-11)**

**E-5514**

**Month and Day Due Indicated Below**

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

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

\$ **126.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

check (✓) if this is new address

OFFICIAL RECEIPT



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

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

44374

E-5514

Date: Nov. 22, 1993

From: TOMAS & MARIA CHAVEZ Address: 7711 SIROV GLADE SAN DIEGO 92114

ONE HUNDRED TWENTY-SIX AND 00/100 Dollars (\$ 126.00 )

In PART Payment of PRE-NEED LOT & TRUST

Lot 71 Grave 11 & 12 Row \_\_\_\_\_ Section 2 Division 11  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10231

BALANCE DUE \$ 1018.88

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	57007	
20% Sales Care	77184	
50% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60033	<u>126.00</u>
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>126.00</u>



OFFICIAL RECEIPT

44495



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

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

Date: 1/4, 1994

From: John Charleston Address: 5449 Bayview Height S.D. 92

Twenty and 00/100 Dollars (\$ 20.00 )

In part Payment of Pre-need lots

Lot 154 Grave 9-12 Row \_\_\_\_\_ Section 1 Division 2 Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5514

BALANCE DUE 135.00

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

ISSUED BY [Signature]

CREDIT	87007	<u>20.00</u>
20% Sales Tax	77184	
60% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>20.00</u>

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

OFFICIAL RECEIPT



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

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

43553

Date: 4-6, 1993

From: Jha Charleston Address: 5449 Bayview Hst., SD  
Mount Hope Dollars (\$ 20<sup>00</sup>)

In \_\_\_\_\_ Payment of Pre-Need Lots

Lot 154 Grave 9,10,11,12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5514  
 BALANCE DUE 595.<sup>00</sup>

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

ISSUED BY JACZ

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>20</u>	<u>00</u>
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	\$	<u>20</u>	<u>00</u>

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

AC-212 (Rev. 1-91)



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10-14-85

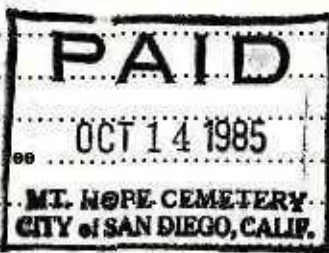
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Annie P. McCoy  
 in a Bea Lerner Funeral, date, time Fri 10-18-85 2:00  
 Church, Chapel, Gravesite Bea Lerner; Ragsdale Mortuary.

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

✓ Lot 67 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund .....	250 <sup>00</sup>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	320 <sup>00</sup>
Burial Container .....	100 <sup>00</sup>
Handling Fees .....	145 <sup>00</sup>
Flower vases - Marker setting .....	
Recording and filing fee .....	35 <sup>00</sup>
Sales taxes .....	6 <sup>00</sup>



Total Due ..... 856<sup>00</sup>  
 Paid receipt number 10/14 32844 156<sup>00</sup>  
 Balance due 10/14/85 32845 700<sup>00</sup>

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

I hereby authorize the interment in lot I hold under deed.  
Rumer JB  
 Signature of recorded holder of deed

Rumer JB  
 Signature  
290 So 65th St  
 Address  
S.D., Ca 92114  
 City  
263-5259  
 Telephone  
 Zip Code

Work Order # **E 5515**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3181

No 32845

E-5515

DATE 11-14 1985

FROM Russell Bonner ADDRESS 295 La Jolla St - San Diego

Seven hundred and no/100 DOLLARS (\$ 700.00)

IN full PAYMENT OF Ann P. McLaughlin

LOT 67 GRAVE 7 ROW 1 SECTION 3 DIVISION 11 BLOCK 11

INVOICE NO. WASH

W.O. E-5515

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR  
 OCT 21 1985

ISSUED BY S. [Signature]

CREDIT	87007	50.00
20% SALES TAX	77188	
90% SALES OF LOTS	100 77184	200.00
OPENING	100 77181	164.00
BOXES	100 77182	100.00
REMOVALS FOUNDATIONS	100 77183	180.00
SALES TAX	80101 9020	6.00
TOTAL PAID		700.00



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 354-3181

NO 32844

E\_5515

DATE 10-14 1935

FROM Russell Conner ADDRESS 90 50th St Sd Ca 92114

One hundred fifty six and no/100 DOLLARS (\$ 156.00)

IN cash PAYMENT OF Funeral home

LOT 67 GRAVE 7 ROW SECTION 2 DIVISION 11  
 BLOCK

INVOICE NO. cash

W.O. E-5515

UNPAID BALANCE AFTER THIS PAYMENT 710.00

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED IN THIS SPACE.

CITY AUDITOR  
 OCT 21 1935

ISSUED BY B. [Signature]

CREDIT	57087	
20% SALES TAX	77184	
20% SALES OF COYS	100	
	77184	
OPERINGS	100	156.00
	77181	
BOXES	100	
	77182	
RENOVALS FOUNDATIONS	100	
	77183	
SALES TAX	80181	
	8020	
TOTAL PAID		156.00

E-5515

1-65

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ANNIE PEARL McCOY</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Nov. 3, 1919</b>	DATE OF DEATH <b>FOUND Oct. 11, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Cremonia Bennett - Sister 531 Iona Drive San Diego, CA 92114</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St.; San Diego, CA 92102</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 16 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Reginald L. Ramos, Jr.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		<b>10/18/85</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Leoy Saldaña</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-14-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charlie R. Runnels

in a Bill Liner Vault/Line Funeral, date, time THURS 10/17 2:00

Church, Chapel, Graveside \_\_\_\_\_; Ragsdale Mortuary.

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

✓ Lot 127 Grave 3 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund .....	<u>Proceed</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	_____
Burial Container .....	_____
Handling Fees .....	_____
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	_____
Total Due .....	<u>35.00</u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

Invoice # 036168

Acct. # 014479

Work Order # E 5516

E-5516

86

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>CHARLEY REDRICK KRUNNELS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 24, 1899</b>	DATE OF DEATH <b>Oct. 11, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lois Denmon - Niece 3078 Logan Ave. San Diego, CA 92113</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 16 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald L. Powers M.D.M.M.</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Raymond J. Stiller</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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-5516

05/29/87

MEMO

URGENT - REPLY IMMEDIATELY  
 NO REPLY REQUIRED

Rose - Treasurer Collections - 61B

T  
O

FOLD  
MESSAGE

Please cancel the following Invoice - Lois Danman, Inv. 036168  
Account #014779 \$35.00 - She did not sign or call authorization ofr  
the burial services for Charlie R. Runnels service, therefore, she is  
not responsible for payment of this invoice.

Thank you.

*Mt. Hope Cem. #72*  
SIGNED  
*Richard Long*

REPLY

*Written Off*

*E 5516*

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

E - 5516

ACT 0201 PSWD: [REDACTED]  
ACT NAME: [REDACTED]  
1) [REDACTED]  
3) [REDACTED]

ACCOUNT: 614779 INVOICE: 036168

INV DATE: 10<sup>G</sup>18 85

CITY: SAN DIEGO ST: CA ZIP: 92113 COUNTRY: [REDACTED]  
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151  
REFER NO: E-5516 DAYS DUE: 030 INV TYPE: GE TYPE CHG: [REDACTED] NOTICES: Y  
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: [REDACTED] ACCRUAL CODE: [REDACTED]  
TIME PAYM CODE: [REDACTED] STD DESC CODE: [REDACTED] INVOICE TOTAL: 35.00  
DESCRIPTION OF CHARGE: [REDACTED]  
[REDACTED] SERVICE

LOT 121 GR 3 SEC 1 DIV 12 RECORDING FEE 35.00

LATE CHARGE #1 - DAYS DUE: [REDACTED] TOTAL DUE AMOUNT: [REDACTED] PCT CODE: [REDACTED]

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.



E-5516

MEMO

5-26-87

URGENT - REPLY IMMEDIATELY  
 NO REPLY REQUIRED

Treas Collections  
61B

TO

FOLD MESSAGE

What is status of:  
Lois Lemon acct # 014779  
Dw # 036168 \$35<sup>00</sup>  
10-18-85

Thanks. Mt. Hope  
SIGNED Barbara

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

MT. HOPE CEMETERY  
INTERMENT ORDER

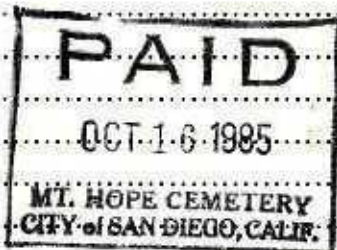
City of San Diego

Date 10-14-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yvonne Chamberland in a Bell-Lexer Funeral, date, time Tues 10/15 2:00 Church, Chapel, Graveside \_\_\_\_\_; Ragsdale Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 135 Grave 12 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund .....		<u>250.00</u>
Additional spaces and care fund .....		<u>400.00</u>
Opening/Closing & Setup .....		<u>325.00</u>
Burial Container .....		<u>100.00</u>
Handling Fees .....		<u>145.00</u>
Flower vases - Marker setting fee .....		_____
Recording and filing fee .....		<u>35.00</u>
Sales taxes .....		<u>6.00</u>
	Total Due .....	<u>856.00</u>
	Paid receipt number <u>32854</u>	<u>856.00</u>
	Balance due	<u>0</u>



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

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

\_\_\_\_\_  
Signature of recorded holder of deed

By Phone

Work Order # E 5517  
PY-683 (REV. 8-83)

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Telephone

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-55.17.

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>YVONNE GILBERT CHAMBERLIN</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct. 11, 1926</b>	DATE OF DEATH <b>Oct. 9, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lamar Chamberlin - Son 644 N. 62nd St. San Diego, CA 92114</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 15 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Rames, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>10/15/85</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Yvonne Gilbert</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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  
 364-3181

№ 32854

E-5517

DATE 10-16 1985

FROM Anderson-Rogsdale ADDRESS 5050 Federal Blvd # 92102

Eight hundred sixty and no/100 — DOLLARS \$ 860.00

IN Cash PAYMENT OF Yvonne Gilbert Chamberlain

LOT 135 GRAVE 12 ROW SECTION 2 DIVISION BLOCK 11

INVOICE NO. Check

W.O. E-5517

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR  
 OCT 21 1985

ISSUED BY [Signature]

CREDIT	57007	50	00
3% SALES TAX	77184		
3% SALES TAX	100	200	00
OF LOTS	77184		
OPENINGS	100	304	00
77184			
MOSES	100	100	00
77184			
REMOVALS	100	100	00
FOUNDATIONS	77184		
SALES TAX	80101		
9020			
TOTAL PAID		860	00



Pre-need

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/15/85

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

of Charles T. Harkey - Pre-need

in a Bell hearse Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no

✓ Lot 78 Grave 3 Row \_\_\_\_\_ Section 4 ~~Room~~/Block 5

Grave space & Care Fund Pre-need 1954

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 6.00

**PAID**  
OCT 15 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 606.00

Paid receipt number 32846 606.00

Deposit Balance due 0

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

See over

Margaret J. Wenson  
Signature

P.O. Box 436-14  
Address

Quinlan, Tex. 75474  
City

1-214-356-3288  
Telephone

Work Order # E 5518

\_\_\_\_\_  
Signature

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_





OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-2181

No 32846

DATE 10/15 1985

FROM Margaret Henson ADDRESS #2 Box 436-14 - Guindan, Texas  
Sex & Divided Sep. 103 DOLLARS \$ 606<sup>00</sup>  
 IN Deposit PAYMENT OF Per. bank deposit for Burial of O.T. Harkey -

LOT 78 GRAVE 3 ROW — SECTION 4 DIVISION BLOCK 5

INVOICE NO. \_\_\_\_\_

W.O. F-5518

UNPAID BALANCE AFTER THIS PAYMENT Deposit  
175

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 OCT 21 1985  
 ISSUED BY Lozen

CHESS	67007	
1.25% SALES TAX	77182	
SALES OF LOTS	100	
	77184	
OPENINGS	190	320 80
	77181	
BOXES	190	100 00
	77182	
REMOVALS	100	180 00
FOUNDATIONS	77182	
SALES TAX	68101	6 00
	9020	
TOTAL PAID		606 00

See Book

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/15/85

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

of Pauline A. Buttles

in a burial Vault/Loss Funeral, date, time 10/18 10/18 10/18

Church, Chapel, Graveside Chapel & S. Foothill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 3108 Grave — Row — Section — Division/Block 10

Grave space & Care Fund — Per - Paid # D-1537

Additional spaces and care fund — (one next)

Opening/Closing & Setup — P.P.

Burial Container — P.P.

Handling Fees — P.P.

Flower vases - Marker setting fee —

Recording and filing fee — 35.00

Sales taxes — P.P.

Total Due — 35.00

Paid receipt number 32847 35.00

Balance due 0

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

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

Signature of recorded holder of deed

Love

x Dorothy J. Osborn  
Signature 2388 W. Ripsey Ct.  
Address of Caron  
State Calif. Zip Code 92020  
Telephone 463-7600

Work Order # E 5519  
PY-583 (REV. 8-85)

Invoice # —  
Acct. # —



OFFICIAL RECEIPT



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

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

No 32847

FROM Evangelina A. Buttle ADDRESS 2485 Palmdale Rd. 92103 DATE 10/15/85  
Thihsotani  
 IN full PAYMENT OF Pauline A. Buttle's Bur. Fee - DOLLARS (\$ 35.00)

LOT 3/07 GRAVE --- ROW --- SECTION --- DIVISION BLOCK 10

INVOICE NO. \_\_\_\_\_

W.O. E 5519

UNPAID BALANCE AFTER THIS PAYMENT 0  
2683

NOT VALID FOR PURPOSE STATED UNLESS STAMPED CITY IN THIS SPACE.  
 CITY AUDITOR  
 OCT 21 1985  
 ISSUED BY [Signature]

CREDIT	87807	
SALES TAX	77184	
SALES OF LOTS	100	
OPENINGS	77181	
BOXES	100	
REMOVALS	77182	
FOUNDATIONS	100	<u>35.00</u>
SALES TAX	80191	
	8020	
TOTAL PAID :		<u>35.00</u>

E-55.19

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>PAULINE ALMA BUTTLES</b>		SEX <b>Female</b>	DATE OF BIRTH <b>11/15/1897</b>	DATE OF DEATH <b>10/14/1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>John W. Buttles, Hus. 4261 45th. Ave. San Diego, CA 92115</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Featheringill Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 15 1985</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/18/85</b> <small>(ENTER DATE)</small>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10-15-85

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

of Georgina M. La Moe  
in a Ash Vault Funeral, date, time Upon Delivery  
Church, Chapel, Graveside \_\_\_\_\_; Greenwood Mortuary.

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

✓ Lot 341 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 105<sup>00</sup>

Burial Container ..... 40<sup>00</sup>

Handling Fees ..... 60<sup>00</sup>

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 2.40

**PAID**  
OCT 15 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 242.40

Paid receipt number 32848 10/15 242.40

Balance due 0

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

I hereby authorize the interment in lot I hold under deed.  
Wilma V Stegmuller  
Signature of recorded holder of deed

Wilma V Stegmuller  
Signature  
5987 Amaya Dr  
Address  
La Mesa 92041  
State Zip Code  
466-8761  
Telephone

Work Order # **E 5520**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-5520

79

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT AKA Mary Georgina LaMoe Georgina M. LaMoe		SEX Female	DATE OF BIRTH March 8, 1906	DATE OF DEATH Oct. 14, 1985
PLACE OF DEATH—CITY OR TOWN La Mesa	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Wilma Stegmuller-Daughter-in-Law 7202 Praire Ridge NE Olympia, Washington 98506		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Greenwood Mortuary		CALIFORNIA LICENSE NUMBER F-843		

TYPE OF PERMIT CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOMBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6. DISINTERMENT, CREMATION AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED NA		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED Greenwood Crematory 1-805 & Imperial Avenue, San Diego, CA	DATE CREMATED OCT 18 1985	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Robert Garcia</i>
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 OCT 16 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON (ENTER DATE) 10/22/85		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald S. ...</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 384-3181

No 32848

E-5520

DATE 10-15 1985

FROM Wilma V. Stegmuller ADDRESS 7423 Prairie Ridge Dr. Del Mar, Calif

Two hundred forty two and 40/100 98506 242.40  
 DOLLARS (\$ 242.40)

IN full PAYMENT OF Levy on M. de Mar

LOT 341 GRAVE \_\_\_\_\_ ROW \_\_\_\_\_ SECTION \_\_\_\_\_ DIVISION 10  
 BLOCK \_\_\_\_\_

INVOICE NO. 0 checks

W.O. E-5520

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 OCT 21 1985  
 ISSUED BY [Signature]

CREDIT	47007	
8% SALES TAX	77184	
8% SALES	100	
OF LOTS	77184	
OPENING	100	11.50
	77181	
BOXES	100	40.00
	77182	
RENOVALS	100	95.00
FOUNDATIONS	77183	
SALES TAX	80101	2.40
	9020	
TOTAL PAID		<u>242.40</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-16-85

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

of May Stagg Moore  
in a TS Vault Funeral, date, time Mon 10-21 10:00  
Church, Chapel, Graveside; Provo, Utah Mortuary.

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

Lot 102 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund Prepaid

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes 10.50

**PAID**  
OCT 21 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 710.50

Paid receipt number 32858 710.50

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

\* Margaret M Stephens  
Signature 1831-702050-W  
Address Provo  
State Utah Zip Code 84604  
Telephone 374-8865

Work Order # E 5521

PY-893 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-5521

UTAH DEPARTMENT OF HEALTH

## BURIAL ~ TRANSIT PERMIT

25-992  
Death Certificate Number

1. NAME OF DECEASED MAY STAGG MOORE		2. SEX Female	3. RACE White
4. DATE OF BIRTH October 23, 1889		5. PLACE OF BIRTH Richmond, Utah	
6. DATE OF DEATH October 16, 1985		7. PLACE OF DEATH Provo, Utah	
8. RESIDENCE 1831 North 2050 West Provo, Utah			
9. NAME OF INFORMANT Wanda Stevens			
10. DISPOSITION (BURIAL, CREMATION, OR OTHER) Burial		11. CEMETERY San Diego City Cemetery	
12. PLACE CITY COUNTY STATE San Diego San Diego County California			
A CERTIFICATE OF DEATH (OR STILLBIRTH) HAVING BEEN FILED ACCORDING TO THE LAWS OF UTAH PERMISSION IS HEREBY GIVEN TO: Berg Mortuary			
13. FUNERAL DIRECTOR Don H. Orms		14. ADDRESS 185 E. Center Provo, Utah	15. LICENSE NUMBER #78
TO DISPOSE OF THE BODY AS ABOVE STATED:			
16. EMBALMER'S LICENSE #431	17. PLACE Provo, Utah	18. DATE 10/16/85	19. LOCAL REGISTRAR Joseph K. Minton, MD
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACES BELOW:			
20. BODY WAS: Buried -		CREMATED	OTHER
21. DATE 10/21/85		22. CEMETERY Dix Hope	
23. PLACE San Diego -		CITY COUNTY STATE Ca	24. SIGNATURE OF PERSON IN CHARGE George White

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3181

No 32858

DATE 10/21/85 19

FROM Wayden M. Stephens ADDRESS 1831 N. 20th West Blvd, W. 846 of

Seven hundred ten & 50/100 DOLLARS (\$ 710<sup>50</sup>/<sub>100</sub>)

IN full PAYMENT OF Interment of May Stagg Moore - dec

LOT 102 GRAVE \_\_\_\_\_ ROW \_\_\_\_\_ SECTION 3 DIVISION 8

INVOICE NO. \_\_\_\_\_

W.O. E-5521

UNPAID BALANCE AFTER THIS PAYMENT 0  
CR # 0134 x 118 - Cash  
 AC-112 (REV. 9-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 OCT 24 1985  
 ISSUED BY [Signature]

CREDIT	67067	
5% SALES TAX	77184	
5% SALES OF LOTS	100	
	77184	
OPENINGS	100	320 00
	77181	
BOXES	100	175 00
	77182	
REMOVALS	100	170 00
FOUNDATIONS	77183	
SALES TAX	80101	98 00
	9020	70 00
TOTAL PAID		710 50



MT. HOPE CEMETERY

INTERMENT ORDER

Called by  
Lewis - 264-9238

City of San Diego

Date 10-16-85

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

of Mabel Potts

in a Bell Liner Vault/Liner Funeral, date, time Fri 10-18 1:00

Church, Chapel, Graveside \_\_\_\_\_; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 2857 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 595<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

Total Due ..... \$1201<sup>00</sup>

*Handwritten:* Paid 11/29/88  
To bill estate  
See attached

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

x Edward M. Indberry  
Signature  
4022 Genise St  
Address  
Lynwood, Ca. 90264  
City  
(213) 635-7587  
Telephone  
Zip Code

Work Order # E 5522

Invoice # 036972  
Acct. # 015020

E-5522

12.01 mo

1-16-86

NOTICE

State Health and Safety Code, Division 7, Part 1,  
Chapter 3, Section 7101 "Costs of  
funeral services, together with interest thereon  
from the date of death, shall be  
considered as funeral expenses."

Monthly interest in the amount of \_\_\_\_\_

will be added starting \_\_\_\_\_



E-5522

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Robin Stantial Dean Attorney and Counselor at Law Imperial Bank Tower 701 "B" St, Suite 800, San Diego, CA 92101-8199		TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>	
ATTORNEY FOR (Name): Mabel Potts, Deceased			Filed for approval:	(date) (Deputy)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			Duplicate mailed:	(date) (Deputy)
STREET ADDRESS			Presented to court for approval:	(date) (Deputy)
MAILING ADDRESS				
CITY AND ZIP CODE				
BRANCH NAME				
ESTATE OF (NAME):				
Mabel Potts,		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**

- Total amount of the claim: \$ 1201.00 + interest
- Claimant (name): Mt. Hope Cemetery
  - an individual.
  - an individual or entity doing business under the fictitious name of (specify):
  - a partnership. The person signing has authority to sign on behalf of the partnership.
  - a corporation. The person signing has authority to sign on behalf of the corporation.
- Address of claimant (specify): 3751 Market St.  
San Diego, CA 92102
- 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: 11/15/1985

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)

- Date of first issuance of letters:
- Date of death:
- This claim was presented on (date):
- Estimated value of estate:
- Claim is allowed for: \$
- Claim is rejected for: \$
- The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSONAL REPRESENTATIVE)

- Approved for: \$
- Rejected for: \$

Date:

SIGNATURE OF  JUDGE  COMMISSIONER  
 Signature follows last attachment

- Number of pages attached:

(Continued on reverse)

\* See reverse for instructions before completing.

ESTATE OF (NAME):

Mabel Potts

CASE NUMBER

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
10/18/85	Mabel Potts Service Lot 2857 Division 10 Opening/Closing Burial Container Handling Fees Tax on Container Recording Fee	\$ 595.00 320.00 100.00 145.00 6.00 35.00
		<hr/> \$ 1201.00
	<u>NOTICE</u>	
	State Health and Safety Code Division 7, Part 1, Chapter 3, Section 2101 "Costs of funeral services, together with interest thereon from 10 days after the date of death, shall be considered as part of the funeral expenses."	
	Monthly interest in the amount of <u>312.01</u> will be added starting <u>01-16-86</u>	
		TOTAL \$ 1201.00

CREDITOR'S CLAIM  
(Probate)

Page two



E-5522

768

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>MABLE MARION POTTS</b>		SEX <b>Female</b>	DATE OF BIRTH <b>1917</b> <b>April 6, 1977</b>	DATE OF DEATH <b>Oct. 14, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Helen Sedberry - Niece</b> <b>4022 Louise Street</b> <b>Lynwood, CA 90262</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St.; San Diego, CA 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>▶</b>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 16 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/18/85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>▶ Donald E. Cannon, M.D., J.M.M.</b>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶ [Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/17/85

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

of Joseph Cascio

in a Ball Vault Funeral, date, time 10/21 - 2 P.M.

Church, Chapel, Graveside Chapel 4 & S ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 4759 Grave      Row      Section      Division/Block 10

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due 0

Paid receipt number .....

Balance due .....

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

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

Signature of recorded holder of deed

Carmela Litch  
Signature  
3395 Eto Street CA  
Address  
Spring Valley, CA 92077  
Zip Code  
766-8724  
Telephone

Work Order # E 5523  
PY-593 (REV. 9-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-552-3

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Joseph Cascio</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Oct. 12, 1890</b>	DATE OF DEATH <b>Oct. 16, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Sanon Grove</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Carmela Leithh-Daughter 3345 Eton Greens Court Spring Valley, California 92077</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

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 <b>Mount Hopp, Cemetery 3330 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 21 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/21/85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <b>Dorall E. Ramos, M.D.</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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-5522

*Robin Stantial Dean*

ATTORNEY AND COUNSELOR AT LAW

IMPERIAL BANK TOWER

701 "B" STREET, SUITE 800

SAN DIEGO, CA 92101-8199

TELEPHONE (619) 234-0950

*Bill  
Stantial*

*home - 280-4453*



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-18-85

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

of Clarence Roland

in a Bell Tower Vault/Urns Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; Ragsdale Mortuary.

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

Lot 124 Grave 11 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund	395.00
Additional spaces and care fund	_____
Opening/Closing & Setup	320.00
Burial Container	100.00
Handling Fees	145.00
Flower vases - Marker setting fee	_____
Recording and filing fee	35.00
Sales taxes	6.00
Total Due	\$1001.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

I hereby authorize the interment in lot hold under deed.

Signature of recorded holder of deed

Gladys White

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5524

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/21/85

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

of James Edward Willie

in a Linic Funeral, date, time 10/22 @ 11 Am

Church Chapel, Graveside Mortuary; Pagdale

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

Lot 22 Grave 1 Row - Section 2 Division/Block 11

Grave space & Care Fund .....	<b>PAID</b>	<u>250<sup>00</sup></u>
Additional spaces and care fund .....	<b>OCT 22 1985</b>	<u>320<sup>00</sup></u>
Opening/Closing & Setup .....	<b>MT. HOPE CEMETERY</b>	<u>100<sup>00</sup></u>
Burial Container .....	<b>CITY OF SAN DIEGO, CALIF.</b>	<u>145<sup>00</sup></u>
Handling Fees .....		<u>-</u>
Flower vases - Marker set up fees .....		<u>35.00</u>
Recording and filing fee .....		<u>6<sup>00</sup></u>
Sales taxes .....		<u>856<sup>00</sup></u>

Total Due ..... 856<sup>00</sup>

Paid receipt number 32863 856<sup>00</sup>

Balance due 0

*Via Phone  
Mr. Pagdale  
ex. Sub*

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

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

Signature of recorded holder of deed \_\_\_\_\_

*Via Phone -*  
Signature Pagdale  
Address \_\_\_\_\_  
Date \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Sub

Work Order # E 5525  
PR-883 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_





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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3181

No 32863

DATE 10/22/85 19

FROM Anderson-Ragsdale Mortuary ADDRESS 5050 Federal Blvd - S.D. 92102  
Eight Hundred Fifty Six and no/100 DOLLARS (\$ 856.00)  
 IN full PAYMENT OF Interment of James Edward Wilkie - deceased  
(Ch 1049 - \$850 - Cash 6.00)

LOT 22 GRAVE 1- ROW - SECTION 2 DIVISION 11

INVOICE NO. \_\_\_\_\_

W.O. E-5525

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED "PAID" IN THIS SPACE  
**PAID**  
 OCT 22 1985  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.  
*Rayen Stetter*

CREDIT	87007	50.00
NO. SALES CARD	77184	
NO. SALES OF LOTS	100	200.00
	77184	
OPENING	100	320.00
	77181	
BOXES	100	100.00
	77182	
REMOVALS	100	180.00
FOUNDATIONS	77183	
SALES TAX	80181	6.00
	8020	
TOTAL PAID		856.00

UNPAID BALANCE AFTER THIS PAYMENT  
Ch 1049 - Cash 6.00  
 AC-212 (REV. 5-81)

JACKSON MEMORIAL CHURCH  
 OF GOD IN CHRIST  
 3805 OCEAN VIEW BLVD. 819-264-2587  
 SAN DIEGO, CA 92113

1049

Oct. 21, 1985

90-49/1222

PAY TO THE ORDER OF ANDERSON-RAGSDALE MORTUARY

\*\* 850.00 \*\*

Eight Hundred Fifty-----00/100 DOLLARS

CALIFORNIA 1ST BANK SAN DIEGO MAIN OFFICE  
 1201 Fifth Avenue  
 San Diego, California 92101

*Rayen Stetter*  
*James A. Beake*

⑈001049⑈ ⑆122200490⑆0011674421⑈

1049

ANDERSON - RAGSDALE  
 MORTUARY  
 5050 FEDERAL BLVD. 263-3141  
 SAN DIEGO, CALIF. 92102  
 MOUNT HOPE CEMETERY  
 \* 32863

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-2151

No. 32863

DATE 10/22/85 19

FROM Anderson-Rapdale Mortuary ADDRESS 5050 Federal Blvd - S.D. 92102

Eight Hundred fifty six and no/100 DOLLARS (\$ 856<sup>00</sup>)

IN full PAYMENT OF Interment of James Edward Wilkie - deceased  
(Ch. 6049 - #850 - Cash 6<sup>00</sup>)

LOT 22 GRAVE 7 ROW - SECTION 2 DIVISION 11

INVOICE NO. -

W.O. E-5525

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR

OCT 24 1985

*Raymond Stettin*

CEREBY	67007	5000
5% SALES TAX	77184	
9% SALES OF LOTS	100	200 00
	77184	
OPENINGS	100	320 00
	77184	
WORK	100	100 00
	77184	
REMOVALS FOUNDATIONS	100	180 00
	77184	
SALES TAX	60191	6 00
	9828	
TOTAL PAID		856 00

9/2/85

Ch 1049 - Cash 6<sup>00</sup>



E-5525

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>JAMES EDWARD WILLIE</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 11, 1932</b>	DATE OF DEATH <b>Oct. 18, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ardella Portis - Mother 1059 Beverly Street San Diego, California 92114</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mofitary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.; San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>OCT 22 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramras, M.D.M.M.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>James W. Stetter</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>22-1-2-85</b> (ENTER DATE)			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 10-22-85

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

of Harris B. Miller

in a Bell Funeral, date, time Fri-10/25- 1 P.M.

Church, Chapel, Graveside Graveside only : Alcayon Mortuary.

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

Lot \_\_\_\_\_ Grave 20 Row 32 Section 5 Division/Block 7

Grave space & Care Fund ..... Proceed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

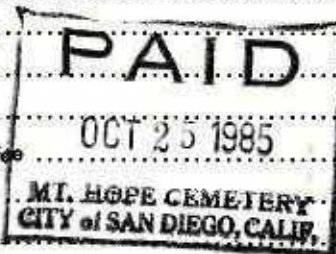
Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00



Total Due ..... 606.00

10/22/85 Paid receipt number 32862 187.00

32870 Balance due \$419.00

-0-

*need  
Full Beans  
By Fri.*

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

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

John D. Wayda John D. Wayda  
Signature of recorded holder of deed

John D. Wayda  
Signature  
1218-B WESTLAKE BLVD  
Address  
WESTLAKE VILLAGE CA  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

91361  
Telephone  
805-497-7264

John Wayda

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5526**

PY-593 (REV. 8-85)

*Lang*



Carols Montway

440-8033

will pay for

# NOTE—STRAIGHT

\$ 419.00 San Diego, California Oct 22, 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 Four hundred nineteen DOLLARS.

with interest from Nov 22, 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 John S. Wanda

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3181

No 32870

DATE 10/25/85 1985

FROM John W. Wayda ADDRESS 971 Washburn Bl. Westlake Ca 91361

IN full PAYMENT OF Interment fee on Harish Miller Dec DOLLARS (\$) 419<sup>00</sup>

LOT — GRAVE 20 ROW 32 SECTION 5 DIVISION BLOCK 7

INVOICE NO. \_\_\_\_\_

W.D. E-5526

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE.  
 CITY AUDITOR  
 OCT 28 1985  
 ISSUED BY [Signature]

CREDIT	87007	
20% SALES TAX	77184	
20% SALES OF LOTS	100	
	77184	
OPENINGS	100	133 00
	77181	
BOXES	100	100 00
	77182	
REMOVALS	100	180 00
FOUNDATIONS	77183	
SALES TAX	88101	6 00
	9820	
TOTAL PAID		419 00

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-2181

No 32862

E-5526

DATE 11-23 1985

FROM Tommy Rego ADDRESS 3617 N. Whitewind Dr. El Cajon

One hundred eighty seven and no/100 DOLLARS (\$ 187.00)

IN cash PAYMENT OF Garrie Miller's grave

LOT \_\_\_\_\_ GRAVE 20 ROW 32 SECTION 15 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-5526

UNPAID BALANCE AFTER THIS PAYMENT \$419.00

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

CITY AUDITOR  
 OCT 24 1985

ISSUED BY Boranga

CREDIT	67887	
8% SALES TAX	77184	
8% SALES OF LOVE	100	
	77184	
OPENERS	100	<u>187.00</u>
	77184	
BOXES	100	
	77184	
REMOVALS FOUNDATIONS	100	
	77184	
SALES TAX	60101	
	9020	
TOTAL PAID		<u>187.00</u>



E-5526

File

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>HARRIS BYRON MILLER</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>Feb. 12, 1899</b>	DATE OF DEATH <b>Oct. 20, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Hazel Riggs - Sister 362 N. Westwind El Cajon, CA 92020</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>EL CAJON MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-1022</b>		

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 <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Not Applicable</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Not Applicable</b>		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 <b>Not Applicable</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>Not Applicable</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>OCT 22 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Torah L. Brown, M.D.</b>
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 <b>[Signature]</b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10-22-85

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

of Irene Kruse

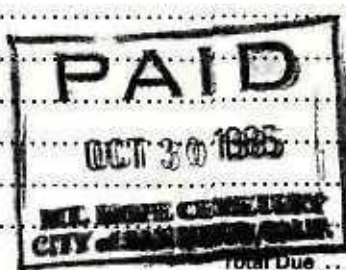
in a Bell Liner Funeral, date, time Tues 10-23

Church, Chapel, Graveside Upon delivery Lakeside Mortuary.

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

Lot 60 Grave 7 Row \_\_\_\_\_ Section 4 Division/Block 5

Grave space & Care Fund .....		
<del>Additional spaces and care fund</del> <u>Disinterment 1973</u> .....		<u>700.00</u>
Opening/Closing & Setup .....		<u>320.00</u>
Burial Container .....		<u>100.00</u>
Handling Fees .....		<u>145.00</u>
Flower vases - Marker setting fee .....		<u>35.00</u>
Recording and filing fee .....		<u>6.00</u>
Sales taxes .....		<u>1306.00</u>
	<b>Total Due</b>	<b>\$ 1306.00</b>
	Paid receipt number <u>32877</u>	<u>1306.00</u>
	Balance due	<u>0</u>



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

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

Signature of recorded holder of deed

Dan - 443-3918

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5527**

PY-593 (REV. 8-80)

(See back)



Air Seal Vault in 1967

Disinter

Ernest John Kruse  
and Reinter

Ernest John Kruse  
and Irene Kruse

No family -  
authorized by  
mortuary and  
brother of Irene Kruse

E-5527

DETACH AND RETAIN THIS STATEMENT  
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.  
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.LAKESIDE-SANTEE FUNERAL CHAPEL  
LAKESIDE, CALIFORNIA 92040

DESCRIPTION OR INVOICE NO.	SSN OR EIN NO. 1099	CONTRACT NO.	LOC NO.	ACCT NO.	DEBIT	CREDIT
EXPENSE DATE <u>October 31, 1985</u>						
KRUSE, IRENE						
CEMETERY EXPENSES		200011	4618	406-000	\$1,306.00	



REYNOLD A PAAJANEN  
1145 HIGH  
WARREN OH 44483 22AM

Western  
Union **Mailgram**



4-010833S295002 10/22/85 ICS IPMBNGZ CSP SDGB  
2 2163925166 MGM TDBN WARREN OH 10-22 1049A EST

E-5527

LAKESIDE SANTEE FUNERAL CHAPEL  
9840 MAIN AVENUE  
LAKESIDE CA 92040

THIS IS A CONFIRMATION COPY OF A TELEGRAM ADDRESSED TO YOU:

THE PAAJANEN FAMILY REQUESTS MT. HOPE CEMETERY TO DISINTER ERNEST  
KRUSE, DIG HIS GRAVE DEEPER AND TO PLACE OUR SISTER, IRENE E. KRUSE  
ABOVE ERNEST IN THE SAME GRAVE 7. MR ROBERT TUCHECK WILL TAKE CARE OF  
ALL ARRANGEMENTS WITH YOU.

REYNOLD A PAAJANEN  
1145 HIGH  
WARREN OH 44483

10:48 EST

MGMCOMP

E-55:27

69

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Irene Elizabeth Kruse</b>		SEX <b>Female</b>	DATE OF BIRTH <b>9/21/1916</b>	DATE OF DEATH <b>10/19/1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Robert Tuckeck - friend</b> <b>13445 Hwy. 8 Business</b> <b>El Cajon, CA 92021</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Lakeside-Santee Funeral Chapel</b>		CALIFORNIA LICENSE NUMBER <b>F-997</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1. BURIAL (INCLUDES ENTOBMENT)
- 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4. SCIENTIFIC USE
- 5. DISINTERMENT AND BURIAL (INCLUDES ENTOBMENT)
- 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market St., San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		

ACKNOWLEDGMENT OF APPLICANT	<b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b>	SIGNATURE OF APPLICANT ▶
		DATE SIGNED

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 22 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Carroll, M.D.</b>
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 <b>[Signature]</b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 . . . . . MAYOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3181

NO 32877

E-5527

General Chapel

DATE 10-30 19 85

FROM Lakeside - Boston

ADDRESS 9840 Main Ave. Lakeside 9204

Amount paid by an invoice — DOLLARS \$ 1306.00

IN cash PAYMENT OF Gene Krueger Strouck

LOT 66 GRAVE 7 ROW SECTION 4 DIVISION BLOCK 5

INVOICE NO. Check

W.O. E 5527

UNPAID BALANCE AFTER THIS PAYMENT

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

CITY AUDITOR  
 NOV 4 1985

ISSUED BY J. Wang

CREDITS	67007	
2% EARLY CASH	77184	
10% SALES OF LOYS	100	
	77184	
OPENINGS	100	3:21 10
	77181	
BOXES	100	11: 20
	77182	
REMOVALS FOUNDATIONS	100	2:46 10
	77183	
SALES TAX	80101	6: 00
	9020	
TOTAL PAID		\$ 1306.00

Pre-need

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/22/85

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

of Richard Albert I Bearden

in a Vault Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

Lot 53 Grave 11 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund E-5235 - Pre need - \_\_\_\_\_

Additional spaces and care fund none \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

Burial Container Air Seal Vault \_\_\_\_\_ 175.00

Handling Fees \_\_\_\_\_ 170.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 10.50

see over **PAID** deposit - 710.50  
OCT 22 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.  
Paid receipt number 32861 710.50

Balance due 0

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

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

X Rose M Stangis  
Signature of recorded holder of deed

X Rose M Stangis  
Signature  
1260-3rd Ave apt 226  
Chula Vista, Ca 92011  
Zip Code  
426-6401  
Telephone

Work Order # E 5528  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 294-3181

No. 32861

DATE 10-22-80

FROM Hazel M. Shuffell ADDRESS 1260 3rd Ave apt 226 - C.V. 92011

Seven Hundred Ten and 50/100 DOLLARS (\$ 710<sup>50</sup>)

IN full PAYMENT OF Pre-need fee for Albert F. Bearden

LOT 53 GRAVE 11 ROW SECTION 3 DIVISION BLOCK 12

INVOICE NO. \_\_\_\_\_

W.O. E-5528

UNPAID BALANCE AFTER THIS PAYMENT 0

ck # 114  
 AD-512 (REV. 7-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED 'PAID' IN THIS SPACE.  
 CITY AUDITOR  
 OCT 24 1985  
 ISSUED BY [Signature]  
 See over

CREDIT	87007	
25% SALES TAX	77184	
95% SALES OF LOTS	100	
	77184	
OPERINGS	100	320 00
	77184	
BOXES	100	175 00
	77184	
REMOVALS FOUNDATIONS	100	205 00
	77184	
SALES TAX	50101	10 50
	9920	
TOTAL PAID \$		710 50

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and re-burial, when the above pre-need services are utilized, an additional payment, if applicable, will be required to reflect the current cost of providing the services.

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



**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 10/22/85

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

of Eugene Fry

in a liner Funeral, date, time 10/25 Fri - 11:00 AM

Church Chapel, Graveside ; Goodbody's Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WVH2

Lot 1285 Grave - Row - Section 1 Division/Block 8

Grave space & Care Fund Per head # C-1354

Additional spaces and care fund none

Opening/Closing & Setup P.P.

Burial Container liner P.P.

Handling Fees P.P.

Flower vases - Marker setting fee (GI-9/35<sup>00</sup>) 150.00

Recording and filing fee 35.00

Sales taxes Will take 20% + 8% or. 9.90

Total Due 194.90

Paid receipt number 32865

Balance due 0

*Madeleine Sam*

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

OCT 22 1985  
**MT. HOPE CEMETERY**  
**CITY OF SAN DIEGO, CALIF.**

I hereby authorize the interment in lot 1 hold under deed.

*X Juan Gusman*

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # **E 5529**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3181

T651R5  
 NO 32865

E-5529

DATE 10/24/85

FROM Jane Chemenan ADDRESS 3919-116th Edmondton Alberta  
Canada - T651R5  
One Hundred Ninetyfour and 00/100 DOLLARS (\$ 194.90)

IN full PAYMENT OF Market Ins & Rec fee - Eugene Fry

LOT 1285 GRAVE \_\_\_\_\_ ROW \_\_\_\_\_ SECTION 1 DIVISION 8  
 BLOCK \_\_\_\_\_

INVOICE NO. \_\_\_\_\_

W.O. E5529

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR REFUND UNLESS  
 STAMPEd "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 OCT 28 1985  
 366  
 DR  
 ISSUED BY [Signature]

CREDIT	67007	P.P.
80% SALES TAX	77184	
80% SALES OF LOTS	100	
	77184	
OPENING	100	P.P.
	77181	
BOXES	100	P.P.
	77182	
REMOVALS	100	185.00
FOUNDATIONS	72183	
SALES TAX	60101	9.90
	3829	
TOTAL PAID		194.90



E-5529

98

**PERMIT FOR DISPOSITION OF HUMAN REMAINS**

NAME OF DECEDENT <b>EUGENE FRY</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>2/22/1887</b>	DATE OF DEATH <b>10/21/1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SPOKANE</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>WASHINGTON</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>JUNE CHEESMAN niece</b> <b>3919 116th ST.</b> <b>EDMONTON, ALBERTA, CANADA</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>GOODBODY MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F 790</b>		

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 <b>MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>OCT 25 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D. ce.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

CASE

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

# 12048

Date 10-24-85

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

of Richard R. Powers Jr

in a \_\_\_\_\_ Vault/Urns Funeral, date, time Fri 10/25 9:00

Church, Chapel, Graveside delivery; Feathermills Mortuary.

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

and billed to undersigned. War time veteran \_\_\_\_\_ (DIP)

Lot 169 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 55

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 90

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of dead \_\_\_\_\_

County of SD PA  
Signature \_\_\_\_\_  
Address 5201-A Ruffin Rd  
SD Ca 92123 Zip Code

Telephone Mary Sager

Invoice # 036971

Acct. # 000952

Work Order # E 5530



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: 234323  
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/EN	PAYM REF NO FACIL1	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
036971	11/12/85	000952	COUNTY OF SAN DIEGO 100 072 100 072	77181 77184	000072 000072	12/06/85	CK	04-524958	145.00 90.00 55.00	145.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 145.00

**E-5530**

E-5530

41

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Richard R. Powers, Jr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>12/8/1944</b>	DATE OF DEATH <b>10/19/1985</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator 5201A Ruffin Rd. San Diego, CA 92123</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Featheringill Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

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 <b>Mt. Hope Cemetery, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 25 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/25/85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Arnold J. Powers, M.D. CC.</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Deborah [Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

12/10/85  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 32936

Date: 12-6, 1985

From: County of S.D. Address: 5201-A. Ruffin Rd. De 92123

In full Payment of Richard Proctor Jr. service Dollars (\$ 145.00)

Lot 69 Grave 10 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. 036971

Acct. No. 100952

W.O. E-5530

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.

ISSUED BY B. [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 8020	
TOTAL PAID		\$ <u>145.00</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 10-25-85

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

of Proceed for Helen Miller

in a (Services) Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

✓ Lot 4 Grave 3 Row \_\_\_\_\_ Section 7 Division/Block 5

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105.00

Burial Container Ash Vault \_\_\_\_\_ 40.00

Handling Fees \_\_\_\_\_ 60.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 2.40

Total Due \_\_\_\_\_ 242.40

Paid receipt number 32869 \_\_\_\_\_ 242.40

Balance due 0

**PAID**  
OCT 25 1985  
MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.

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

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

Paula Jones  
Signature of recorded holder of deed

Virginia Gattward,  
daughter

Virginia Gattward  
Signature  
4591 La Grana Ave  
Address  
San Diego, CA 92115  
City  
582-7325  
Telephone  
Zip Code

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5531  
PY-593 (REV. 8-85)



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 254-3181

No 32869

DATE 10-25 1915

FROM Virginia Pittman ADDRESS 4591 Catherine St. #2115

Four hundred and twenty one (421) — DOLLARS (\$ 421.<sup>00</sup>)

IN full PAYMENT OF Prepaid services for

Delores Miller (not guaranteed)

LOT 4 GRAVE 2 ROW \_\_\_\_\_ SECTION 7 DIVISION Block C

INVOICE NO. CRICK

W.O. E-5531

UNPAID BALANCE AFTER THIS PAYMENT 0

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

**CITY AUDITOR**  
**OCT 28 1915**

ISSUED BY R. [Signature]

CREDIT	87807	
8% SALES TAX	77184	
8% SALES OF LOTS	100	
	77184	
OPENINGS	100	115.00
	77184	
BOXES	100	41.00
	77184	
REMOVALS FOUNDATIONS	100	90.00
	77184	
SALES TAX	60101	
	6080	
TOTAL PAID		244.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/25/85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ellen J. Johnson

in a liner Funeral, date, time Mon - 10/28 - 2 P.M.

Church, Chapel, Graveside Church & S.S.; Featheringill Mortuary.

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

✓ Lot 118 Grave 7 Row - Section 1 Division/Block 12

Grave space & Care Fund ..... Burial - E-1889 \_\_\_\_\_

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup Philip ..... \_\_\_\_\_

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... \_\_\_\_\_

Total Due ..... 35.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed

By Phone  
with Bill of \$2500

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 036973

Acct. # 008622

Work Order # E 5532

FF-593 (REV. 8-86)

Featheringill



E-5532

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

NAME OF DECEDENT <b>ELLEN JOSEPHINE JOHNSON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Aug. 11, 1903</b>	DATE OF DEATH <b>Oct. 23, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Spring Valley</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Carl W. Johnson, husband 325 Kempton St., Apt. 308 Spring Valley, California</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>FEATHERINGILL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

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 <b>Mt. Hope Cemetery, San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 25 1985</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Ramos, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>10/28/85</b> (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

12/16/85  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 32948

Date: 12-16 1985

From: Featherwell Morte Address: 6319 Alhambra Blvd. # 1011  
Forty thousand no/100 Dollars (\$ 35.00)  
 In full Payment of Cleaning Johnson

Lot 111 Grave 1 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. 1316973  
 Acct. No. 10662  
 W.O. E-5532  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

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

ISSUED BY [Signature]

CREDIT	67007	
30% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or mic. service fees	100	
	77183	
Sales Tax	60101	
	9020	
TOTAL PAID		\$ <u>35.00</u>



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: 4

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
036973	11/12/85	008622	FEATHERINGILL MORTUARY 100 072	77183	000072	12/13/85	CK	4356	35.00 35.00	35.00	0.00 PAID IN FULL

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 10-28-85

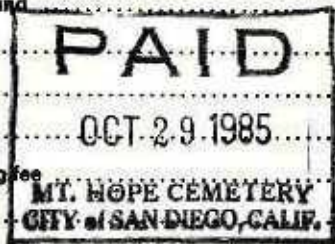
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Geraldine Epps  
 in a Bell Vault/Liner Funeral, date, time Wed 10/30 11:00  
 Church, Chapel, Graveside Ragsdale Mortuary.

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

✓ Lot 21 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund .....	<u>250.00</u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>100.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>6.00</u>
<b>Total Due .....</b>	<b><u>856.00</u></b>



Phoned by Ragsdale  
 Paid receipt number 32875 856.00  
 Balance due 0

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

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

\_\_\_\_\_  
 Signature of recorded holder of deed

Shirley L. Corley  
 Signature  
783 W. Palm St. #1000  
 Address  
Chely 91001  
 City Zip Code  
818 791-3484  
 Telephone

Work Order # **E 5533**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 262-2151

No 32875

DATE 10/29 1985

FROM Sherril L. Corley ADDRESS 483 W. Palm St - Altadena, Ca - 91001

Eight hundred fifty six and <sup>00</sup>/<sub>100</sub> DOLLARS (\$ 856<sup>00</sup>/<sub>100</sub>)  
 IN Full PAYMENT OF Interment of Geraldine Epps - dec

LOT 21 GRAVE 4 ROW SECTION 2 DIVISION BLOCK 11

INVOICE NO. \_\_\_\_\_

W.O. E-5533

UNRAID BALANCE AFTER THIS PAYMENT 0

#211  
 AC-315 (REV. 1-81)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED IN THIS SPACE.

CITY AUDITOR  
 OCT 31 1985

ISSUED [Signature]

CREDIT	67007	50 00
5% SALES TAX	77184	
5% SALES OF LOTS	100	200 00
	77184	
OPENINGS	100	320 00
	77181	
BOXES	100	100 00
	77182	
REMOVALS	100	180 00
FOUNDATIONS	77182	
SALES TAX	80191	6 00
	9020	
TOTAL PAID		856 00

E-5533

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>GERALDINE EPPS</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>JAN. 27, 1933</b>	DATE OF DEATH <b>OCT. 25, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Sheri Lynn Corley - Daughter</b> <b>483 West Palm Street</b> <b>Altadena, CA. 91001</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St.; San Diego, CA.</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>OCT 29 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramos, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Key...</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-28-85

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

of Frances Borgo

in a Ash Vault Funeral, date, time Fri 11-1-85 11:00

Church, Chapel, Graveside no service Heath Mortuary.

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

✓ Lot 1063 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105<sup>00</sup>

Burial Container Ash \_\_\_\_\_ 40<sup>00</sup>

Handling Fees \_\_\_\_\_ 60<sup>00</sup>

Flower vases - Marker setting fee \_\_\_\_\_

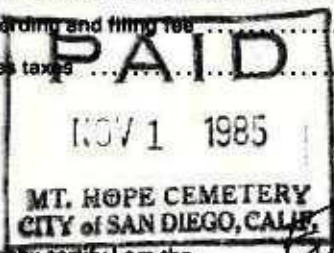
Recording and filing fee \_\_\_\_\_ 35<sup>00</sup>

Sales taxes \_\_\_\_\_ 2.40

Total Due \_\_\_\_\_ 242.40

Paid receipt number 32879 242.40

Balance due 0



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

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

Howard Heath  
Signature

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Signature of recorded holder of deed

called by  
Howard Heath

Work Order # E 5534

PY-593 (REV. 8-85)

B. Lang

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3131

No 32879

DATE 11/1/85 1985

FROM Heath Funeral Home ADDRESS 611 Highland Ave. N.C. 92060

I was hundred forty two and 40/100 DOLLARS (\$ 242 40/100)

IN full PAYMENT OF Interment of remains of Frances Berge

LOT 1063 GRAVE \_\_\_\_\_ ROW \_\_\_\_\_ SECTION 1 DIVISION BLOCK 8

INVOICE NO. \_\_\_\_\_

W.O. F5534

UNPAID BALANCE AFTER THIS PAYMENT 0

NOY VAL [unclear] PURPOSE STATED UNLESS STAMPED IN THIS SPACE.

**AUDITOR**  
 NOV 4 1985

ISSUED [Signature]

CREDIT	67007	
2% SALES TAX	77184	
4% SALES OF LOTS	100	
	77184	
OPENINGS	100	105 00
	77182	40 00
REMOVALS FOUNDATIONS	100	95 00
	77183	
SALES TAX	80101	2 40
	9020	
TOTAL PAID		242 40

OK 1180  
 10-21 (REV. 7-81)



E-5534

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>FRANCES MARIA BORGIO</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>JUNE 3, 1905</b>	DATE OF DEATH <b>OCT. 27, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Albert G. Cabella - Brother 1098 Alpine Avenue Chula Vista, CA 92011</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Heath Funeral Home</b>		CALIFORNIA LICENSE NUMBER <b>807</b>		

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 <b>N/A</b>		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneta Crematory, El Cajon, CA</b>	DATE CREMATED <b>Oct. 29, 1985</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, San Diego, California</b>		COUNTY <b>San Diego</b>
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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>OCT 29 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11/1/85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>cc.</b>

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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-28-85

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

of Preneed for Leila Nunez

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

✓ Lot \_\_\_\_\_ Grave 7 Row 19 Section 5 Division/Block 7

Grave space & Care Fund ..... 595<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

**PAID**  
OCT 28 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 595<sup>00</sup>

Paid receipt number 32874 595<sup>00</sup>

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

B. Lorraine Holston  
Signature  
15023 Olmsted Dr  
Address  
Denver, Co 80239  
City  
Telephone# BLL  
Zip Code

Work Order # E 5535

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PY-583 (REV. 8-85)

#11207



E-5535

October 23, 1995

Dear Mr. Ragsdale,

Thank you for taking care of  
the burial plot for my mother,  
Feila Nunez. I am enclosing  
the check in the amount of  
\$595.<sup>00</sup> for full payment for  
the plot.

I will also need a receipt  
to give to the Stovall Care  
Center.

Thank you so much for your  
expeditious handling of this  
matter. God bless you.

Sincerely,

Lorraine Gholston

Mail deed to Anderson-Ragsdale

---



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 003849 MOUNT HOPE CEMETERY  
 244-3151

No 32874

DATE 10-28 1985

FROM L. Virginia Melton ADDRESS 151-31 Dunwoody Dr. Dunwoody Co

pipe around rd. north of line and "two" <sup>80239</sup> DOLLARS (\$ 595.00)

IN full PAYMENT OF pre-billed lot garage & 1/2 pipe

LOT \_\_\_\_\_ GRAVE 7 ROW 19 SECTION 5 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-5535

UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR  
 OCT 31 1985

ISSUED BY C. Young

CREDIT	87007	119.00
20% SALES TAX	77184	
20% SALES OF LOTS	100	476.00
	77184	
OPENINGS	100	
	77181	
BOXES	100	
	77182	
REMOVALS	100	
FOUNDATIONS	77183	
SALES TAX	88101	
	9820	
TOTAL PAID		595.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10/30/85

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

of Willette I Vann

in a Vault Funeral, date, time 11/1/85 - 1 P.M.

Church, Chapel, Graveside Mortuary, Ragsdale

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 67 Grave 7 Row - Section 1 Division/Block 11

Grave space & Care Fund ..... 495.00

Additional spaces and care fund Res sp # 8 for 30 days ..... 330.00

Opening/Closing & Setup ..... 125.00

Burial Container ..... 170.00

Handling Fees ..... -

Flower vases - Marker setting fee OCT 30 1985 ..... 35.00

Recording and filing fee ..... 10.50

Sales taxes ..... 1205.50

**PAID**  
OCT 30 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 1205.50

Paid receipt number 32876 1205.50

Balance due 0

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

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

Signature of recorded holder of dead

Erangelia D Vann  
Signature  
5491 Laurel St.  
Address  
San Diego Cal. 92105  
State Zip Code  
264-0942  
Telephone

Work Order # E 5536

PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-5536

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>WILLETTE IONE VANN</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 13, 1968</b>	DATE OF DEATH <b>Oct. 28, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Evangeline D. Vann - Mother 5491 Laurel Street San Diego, CA 92105</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.; San Diego, CA 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT  DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>NOV 1 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 1 1985</b> <small>(ENTER DATE)</small>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT  SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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  
 CASH . . . . . CEMETERY  
 PINK . . . . . AUDITOR  
 GOLDENROD . . . . . RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-2181

No 32876

003894

DATE 10/30/85 19

FROM Evangelina D. Vann ADDRESS 5491 Laurel St. - A.D. 92105  
~~One Thousand Two Hundred Sixty~~ DOLLARS (\$ 1205.50)  
 IN full PAYMENT OF Ante-mortem of Wilbelle I Vann - Dec

LOT 67 GRAVE 7 ROW \_\_\_\_\_ SECTION 1 DIVISION BLOCK 11

INVOICE NO. \_\_\_\_\_

W.O. E5536UNPAID BALANCE AFTER THIS PAYMENT 0

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

CITY AUDITOR  
 NOV 4 1985

ISSUED BY Prozen

CREDIT	87807	99.00
5% SALES TAX	77188	
1% SALES TAX ON LOTS	180	396.00
77184		
OPENINGS	180	320.00
77181		
WORKS	180	175.00
77182		
REMOVALS FOUNDATIONS	180	205.00
77183		
SALES TAX	80181	10.50
9028		
TOTAL PAID		1205.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Case # 120-25

Date 10-30-85

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

of Infant Herrad

in a \_\_\_\_\_ Funeral, date, time Thurs. 10/31 1:00

Church, Chapel, Graveside Delivery only; Ragsdale Mortuary.

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

Lot 65 Grave 6 Row \_\_\_\_\_ Section 5 Division/Block 7

Grave space & Care Fund ..... 2800

Additional spaces and care fund ..... 4500

Opening/Closing & Setup ..... 7300

Burial Container ..... 2-D Safe

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 7300

Bill PA

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

County of SD  
Signature  
5201-A Ruffin Rd  
Address  
SD Cal 92123  
City Zip Code  
Judy Pretton  
Telephone

Invoice # 037462

Acct. # 000952

Work Order # E 5537  
PY-593 (REV. 8-85)



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

12/19/85

No 32960

E-5537

Date: 12-17, 1985

From: Mount Hope Cemetery Address: 5201-A University Ave San Diego, CA 92161

in full Payment of \$72.00 Dollars (\$ 72.00 )

Payment of report No 4484 service case # 12-85

Lot 65 Grave 6 Row Section 5 Division Block 7

Invoice No. 13746  
 Acct. No. 66952  
 W.O. E-5537  
 Unpaid Balance after this Payment

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

ISSUED BY *[Signature]*

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	0	72.00

Pre-Need  At Need  On Acct   
 Ck  Cash

E-55.37

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>BABY BOY HERROD</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>Sept. 15, 1985</b>	DATE OF DEATH <b>Sept. 15, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lorrain Herrod - Mother 3904 Hemlock Street San Diego, California 92113</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>OCT 31 1985</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>10/31/85</u> <small>(ENTER DATE)</small>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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-5537

037462 11/27/85 000952 COUNTY OF SAN DIEGO  
E-5537 100 072  
100 072

12/17/85 CK 532294  
77181 000072  
77184 000072

73.00  
45.00  
28.00

73.00 0.00  
PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-31-85

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

of Kathryn Chewing

in a Belle <sup>Vault/Liner</sup> Funeral, date, time 11:50 AM Tue

Church, Chapel, Graveside Featherungill Mortuary.

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

✓ Lot 30 Grave 9 Row      Section 1 Division/Block 11

Grave space & Care Fund .....	<u>Prepaid</u>
Additional spaces and care fund .....	<u>    </u>
Opening/Closing & Setup .....	<u>Paid</u>
Burial Container .....	<u>Paid</u>
Handling Fees .....	<u>    </u>
Flower vases - Marker setting fee .....	<u>Paid</u>
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>    </u>
Total Due .....	<u>35.00</u>

*Invoice  
Featherungill*

Paid receipt number \_\_\_\_\_  
Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

*Called by  
Wally Featherungill*

Work Order # E 5538

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Telephone

Invoice # 037466  
Acct. # 008622



E-5.538

## PERMIT FOR DEPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>KATHRYN — CHEWNING</b>		SEX <b>Female</b>	DATE OF BIRTH <b>11/13/1903</b>	DATE OF DEATH <b>10/30/1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Arkadelphia</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Arkansas</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Richard Chumbley, son 6354 Lake Aral San Diego, CA</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Featheringill Mortuary</b>			CALIFORNIA LICENSE NUMBER <b>1083</b>	

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 <b>Mt. Hope Cemetery, San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 05 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D.</i> <b>cc.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 5 1985</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

12/16/85  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 32949

Date: 12-10, 1985

From: Kathleen M. [unclear] Address: 6322 Wagon Wheel Rd #9-115  
Party Ave and no 1100 Dollars (\$ 35.00)  
 In full Payment of Kathleen's cremation service

Lot 30 Grave 9 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. 037466  
 Acct. No. 118602  
 W.O. E-5538  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

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

ISSUED BY B. [unclear]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or mic. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>35.00</u>



E-5538

037466	11/27/85	008622	FEATHERINGILL MORTUARY	100	072	77183	000072	12/13/85	CK	4356	35.00	35.00	0.00
NUMBER OF INVOICES PAID												35.00	PAID IN FULL
TOTAL AMOUNT PAID												70.00	

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-1-85

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

of Preneed for Lee O. Lantz  
in a and Tom P. Vault/Line Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

✓ Lot 794 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund	.....	<u>595.00</u>
Additional spaces and care fund	.....	
Opening/Closing & Setup	.....	<u>320.00</u>
Burial Container <u>Double Death Crypt</u>	.....	<u>330.00</u>
Handling Fees	.....	<u>320.00</u>
Flower vases - Marker setting fee	.....	
Recording and filing fee	.....	<u>35.00</u>
Sales taxes	.....	<u>19.80</u>
		<u>1619.80</u>
		<u>1619.80</u>
		<u>0</u>

**PAID**  
NOV 1 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Dues \$ 1619.80  
Paid receipt number 92880  
Balance due 0

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

I hereby authorize the interment in lot I hold under deed.  
Lee O. Lantz  
Signature of recorded holder of deed

Lee O. Lantz  
Signature  
4599 Dwight St.  
Address  
San Diego  
City  
CA  
State  
92125  
Zip Code  
284-3135  
Telephone

Work Order # **E 5539**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

RY 693 (REV. 8-85)  
**#11209**



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 244-2181

No 32880

003977-1

19 85

FROM Donna K. Santy ADDRESS 4577 Dunbarton St. La Jolla

IN full PAYMENT OF burial lot X Deep grave Donna K. Santy

LOT 794 GRAVE \_\_\_\_\_ ROW \_\_\_\_\_ SECTION \_\_\_\_\_ DIVISION BLOCK 11

INVOICE NO. check

W.O. E-5539

UNPAID BALANCE AFTER THIS PAYMENT ✓

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 NOV 6 1985  
 ISSUED BY [Signature]

CREDIT	57097	
2% SALES TAX	77184	119.00
50% SALES OF LOVE	100	476.00
77184		
OPENINGS	100	320.00
77181		
WORKS	100	320.00
77182		
REMOVALS FOUNDATIONS	100	320.00
77183		
SALES TAX	60101	17.00
9020		
TOTAL PAID :		1419.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

11/4/85

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

in a Linic Funeral, date, time 10AM - 11-5 - TUES.

Church, Chapel, Graveside ROGERS Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No D-2-33 Russian Area

Lot 18 Grave 18 Row 8 Section 3 Division/Block 2

Grave space & Care Fund	495 <sup>00</sup>
Additional spaces and care fund	<u>none</u>
Opening/Closing & Setup	320 <sup>00</sup>
Burial Container	100 <sup>00</sup>
Handling Fees	145 <sup>00</sup>
Flower vase - Marker setting fee	35 <sup>00</sup>
Recording and filing fee	6 <sup>00</sup>
Sales taxes	11.0V 5 1985

PAID  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 1100  
Receipt number 32884  
Balance due 1100<sup>00</sup>

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

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

Signature Harry Butler Jr.  
Address 662 Ches St  
S.D. 92115  
City San Diego Zip Code  
Telephone 466-9307

Signature of recorded holder of deed

Work Order # E 5540  
PV-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

*Seay*



OFFICIAL RECEIPT



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

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

NO 32884

DATE 11/5/85 19

FROM Harry Butler Jr ADDRESS 6662 Chest. L.P. 92114

Eleven hundred and no/100 DOLLARS (\$ 1100)

IN full PAYMENT OF Interment of Lois Butler - deceased  
a single grave

LOT — GRAVE 18 ROW 8 SECTION 3 DIVISION 2

INVOICE NO. \_\_\_\_\_

W.O. F-5540

UNPAID BALANCE AFTER THIS PAYMENT 0  
 AD-518 (REV. 8-11)

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 NOV 6 1985  
 ISSUED Lois Butler

CREDIT	67007	99.00
50% SALES TAX	77184	
5% SALES OF LOTS	100	396.00
	77184	
OPENERS	100	320.00
	77181	
BOXES	100	100.00
	77182	
RENOVALS FOUNDATIONS	100	179.00
	77183	
SALES TAX	60101	6.00
	6620	
TOTAL PAID		1100.00

E-5540

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ZOIA NMN BUTLER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 31, 1904</b>	DATE OF DEATH <b>Nov. 1, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Harry Butler - Husband 6662 Cleo St. San Diego, CA 92115</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>69</b>		

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 <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>NOV 4 1985</b> <b>NOV 5 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald J. ...</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Ray ...</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-4-85

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

of Verna M. Churchill

in a Bell Funeral, date, time Wed 11-6-1 P.M.

Church, Chapel Graveside Featherzill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 54 Grave 4 Row \_\_\_\_\_ Section 6AR Division/Block 1

Grave space & Care Fund ..... Prepaid

Additional spaces and care fund ..... 320.00

Opening/Closing & Setup ..... 100.00

Burial Container ..... 145.00

Handling Fees ..... 35.00

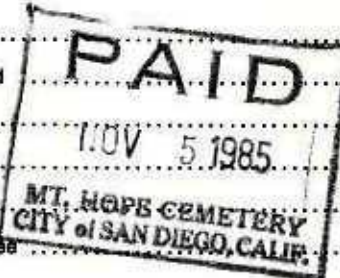
Flower vases - Marker setting fee ..... 6.00

Recording and filing fee ..... 606.00

Sales taxes ..... 606.00

15 Chair Total Due ..... 606.00

Paid receipt number 32882 Balance due 0



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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Royal B. Churchill, Jr.

Work Order # E 5541

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

B. Lang

OFFICIAL RECEIPT



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

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

No 32882

DATE 11/5/85 19

FROM Sharon M. Dore ADDRESS 8730 Hayer Ln Mesa 92041

IN full PAYMENT OF Interment of Verna M Churchill - dec

LOT 54 GRAVE # ROW SECTION GAR DIVISION BLOCK 1

INVOICE NO. \_\_\_\_\_

W.O. E 5541

UNPAID BALANCE AFTER THIS PAYMENT

3098

NOT VALID FOR PURPOSE STATED UNLESS STAMPED AND IN THIS SPACE.  
 CITY AUDITOR  
 NOV 6 1985  
 ISSUED BY [Signature]

CREDIT	87007	
8% SALES TAX	77184	
8% SALES OF LOT	109	
77184		320.00
OPENING	109	
77184		100.00
BOXES	100	
77184		180.00
REMOVALS	100	
FOUNDATIONS	77184	
SALES TAX	80101	6.00
9830		
TOTAL PAID		606.00



E-55.41.

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT Verna M. Churchill		SEX Fe.	DATE OF BIRTH 7/22/1906	DATE OF DEATH 11/3/1985
PLACE OF DEATH—CITY OR TOWN San Diego	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) San Diego		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT Royal Churchill, son 8730 Hayes St. La Mesa, CA 92041	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Featheringill Mortuary		CALIFORNIA LICENSE NUMBER 1083		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND 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 NOV 6 1985
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON NOV 6 1985 (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

**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.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-5-85

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

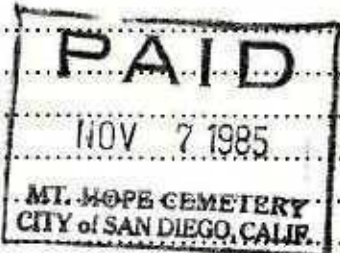
in a Vault T.S. Funeral, date, time Fri 11-8 - 2:00

Church, Chapel, Graveside \_\_\_\_\_; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_ (DIP) - 1st 1961

Lot 61 Grave 2 Row \_\_\_\_\_ Section 1 Division/Block 7

Grave space & Care Fund	.....	<u>Prepaid</u>
Additional spaces and care fund	.....	
Opening/Closing & Setup	.....	<u>320.00</u>
Burial Container	.....	<u>175.00</u>
Handling Fees	.....	<u>170.00</u>
Flower vases - Marker setting fee	.....	
Recording and filing fee	.....	<u>25.00</u>
Sales taxes	.....	<u>10.50</u>
Total Due	.....	<u>720.50</u>
Paid receipt number	<u>32892</u>	<u>720.50</u>
Balance due	.....	<u>0</u>



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

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

Signature of recorded holder of deed \_\_\_\_\_

*Called by  
Skip Ragsdale*

Work Order # E 5542

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-2121

No 32892

DATE 11-7 1985

FROM Anderson-Ragsdale ADDRESS 5050 Federal Blvd La Ca 92102

Seven hundred twenty and 50/100 DOLLARS (\$ 720<sup>50</sup>/<sub>100</sub>)

IN full PAYMENT OF Bertha Robinson Services

LOT 61 GRAVE 2 ROW 1 SECTION 1 DIVISION BLOCK 7

INVOICE NO. check

W.O. E-5542

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED 'PAID' IN THIS SPACE.  
 CITY AUDITOR  
 NOV 12 1985  
 ISSUED BY B. Tang

CREDIT	87007	
2% SALES TAX	77184	
9% SALES OF LOTS	100	
	77184	
OPENING	100	321.00
	77182	
BOXES	100	185.00
	77182	
REMOVAL FOUNDATIONS	100	265.00
	77182	
SALES TAX	60101	16.50
	8020	
TOTAL PAID		720.50

E\_5542

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Bertha Robinson</b>		SEX <b>Female</b>	DATE OF BIRTH <b>June 2, 1887</b>	DATE OF DEATH <b>November 4, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Roy H. Robinson -Son 4908 Federal Blvd. San Diego, CA 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 8 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Rames M.D. M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 8 1985</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	
(ENTER DATE)				

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-5-85

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

of Lula Nunez

in a Bell Vault/Urner Funeral, date, time Thurs-11-7 11:00

Church, Chapel, Graveside Ragsdale Mortuary.

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

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot \_\_\_\_\_ Grave 7 Row 19 Section 5 Division/Block 7

Grave space & Care Fund Preneed

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 1.00 5 1985 320.00

Burial Container \_\_\_\_\_ 100.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 6.00

Total Due \_\_\_\_\_ 606.00

Paid receipt number 32885 606.00

Balance due 0

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

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

B. Braine Sholston  
Signature of recorded holder of deed

B. Braine Sholston  
Signature  
15023 Alameda Drive  
Address  
Denver, CO. 80239  
State  
371-7547  
Telephone Zip Code

Work Order # E 5543

PY-893 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-5543

**COLORADO DEPARTMENT OF HEALTH**  
**AUTHORITY FOR FINAL DISPOSITION**

This final disposition permit, when completely filled out and bearing the required signature, constitutes authority for burial, interment, cremation, removal from the state, or other authorized disposition of the deceased named below, in accordance with 25-2-111 CRS. This permit must accompany the remains to the destination.

Name of Decedent Leila G. Nunez Date of Death Nov. 1, 1985  
Sex Female Age 97 Date of birth June 4, 1888 Place of Death Denver Denver  
City County

Name of Funeral Establishment Kirk Mortuary

Address of Funeral Establishment 2101 Marion St. Denver, Co.

Type of Disposition Removal Place San Diego, California  
Cemetery or Crematory City

I have examined the completed death certificate for the decedent named above and authorize final disposition of the remains. (To be signed by the office designated or established pursuant to 25-2-103 CRS in the county where the death occurred, or if such an office does not exist in the county where the death occurred, by the coroner or the coroner's designee.)

Paul M. Daniel, Deputy 11-4-1985  
Signature, Title Date

Items below are to be completed by the cemetery or crematory official. Where there is no full-time person in charge of the cemetery, the funeral director may sign as sexton.

Body was \_\_\_\_\_ Date \_\_\_\_\_ In Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_

Place \_\_\_\_\_

\_\_\_\_\_  
Signature, Title Date



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-2181

NO 32885

DATE 11-5 1965

FROM B. Ferris Spitzer ADDRESS 15023 Limited Dr. Denver, Co 80241

IN full PAYMENT OF Grave Monument service DOLLARS (\$ 66.00)

LOT \_\_\_\_\_ GRAVE 7 ROW 19 SECTION 5 DIVISION 7  
 BLOCK \_\_\_\_\_

INVOICE NO. check

W.D. E-5543

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED IN THIS SPACE.  
**CITY AUDITOR**  
**NOV 6 1965**  
 ISSUED BY B. Ferris Spitzer

CREDIT	67907	
2% SALES TAX	77184	
2% SALES OF LOTS	100	
	77184	
OPENINGS	100	<u>321.00</u>
	77184	
MARKS	100	<u>161.00</u>
	77184	
REMOVALS	100	<u>121.00</u>
FOUNDACTIONS	77184	
SALES TAX	6020	<u>6.00</u>
TOTAL PAID		<u>66.00</u>

E-5543

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Leila G. Nunez</b>		SEX <b>Female</b>	DATE OF BIRTH <b>June 4, 1888</b>	DATE OF DEATH <b>Nov. 1, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Denver, Colo.</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lorraine Gholston - Daughter 15023 Olmsted Dr. Denver, Colo. 80239</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT)
  5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
  8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT)
  6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
  7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
  9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetary: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 6 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 7 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Vannoy, M.D. mn</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-6-85

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

of Preceded by FRANK RYOZO & KIMI TACHIKI

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 132 Grave 3 Row \_\_\_\_\_ Section 11 Division/Block 7

Grave space & Care Fund ..... 695<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 175<sup>00</sup>

Handling Fees ..... 170<sup>00</sup>

Flower vases - Marker setting fee ..... 35<sup>00</sup>

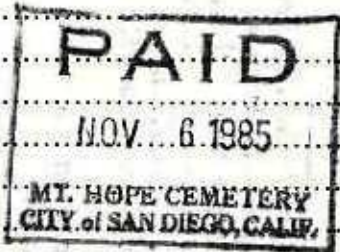
Recording and filing fee ..... 10.50

Sales taxes ..... 1405.50

Total Due ..... 1405.50

Paid receipt number 32887 1405.50

Balance due 0



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

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

Kimi Tachiki  
Signature of recorded holder of deed

KIMI TACHIKI  
Signature  
311 E. PALOMAR ST.  
Address  
CHULA VISTA, CA  
City  
619-429-2011  
Telephone  
619-427-4462

Work Order # E 5544  
PY-883 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

#11212

## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-2181

No 32887

DATE 11-6 1985FROM Kimi Pachiki ADDRESS 2116 Palomar t. Chula VistaIN full PAYMENT OF Prepaid lot and service feeLOT 132 GRAVE 3 ROW  SECTION 11 DIVISION 7INVOICE NO. checkW.O. E-5544UNPAID BALANCE  
AFTER THIS PAYMENT 0

AC-812 (REV. 8-81)

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

CITY AUDITOR  
 NOV 12 1985  
 E

ISSUED BY B. King

CHECK	87807	129.00
2% SALES TAX	77184	
2% SALES	100	556.00
OF LOTS	77184	
OPERINGS	100	216.00
	77181	
BOXES	100	175.00
	77182	
REMOVALS	100	205.00
FOUNDATIONS	77183	
SALES TAX	80101	10.50
	8020	
TOTAL PAID		1405.50



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-6-85

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

of Princess for KEN & AIKO TACHIKI

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

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

✓ Lot 1 Grave 3 Row \_\_\_\_\_ Section 11 Division/Block 7

Grave space & Care Fund ..... 695<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup .....

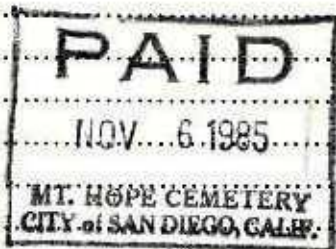
Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....



Total Due ..... 695<sup>00</sup>

Paid receipt number 32888 695<sup>00</sup>

Balance due 0

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

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

Aiko Tachiki  
Signature of recorded holder of deed

Aiko Tachiki  
Signature  
437 - Mass St.  
Address  
Chula Vista, Calif. 92011  
City, State  
422 - 8293  
Telephone

Work Order # E 5545  
PY-863 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

#11210

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3131

No 32888

DATE 11-6 1985

FROM Aiko Tachiki ADDRESS 457 Moss St, Chula Vista Ca 92011

Six hundred ninety five and 00/100 DOLLARS (\$ 695.00)

IN full PAYMENT OF prepaid lot for Ken + Aiko Tachiki

LOT 1 GRAVE 3 ROW \_\_\_\_\_ SECTION 11 DIVISION 7  
 BLOCK \_\_\_\_\_

INVOICE NO. check

W.D. E-5545

UNPAID BALANCE AFTER THIS PAYMENT A

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 NOV 12 1985  
 ISSUED BY B. Lang

CREDIT	67007	129.00
2% SALES TAX	77184	
2% SALES OF LOTS	100	556.00
	77184	
OPENINGS	100	
	77181	
BOXES	100	
	77183	
REMOVALS	100	
FOUNDATIONS	77183	
SALES TAX	60101	
	9029	
TOTAL PAID :		695.00



MT. HOPE CEMETERY  
INTERMENT ORDER

JAMES + NAOYE  
KASUBUCHI

City of San Diego

Date 11/6/85

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

of Preneed for James + Naoyo Kasubuchi  
in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

✓ Lot 141 Grave 3 Row \_\_\_\_\_ Section 11 Division/Block 7

Grave space & Care Fund ..... 695<sup>00</sup>

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... \_\_\_\_\_

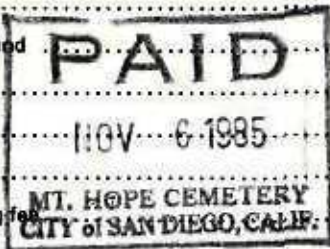
Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_



Total Due ..... 695<sup>00</sup>

Paid receipt number 32889 695<sup>00</sup>

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Naoyo Kasubuchi  
Signature  
273 Sycamore Rd.  
Address  
S.D. Cal 92114  
State Zip Code  
264-6343  
Telephone

Work Order # E 5546

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PY-593 (REV. 8-86)

#11213

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE GEMETERY  
 284-3181

No 32889

DATE 11-6 1985

FROM Thoye Kambuchis ADDRESS 27 Superior Rd, Salca 7-114

Six hundred ninety five and no/100 DOLLARS (\$ 695.00)

IN Full PAYMENT OF Plot next lot for James +

Thoye Kambuchis.

LOT 141 GRAVE 3 ROW \_\_\_\_\_ SECTION 11 DIVISION 7  
 BLOCK \_\_\_\_\_

INVOICE NO. Check

W.O. E-5546

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED, SIGNED IN THIS SPACE.  
 CITY AUDITOR  
 NOV 12 1985  
 ISSUED BY L. J. [Signature]

CREDIT	67807	<u>129.00</u>
2% SALES TAX	77184	
2% SALES OF LOTS	100	<u>5.56</u>
	77184	
OPENING	100	
	77181	
BOXES	100	
	77182	
REMOVALS	100	
FOUNDATIONS	77183	
SALES TAX	60191	
	9020	
TOTAL PAID		<u>695.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

ASAO + FUMIKO MOMITA

Date 11/6/85

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

of Remains for Asao and Fumiko Momita

in a \_\_\_\_\_ Vault/liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

✓ Lot 13 Grave 3 Row \_\_\_\_\_ Section 11 Division/Block 7

Grave space & Care Fund ..... 695<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup .....

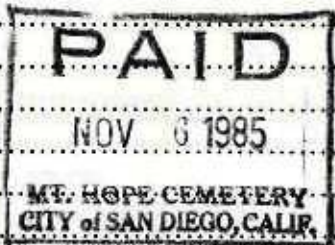
Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....



Total Due ..... 695<sup>00</sup>

Paid receipt number 32886 695<sup>00</sup>

Balance due -0-

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

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

Signature of recorded holder of deed \_\_\_\_\_

Asao and Fumiko Momita  
Signature  
218 Wellington Way  
Address  
Ca. 92114  
State  
262-8159  
Telephone

Work Order # E 5547

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PY-583 (REV. 9-85)

#11211

OFFICIAL RECEIPT



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

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

No 32886

DATE 11-6 1985

FROM Fumiko Momita ADDRESS 218 Welling Way, La Jolla Ca 92037

Six hundred ninety five and no/100 DOLLARS (\$ 695.00)

IN full PAYMENT OF Gravel lot for Asao + Fumiko Momita

LOT 13 GRAVE 3 ROW SECTION 11 DIVISION 7  
 BLOCK 7

INVOICE NO. check

W.O. E-5547

UNPAID BALANCE AFTER THIS PAYMENT 0

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

**CITY AUDITOR**  
 004189V 12 1985

ISSUED BY L. King

CREDIT	87007	<u>139.00</u>
2% SALES TAX	77184	
5% SALES OF LOTS	100	<u>536.10</u>
	77184	
OPERING	100	
	77181	
BOXES	100	
	77182	
REMOVALS	100	
FOUNDATIONS	77183	
SALES TAX	80101	
	9820	
TOTAL PAID :		<u>695.10</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-6-85

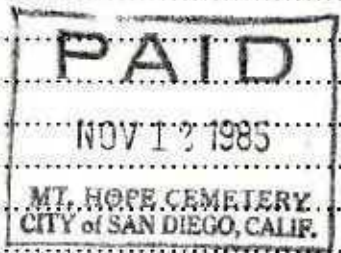
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Herrit Hartsuyker  
in a Bell Liner Funeral, date, time Tues 11-12 2:00  
Church, Chapel Graveside; Conrad Mortuary.

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

✓ Lot 999 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund		<u>Preneed</u>
Additional spaces and care fund		
Opening/Closing & Setup		<u>320.00</u>
Burial Container		<u>100.00</u>
Handling Fees		<u>145.00</u>
Flower vases - Marker setting fee		<u>35.00</u>
Recording and filing fee		<u>6.00</u>
Sales taxes		
Total Due		<u>606.00</u>
Paid receipt number	<u>32895</u>	<u>606.00</u>
Balance due		<u>0</u>



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

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

Signature of recorded holder of deed  
Les at Conrad's

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 5548  
FY-883 (REV. 8-80)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-5548

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>GERRIT (NMN) HARTSUYKER</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 21, 1889</b>	DATE OF DEATH <b>Nov. 5, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Pre-need</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Conrad Lemon Grove Mortuary</b>			CALIFORNIA LICENSE NUMBER <b>F 941</b>	

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 <b>Mount Hope Cemetery 3751 Market Street-San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 7 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald L. Ramos, M.D., M.P.H.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>NOV 12 1985</b> (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  
 384-3181

No 32895

E-5548 0042

DATE 11-12 19

FROM Elizabeth Klein ADDRESS 6657 Front Street (4th &amp; Imperial Hill)

IN \$616.00 PAYMENT OF Arrit Startsupper Service

LOT 999 GRAVE ROW SECTION 1 DIVISION BLOCK

INVOICE NO. 00000

W.O. E-5548

UNPAID BALANCE AFTER THIS PAYMENT

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

00000  
 CITY AUDITOR  
 NOV 18 1985

ISSUED BY S. J. [Signature]

CREDIT	67067	
8% SALES TAX	77184	
10% SALES OF LOTS	100	
	77184	
OPENING	100	328
	77184	
BOXES	100	100
	77184	
REMOVAL FOUNDATIONS	100	181
	77184	
SALES TAX	68101	
	8826	
TOTAL PAID		616.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-8-85

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

of Wesley D. Sebring

in a Bell Vault/Liner Funeral, date, time TUES 11-12 3:15

Church, Chapel, Graveside Delivery only; Cypress View Mortuary.

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

✓ Lot 84 Grave 3 Row \_\_\_\_\_ Section 17 Division/Block 7

Grave space & Care Fund ..... Preneed

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... \_\_\_\_\_

Total Due ..... 35.00

*Bill  
Cypress View*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Telephone

*Called by Mike  
at Cypress View*

Invoice # 037467

Acct. # 000419

Work Order # E 5549

*B. Kang*



E-5549

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Wesley Emerson Sebring</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Jan. 26, 1906</b>	DATE OF DEATH <b>Nov. 8, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lillian Becker - Friend 6460 Convoy Court, Sp. #188 San Diego, CA. 92117</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Cypress View/Bonham Brothers</b>		CALIFORNIA LICENSE NUMBER <b>670</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT)       5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)       8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT)       6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY       7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE       9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA 92102</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 12 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Connor, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____		<b>NOV 12 1985</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
		(ENTER DATE)		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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-55549

037467 11/27/85 000419

E 5549

CYPRESS VIEW MORTUARY  
100 072

77183 000072

12/16/85 LK 073823

35.00  
35.00

35.00

PAID IN FULL



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11/12/85

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

of Marie Wayne Dawson

in a Liner Funeral, date, time Tue 11/12 / 10:30 AM

Church, Chapel, Graveside Military ; Rogsdale Mortuary.

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

Lot 120 Grave 11 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 595.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

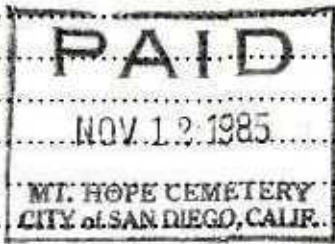
Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 1201.00

Paid receipt number 11-12-85-32897-1201.00

Balance due 0



*Phone from  
Ms. Rogsdale  
Luis*

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

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

\_\_\_\_\_  
Signature of recorded holder of dead

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Zip Code

\_\_\_\_\_  
Telephone

Work Order # E 5550  
PV-583 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-5550

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>MORRIS WAYNE DAWSON</b>		SEX <b>Male</b>	DATE OF BIRTH <b>March 8, 1941</b>	DATE OF DEATH <b>Nov. 7, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>0111e H. Dawson - Wife 1305 S. 47th St. San Diego, CA 92113</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery, 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 12 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____		<b>NOV 12 1985</b> (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  
 284-3181

No 32897

0042

DATE 11-12 1975

FROM Michael Dawson ADDRESS 1315 S. 47th St. La Jolla 92037

Two hundred - one and no/100 - DOLLARS (\$ 201.00)

IN full PAYMENT OF Morris Wayne Dawson

LOT 120 GRAVE 11 ROW \_\_\_\_\_ SECTION 1 DIVISION 11  
 BLOCK 11

INVOICE NO. check

W.D. E-5550

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS  
 STAMPED 'PAID' IN THIS SPACE.  
 0042  
 CITY AUDITOR  
 NOV 18 1985  
 ISSUED BY B. Lang

CREDIT	67002	119.00
MR SALES GRN	77184	
MR SALES OF LOTS	100	476.10
	77184	
OPENING	100	320.00
	77181	
BOOKS	100	104.00
	77182	
REMOVAL FOUNDATIONS	100	180.00
	77183	
SALES TAX	80101	6.00
	8050	
TOTAL PAID		201.00

OFFICIAL RECEIPT



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

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

No 33115

Date: 02-18, 1986

From: Office of the Auditor Address: 1255 4th St. S.D. Ca 92111

In one hundred ten and no/100 Dollars (\$ 135.00)

Payment of marker installation and removal  
for the above mentioned grave

Lot 60 Grave 11 Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5550

Unpaid Balance after this Payment 0

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  
 11/6  
 FEB 21 1986

ISSUED BY [Signature]

CREDIT	67007	
30% Sales Care	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	<u>135.00</u>
Sales Tax	80101	
	8030	
TOTAL PAID		<u>135.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-12-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phyllis Wette Ratcliff (see over) in a Bellman Funeral, date, time Thurs. 11-14 11:00 Church, Chapel, Gravesite \_\_\_\_\_; Ragsdale Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO.

✓ Lot 118 Grave 12 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund .....	<u>\$495.00</u>
Additional spaces and care fund .....	<u>- none -</u>
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>100.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>6.00</u>
Total Due .....	<u>\$1101.00</u>

WCB

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

See note

x Phyllis C Tolwan  
Signature 4412 "F" St  
Address San Diego, Ca 92102  
State 266-21042 Zip Code  
Telephone \_\_\_\_\_

Work Order # E 5551

Invoice # 037469  
Acct. # 015159

aka Primo Elshabazz

04

-----

est. 1977

11/10/77  
11/10/77  
11/10/77  
11/10/77

11/10/77



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

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 12/05/85

DATE: 12/05/85  
 TIME: 235722  
 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
037469	11/27/85	015159	PHYLLIS C. TOLIVER			12/04/85	CK	486	1,101.00	1,101.00	0.00
			100 072	77181	000072				320.00		PAID IN FULL
			100 072	77182	000072				100.00		
			100 072	77183	000072				180.00		
			100 072	77184	000072				396.00		
			60101	9020					6.00		
			67007	77184					99.00		

*E.5551*

NUMBER OF INVOICES PAID 1  
 TOTAL AMOUNT PAID 1,101.00

E-5551

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>AKA PRIMO ELSHABAZZ PHYLLIS YVETTE RATCLIFF</b>		SEX <b>Female</b>	DATE OF BIRTH <b>May 15, 1953</b>	DATE OF DEATH <b>Nov. 7, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Phyllis C. Toliver - Mother 4412 "F" Street San Diego, CA 92102</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 12 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. ... M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 14 1985</b> (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.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-12-85

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

of Alvin L. Hubbard

in a \_\_\_\_\_ Funeral, date, time THURS. 11-14 2:00

Church, Chapel, Graveside  Mortuary, Lewis & Clark

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

✓ Lot 366 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division/Block 8

Grave space & Care Fund (Double row) 215  
190

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35

Sales taxes \_\_\_\_\_

**PAID**  
NOV 12 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 355.00 ~~355.00~~

Paid receipt number 32896 355.00

Balance due 0

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

Harry F. Hubbard

I hereby authorize the interment in lot 1 held under deed.  
Alvin L. Hubbard  
Signature of recorded holder of deed

Signature 6830 Birchwood St  
Address San Diego Ca.  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone# 582-9372

Work Order # **E 5552**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

X - ash

366 - 4 - 8 @ \$215

alternate



E-5552

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

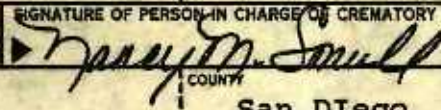
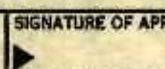

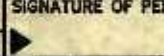
Lewis Colonial/Benbough

NAME OF DECEDENT <b>ALVIN LAMONT HUBBARD</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>AUG 17, 1948</b>	DATE OF DEATH <b>NOV 10, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>HARRY F. HUBBARD - father 6830 Birchwood St. San Diego, CA 92120</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BENBOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Cypress View Crematory-San Diego, CA</b>	DATE CREMATED <b>11/12/85</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - San Diego, CA</b>		COUNTY <b>San Diego</b>
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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT 
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 12 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>Nov 14 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 

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



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3181

No 32896

E-5552

DATE 11-15 1985

FROM Therese F. Hubbard ADDRESS 6300 Dinkwood St San Diego 9-15  
Three hundred sixty five and 00/100 — DOLLARS (\$ 355.00)  
 IN full PAYMENT OF Oliver L. Hubbard

LOT 366a GRAVE \_\_\_\_\_ ROW \_\_\_\_\_ SECTION 4 DIVISION 8 BLOCK \_\_\_\_\_

INVOICE NO. check

W.O. E-5552

UNPAID BALANCE AFTER THIS PAYMENT 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.  
 601277  
 CITY AUDITOR  
 NOV 18 1985  
 ISSUED BY L. Long

CREDIT	87007	43.00
SALES TAX	77184	
SALES TAX	100	172.00
OF LOTS	77184	
OPENINGS	100	165.00
	77181	
WORK	100	
	77182	
RENOVALS	100	35.00
FOUNDATIONS	77183	
SALES TAX	80101	
	9020	
TOTAL PAID		355.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-12-85

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

of Ruby Dean McKinnie

in a Burial Funeral, date, time MON 11-12 2 PM

Church, Chapel, Graveside Ragdale Mortuary.

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

Lot 118 Grave 12 Row \_\_\_\_\_ Section 2 Division 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... \$ 856.00

Paid receipt number 32904 100.00

Balance due 756.00

(Note attached)

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

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

Kimberly McKinnie  
Signature of recorded holder of deed

Annie Griffin  
Signature  
5535 43rd St.  
Address  
San Diego CA, 92105  
State Zip Code  
283-0627  
Telephone

Work Order #

**E 5553**

Invoice #

037468

Acct. #

015158

# NOTE—STRAIGHT

\$ 756<sup>00</sup> San Diego, California, Nov. 15, 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 Seven hundred fifty six DOLLARS.

with interest from Jan 1, 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 Timothy Mc Kinney  
3535 43rd St #2

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

Timothy Mc Kinney



E-5553

MEMO

URGENT - REPLY IMMEDIATELY

NO REPLY REQUIRED

Dawn - Treasurer's Collections

*61B*

DATE: 10/30/86

T  
O

SUBJECT: Inv. 037468  
Acct. 015158  
Timothy McKinnie

FOLD  
MESSAGE

Attached is the original Work@order and signed Note.

If you have any questions, let me know.

Mt. Hope Cemetery MS #72

264-3151

Administrative Aide II

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



# NOTE-STRAIGHT

\$ 756<sup>00</sup> San Diego, California Nov. 15, 1985

\_\_\_\_\_ days after date, for value received, the undersigned maker(s) promise(s) to pay to Mt. Hope Cemetery or San Diego City Treasurer

at 3751 Market St., San Diego, CA 92102 or order

the sum of Seven hundred fifty six DOLLARS.

with interest from Jan 1, 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 [Signature]  
3535 43rd St #2

**MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE** Mailing Address

## INTERMENT ORDER

City of San Diego

Date 11-12-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby Dean McNamee in a Burial Funeral, date, time Nov 11-85 2 PM Church, Chapel, Graveside Rogdale Mortuary. All funeral cems must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 118 - Grave 1A - Row 3 - Division Blank - Section 11

- Grave space & Care Fund ..... 250<sup>00</sup>
- Additional spaces and care fund ..... 320<sup>00</sup>
- Opening/Closing & Setup ..... 100<sup>00</sup>
- Burial Container ..... 145<sup>00</sup>
- Handling Fees ..... 35<sup>00</sup>
- Flower vases - Marker setting fee ..... 6<sup>00</sup>
- Recording and filing fee ..... 856<sup>00</sup>
- Sales taxes ..... 100<sup>00</sup>
- Total Due ..... 756<sup>00</sup>
- Paid receipt number 32904 Balance due

*(Note attached)*

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

I hereby authorize the interment in lot I hold under deed.  
[Signature]  
Address 3535 43rd St.  
City San Diego CA 92105  
State CA Zip Code 92105  
Telephone 283-0627

Invoice # 037468  
Acct. # 015158

**E 5553**



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 32904

E-5553

Date: 11-15, 1985

From: Mount Hope Cemetery Address: 3535 - 43rd St - San Diego, CA 92116

One Hundred and 15/100 Dollars (\$ 115.00 )

In cash Payment of Gravestone for Mc Kenzie

Lot 118 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5553

Unpaid Balance after this Payment \$ 756.00

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**  
**NOV 20 1985**  
 ISSUED BY B. Tan

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	<u>100.00</u>
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		<u>\$ 111.00</u>

E-5553

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>RUBY DEAN McKINNIE</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 15, 1934</b>	DATE OF DEATH <b>Nov. 11, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Annie Griffin - Daughter</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	2634 "E" Street <b>San Diego, CA 92114</b>	

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 <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 18 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Richard S. ...</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>NOV 18 1985</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>...</i>
		(ENTER DATE)		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11/12/85

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

of Katie L. Doane

in a \_\_\_\_\_ Funeral, date, time Fri 11/15 - 2 PM

Church, Chapel, <sup>Vault/Liner</sup> Graveside Shanewise ; Canelli Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 3243 Grave      Row      Section      Division 10

Grave space & Care Fund Pre-Paid

Additional spaces and care fund None

Opening/Closing & Setup Pre-Paid

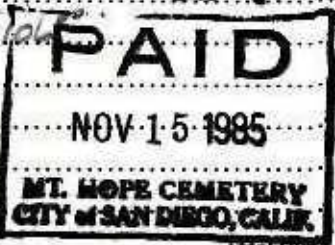
Burial Container Up. garden table **PAID** 100.00

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee NOV 15 1985 \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 6.00



Paid receipt number 32902 141.00

Balance due 0

Help With Cash  
1:30

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

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

Signature of recorded holder of deed OT - Good  
Blow  
son

Signature Bryan L Doane  
19810 Temora Ave  
Address La Mesa Ca 92041  
State 463-0696 Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 5554

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-5554

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>KATIE TOOMIRE DOANE</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Jan. 28, 1891</b>	DATE OF DEATH <b>Nov. 12, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Byron Doane - Son 9270 Lemon Ave. La Mesa, CA 92041</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Carroll's Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-1315</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Not Applicable</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Not Applicable</b>		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 <b>Not Applicable</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>Not Applicable</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>11-13-85</b> <b>NOV 15 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Carroll's Mortuary</i>
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**  
 284-3151

No 32902

E-5554

Date: 11-15, 1985

From: [Handwritten Name] Address: [Handwritten Address]

[Handwritten Amount] Dollars (\$ 141.00 )

In [Handwritten Name] Payment of [Handwritten Description]

Lot 274 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5554

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  
 NOV 20 1985

ISSUED BY [Handwritten Signature]

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181		
Serial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	55	00
Sales Tax	80101 9020	10	00
TOTAL PAID		141	00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-13-85

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

of Velma J. Gipson  
in a Bell Inter Funeral, date, time Fri 11-15 2:00  
Church, Chapel, Graveside Valley View; Ragdale Mortuary.

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

Lot 440 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... Preneed  
Additional spaces and care fund ..... \_\_\_\_\_  
Opening/Closing & Setup ..... \_\_\_\_\_  
Burial Container ..... \_\_\_\_\_  
Handling Fees ..... \_\_\_\_\_  
Flower vases - Marker setting fee ..... \_\_\_\_\_  
Recording and filing fee ..... \_\_\_\_\_  
Sales taxes ..... \_\_\_\_\_  
Total Due ..... \_\_\_\_\_  
Paid receipt number \_\_\_\_\_  
Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

Lawrence Jarmor <sup>son</sup>  
Signature  
2905 Imperial  
Address  
SD Ca 92102  
State Zip Code

Telephone \_\_\_\_\_

Work Order # E 5555  
PY-583 (REV. 3-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-5555

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Velma Jane Gipson</b>		SEX <b>Female</b>	DATE OF BIRTH <b>October 1, 1900</b>	DATE OF DEATH <b>November 11, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lawrence W. Jarman, Jr. - Son 2905 Imperial Ave. San Diego, California 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery 3751 Market Street San Diego, Calif.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>NOV 14 1985</b> ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 15 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Kinnon, M.D.C.</i> ▶
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-13-85

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

of Agnes M. Longfellow

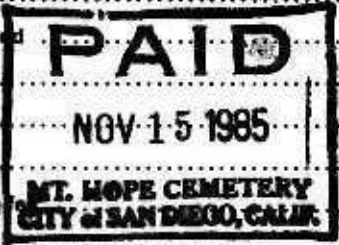
in a Ashtabut Funeral, date, time Fr-11-15 3:00

Church, Chapel, Graveside Witnesses: Family Mortuary.

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

✓ Lot 213 Grave 1 Row \_\_\_\_\_ Section 11 Division/Block 7

Grave space & Care Fund		<u>Preneed</u>
Additional spaces and care fund		
Opening/Closing & Setup		<u>105.00</u>
Burial Container		<u>40.00</u>
Handling Fees		<u>60.00</u>
Flower vases - Marker setting		
Recording and filing fee		<u>35.00</u>
Sales taxes		<u>2.40</u>
	Total Due	<u>242.40</u>



Center of grave

Paid receipt number 32903 242.40  
 Balance due 0

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

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

Sharon L. Longfellow  
 Signature  
1440-106 So. ORANGE  
 Address  
EL CAJON, CA 92020  
 Date  
588-1010  
 Telephone Zip Code

Signature of recorded holder of deed

Phoned by  
Marie Longfellow  
**E 5556**

Work Order # E 5556

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



E-5556

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Agnes Marie Longfellow</b>		SEX <b>Female</b>	DATE OF BIRTH <b>4-13-1909</b>	DATE OF DEATH <b>11-4-1985</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>PRENEED TELOPHASE: 1440 S. Orange Sp.#106 El Cajon, CA 92020</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>THE TLEOPHASE SOCIETY</b>		CALIFORNIA LICENSE NUMBER <b>F1272</b>		

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 <b>N/A</b>		COUNTY <b>-----</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>CREMAR CREMATORY-ANAHEIM, CA.</b>	DATE CREMATED <b>11/7/85</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
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 <b>N/A</b>		

ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b>PRENEED TELOPHASE BY:</b> <i>[Signature]</i> DATE SIGNED <b>November 6, 1985</b>
-----------------------------	--	--

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
----------------	--	--	--

LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 06 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
-----------------	--	-------------------------------------	--	---

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 15 1985</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>NOV 15 1985</b>
--	--	--

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 32903

E-5556

Date: 11-15, 1985

From: [Handwritten Name] Address: 1940 7th St. S. San Diego, CA 92108  
[Handwritten Amount] Dollars (\$ 45.00)

In [Handwritten Name] Payment of [Handwritten Description]

Lot [Handwritten] Grave [Handwritten] Row [Handwritten] Section [Handwritten] Division [Handwritten] Block [Handwritten]

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.D. E-5556

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  
 NOV 20 1985

ISSUED BY [Handwritten Signature]

CREDIT	E7007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Openings & Service Charges	100 77181	<u>115.00</u>	
Burial Containers	100 77182	<u>45.00</u>	
Recording fees or misc. service fees	100 77183	<u>45.00</u>	
Sales Tax	80101 8020	<u>2.50</u>	
TOTAL PAID		<u>207.50</u>	



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11/13/85

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

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Vault/Liner

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee OCTOBER 1985 (over) \$125.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due ..... \$125.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed

RESALE F-40258

SEAMAN-Poe Monument Co.

Signature

3893 Imperial Ave

Address

San Diego, CA 92113

City

Zip Code

Telephone

Invoice # 037459

Acct. # 000253

Work Order # E 5557

10/21/85 - \$125.00 - 2x1 - Wong, Chai Woon



OFFICIAL RECEIPT



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

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

12/19/85

No 32959

E-5557

Date: 12-17, 19

From: Manana-Pac Address: 3893 Emerald Ave. La Jolla

Case Numbered Permit for grave and repair Dollars (\$) 135.11

In cash Payment of marker installation

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 127457

Acct. No. 100253

W.O. E-5557

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	\$7007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>135.11</u>

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

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 12/19/85

DATE: 12/19/85  
 TIME: 214903  
 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 OPEK	PD BY BN/EQ	PAYM REF NU FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
037459	11/27/85	000253	SEAMAN/POE MONUMENT CO 100 072	77183	000072	12/17/85	CK	6331	125.00 125.00	125.00	0.00 PAID IN FULL

*E-5557*



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11/13/85

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

in a \_\_\_\_\_ Vault/liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

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

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee OCTOBER 1985 (OVER) \$1945.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \$1945.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

Resale # FH-25603192

Work Order # E 5558

PY-583 (REV. 8-85)

**CONTI & SONS MONUMENTS**

Signature \_\_\_\_\_

P.O. Box 94

Address \_\_\_\_\_

San Diego, CA 92112

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 037460

Acct. # 004821

10/8	\$160.00	Foundation	- Furuya Roy
"	160.00	"	= Munster, John T.
10/10	125.00	2x1	= Keller, Karl
"	125.00	3x1	= Arnold, Sarah & Elwood
"	125.00	12x30	= Jones, Nat & Earsula
"	125.00	2x1	= Nokes, Winifred
"	125.00	2x1	= Brown, Russell E.
"	125.00	2x1	= Povenmire, Gwen
10/21	125.00	2x1	= Hileman, Olive
"	125.00	3x1	= Hussong, Geor & Char.
"	125.00	2x1	= Feeney, Carl
"	125.00	2x1	= Blanco, Mary E.
"	125.00	2x1	= Marcoe, Helen
10/30	125.00	2x1	= Ironfield, Elsie
"	<u>125.00</u>	2x1	= Vercammen, Alexander

\$1945.00 Due



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

12/19/85

No 32953

E-5558

Date: 12/13/85

From: Conti & Son Address: 3871 Imperial Ave - SA 92112  
Montreal 40 forty four hundred and no 105 Dollars (\$ 1945<sup>00</sup>)  
 In full Payment of burial for mother's rest

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 037460  
 Acct. No. \_\_\_\_\_  
 W.O. \_\_\_\_\_  
 Unpaid Balance after this Payment 0

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

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	1945 <sup>00</sup>
Sales Tax	80101	
	8020	
TOTAL PAID		1945 <sup>00</sup>

Pre-Need  At Need  On Acct   
 Ck  Cash

ISSUED BY [Signature]

E-5558

037460 11/27/85 004821 CONTI AND SON MEMORIAL CD 100 072 77183 000072 12/13/85 CA 9201

1.945.00

1.945.00

PAID IN FULL  
00.00



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11/13/85

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

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

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

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee OCTOBER 1985 (Over) ..... \$785.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due ..... \$785.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

Resale - F491479

CLEMENS GRANITE CO.

Signature \_\_\_\_\_

10527 Prospect Ave  
Address

Santee, CA 92071  
Street Zip Code

Telephone \_\_\_\_\_

Invoice # 037461

Acct. # 006490

Work Order # E 5559

PY-503 (REV. 8-85)

10/8	-	\$125.00	2 x 1
"	-	125.00	2 x 1
10/28-		125.00	2 x 1
"		125.00	2 x 1
"		125.00	2 x 1
"	-	<u>160.00</u>	Foundation

=	MacConaghy, H.
=	Tung, Mo-Tung
=	VanMantgem, G.
=	Taylor, Mary L.
=	Harvey, Eliz. M.
=	Orozco, Hilda

\$785.00



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

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 01/10/86

DATE: 01/10/86  
 TIME: 212747  
 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	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EG	FACILI	AMOUNT APPLIED		
037461	11/27/85	006490	CLEMENS GRANITE COMPANY	100	072		77183	000072	01/07/86	CK	13272	785.00	785.00	0.00
													PAID IN FULL	
NUMBER OF INVOICES PAID														1
TOTAL AMOUNT PAID														785.00

*E-55319*

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 33006

E-5559

Date: 01-07, 1986

From: Clemente, Anita Address: 4507 Prospect Ave - Apt 1201

In full Payment of: monument installation for lot 137461

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 137461

Acct. No. 006490

W.O. E-5559

Unpaid Balance after this Payment

Pre-Need  At Need  On Acct

Ck  Cash

AC-213 (Rev. 8-85)

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

1986

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		\$ 715.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-15-85

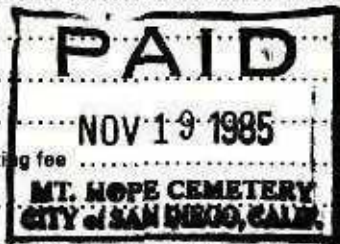
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lee Marvin Martin  
in a Bell Funeral, date, time Tues 11-19 11 AM  
Church, Chapel, Graveside Ragsdale Mortuary.

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

Lot 21 Grave 1 Row - Section 2 Division 11

Grave space & Care Fund	.....	<u>250.00</u>
Additional spaces and care fund	.....	
Opening/Closing & Setup	.....	<u>320.00</u>
Burial Container	.....	<u>100.00</u>
Handling Fees	.....	<u>145.00</u>
Flower vases - Marker setting fee	.....	
Recording and filing fee	.....	<u>35.00</u>
Sales taxes	.....	<u>6.00</u>
		<u>856.00</u>
	Total Due	<u>856.00</u>
	Paid receipt number <u>32909</u>	<u>856.00</u>
	Balance due	<u>0</u>



*[Redacted signature]*

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

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

Signature of recorded holder of deed

Frank Martin  
Signature  
5659 Manning St.  
Address  
S.D. Ca 92111  
City State Zip Code

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

*Phoned by Ragsdale*

Work Order # E 5560

E-5560

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>LEE MARVIN MARTIN</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>July 2, 1905</b>	DATE OF DEATH <b>November 13, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Frank C. Martin - Brother</b> <b>5659 Manning Street</b> <b>San Diego, California 92111</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

<b>BURIAL</b>	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, Ca.</b>		COUNTY <b>San Diego</b>
<b>CREMATION</b>	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
<b>INTERMENT AFTER CREMATION</b>	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		COUNTY
<b>BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS</b>	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION <b>N/A</b>		
<b>ACKNOWLEDGMENT OF APPLICANT</b>	<p style="font-size: x-small;">This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶  DATE SIGNED
<b>SCIENTIFIC USE</b>	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
<b>LOCAL REGISTRAR</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>NOV 19 1985</b> ▶ <i>[Signature]</i>
<b>CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION</b>	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 19 1985</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32909

Date: 11/19/85, 19\_\_

From: Anderson Regsdale Address: 5050 Federal Blvd - SD 92102

Eight hundred fifty six and 00/100 Dollars (\$ 856.00 )

In full Payment of Interment fees for Lee Mawin Martin - Demand

Lot 21 Grave -1- Row — Section 2 Division 11  
 Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5560

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

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

**CITY AUDITOR**  
 NOV 26 1985  
 000

ISSUED BY: Raymond [Signature]

CREDIT	87007		
20% Sales Care	77184	<u>50</u>	<u>00</u>
80% Sales of Lots	100	<u>200</u>	<u>00</u>
77184			
Openings & Service Charges	100	<u>320</u>	<u>00</u>
77181			
Burial Containers	100	<u>100</u>	<u>00</u>
77182			
Recording fees or misc. service fees	100	<u>180</u>	<u>00</u>
77183			
Sales Tax	60101	<u>6</u>	<u>00</u>
9020			
TOTAL PAID		<u>856</u>	<u>00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-15-85

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

of Ruby Jean McKinnie

in a Bell Service Funeral, date, time MON-11/18-2 P.M.

Church, Chapel, Graveside Raydale; Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 20 Grave 8 Row \_\_\_\_\_ Section 100F District/Block 8

Grave space & Care Fund Personal A-2500

Additional spaces and care fund none

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee 70.00

Recording and filing fee Change Card - 35.00 - l.c. fee 6.00

Sales taxes 641.00

Total Due 100.00

Paid receipt number 32904 Balance due 541.00

Replax  
E5553

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

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

X \_\_\_\_\_  
Signature of recorded holder of deed

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5561  
PY-583 (REV. 8-85)





E-55.62

**PERMIT FOR DISPOSITION OF HUMAN REMAINS**

NAME OF DECEDENT <b>ARTHUR TERUO KUBO</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>JULY 20, 1926</b>	DATE OF DEATH <b>NOV 17, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>SARAH J. KUBO - wife 3511 Tennyson St. San Diego, CA 92106</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BENBOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>		

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 <b>MT. HOPE CEMETERY - San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>			
ACKNOWLEDGMENT OF APPLICANT	<p><i>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</i></p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 19 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald H. ...</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>NOV 21 1985</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32906

Date: 11-18-85, 19

From: Sarah T. Kubo Address: 3511 Tennyson - D-92106  
Seven hundred ten and 50/100 Dollars (\$ 710<sup>50</sup>/<sub>100</sub>)  
 In full Payment of Interment fee for Arthur Kubo - dec

Lot 5035 Grave --- Row --- Section --- Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5562  
 Unpaid Balance after this Payment 0

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

**CITY AUDITOR**  
**NOV 20 1985**

ISSUED BY [Signature]

CREDIT	67007	
30% Sales Tax	77184	
60% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>320<sup>00</sup></u>
	77181	<del>77181</del>
Burial Containers	100	<u>175<sup>00</sup></u>
	77182	<del>77182</del>
Recording fees or misc. service fees	100	<u>205<sup>00</sup></u>
	77183	<del>77183</del>
Sales Tax	60101	<u>10<sup>50</sup></u>
	8020	<del>8020</del>
<b>TOTAL PAID</b>		<u>710<sup>50</sup></u>

Pre-Need  At Need  On Acct   
 Ck  Cash   
433  
 AC-212 (Rev. 8-85)

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-18-85

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

of Nettie Laurelli  
in a Bell Union Funeral, date, time Tues. 11-19 10 AM  
Church, Chapel, Graveside; Shumpey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 40 Grave 3 Row \_\_\_\_\_ Section 16 Division/Block 7

Grave space & Care Fund .....	<u>Preneed</u>
Additional spaces and care fund .....	<u>none</u>
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>100.00</u>
Handling Fees .....	<u>140.00</u>
Flower vases - Marker setting fee .....	<u>—</u>
Recording and filing fee .....	<u>25.00</u>
Sales tax .....	<u>6.00</u>
<b>Total Due .....</b>	<b><u>601.00</u></b>
Paid receipt number <u>32908</u>	<u>601.00</u>
Balance due .....	<u>0</u>

**PAID**  
3 day hold  
NOV 18 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Alan

x Guared Schwartz  
Signature  
x 1610 20th St, N.E.  
Address  
Albany, Va. 98002  
City  
(206) 939-3102  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5563**  
PY-503 (REV. 8-85)



E-55.63

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>NETTIE LAURELLI</b>		SEX <b>Female</b>	DATE OF BIRTH <b>07-06-1896</b>	DATE OF DEATH <b>11-15-1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Gerald Schwartz (Son) 1610 20th N.E. Auburn, WA 98002</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

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 <b>Mt. Hope Cemetery San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 19 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald L. Cannon, M.D.</b>	
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Joseph Stott</b>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32908

Date: 11/19, 1985

From: Isidore Schwartz Address: 1610-20th St E Auburn Wash - 98002

In full Payment of Interment fees for Nettie Laurelli Dollars (\$ 601<sup>00</sup>)

Lot 40 Grave 3 Row — Section 16 Division Block 7

Invoice No. —  
 Acct. No. —  
 W.O. E-5563  
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 NOV 26 1985  
 CITY AUDITOR  
 004579  
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	32000
	77181	
Burial Containers	100	10000
	77182	
Recording fees or misc. service fees	100	17500
	77183	
Sales Tax	80101	600
	9020	
TOTAL PAID		60100

Pre-Need  At Need  On Acct   
 Ck  Cash   
 AC-212 (Rev. 8-85)



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-18-85

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

of John Doe - Case # 1305-85

in a          Vault/liner Funeral, date, time Tues 11-19 3PM

Church, Chapel, Graveside Delmar; Humphrey Mortuary.

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

✓ Lot 116 Grave 4 Row          Section 2 Division/Block 11

Grave space & Care Fund ..... (DIP) 55

Additional spaces and care fund .....

Opening/Closing & Setup ..... 90

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 145.00

Paid receipt number .....

Balance due .....

(TOP  
2ND)

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

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

Signature of recorded holder of deed

*Called by  
Sharon*

Work Order # E 5564

PR-503 (REV. 8-85)

Signature

Address

State Zip Code

Telephone

Invoice # 037465

Acct. # 000952

E-5564

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>John Doe CC#1305-85</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Unknown</b>	DATE OF DEATH <b>Found 06-30-85</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator Indigent Burial Officer 5201-A Ruffin Road San Diego, Ca. 92123</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

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 <b>Mt. Hope Cemetery San Diego, Ca.</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 19 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Ramos M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 19 1985</b> (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

12/19/85  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 32963

E-5564

Date: 12-19, 19

From: County of San Diego Address: 5201-A Superior Ave. San Diego

In full Payment of (one hundred forty five and 00/100) Dollars (\$ 145.00)

for (burial fee - Case 115-1)

Lot 116 Grave 4 Row Section Division Block 11

Invoice No. 1137465

Acct. No. 110952

W.O. E-5564

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.

ISSUED BY E. J. [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		145.00

E-5564

037465 11/27/85 000952 COUNTY OF SAN DIEGO  
100 072  
100 072

77181 000072 12/17/85 CR 332294  
77184 000072

145.00  
90.00  
55.00

145.00 PAID IN FULL 0.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-18-85

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

of Jean Doe - Case # 1440-85  
in a \_\_\_\_\_ Vault/Urns Funeral, date, time Tues 11-19 3 PM

Church, Chapel, Graveside Delmery; Humphrey Mortuary.

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

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 116 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... (DIP) 55

Additional spaces and care fund .....

Opening/Closing & Setup ..... 90

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 145.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

**(Bottom)  
1ST**

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

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

Signature of recorded holder of deed

*Called by  
Sharon*

Work Order # **E 5565**

PY-503 (REV. 8-85)

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 037463

Acct. # 000952

1305-85

on  
Top

---

E-5565

1440-85

on  
Bottom



E-5565

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>John Doe CC# 1440-85</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Unknown</b>	DATE OF DEATH <b>Found July 17, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Ysidro</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Indigent Burial Officer Public Administrator 5201-A Ruffin Road San Diego, Ca. 92123</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

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 <b>Mt. Hope Cemetery San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 19 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 19 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Camarillo, M.D.</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

12/19/85

No 32961

Date: 12-17, 1985

From: County of S.D. Address: 581-A RIVERVIEW AVE 9010

One hundred and fifty and 00/100 Dollars (\$ 145.00)

In full Payment of burial service

Case # 1440-85

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 037463

Acct. No. 100958

W.O. E-55165

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.

ISSUED BY B. Ryan

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>145.00</u>



E-5565

037463 11/27/65 000952  
E 5565

COUNTY OF SAN DIEGO  
100 072  
100 072

77181 000072  
77184 000072  
12/17/65 CK 532294

145.00  
90.00  
55.00

145.00 PAID IN FULL 0.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-18-85

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

of O. H. Larson  
in a Bell-Renee Funeral, date, time Wed 11-20-2 P.M.  
Church, Chapel, Graveside Graveside ; Goodbody Mortuary.

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

Lot 7 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 3

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee .....

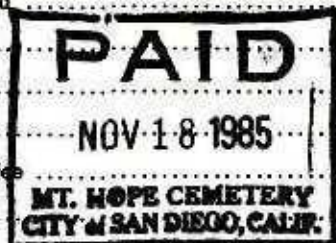
Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

Total Due ..... 606<sup>00</sup>

Paid receipt number 32907 606<sup>00</sup>

Balance due 0



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

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

Signature of recorded holder of deed

Donald J. Larson  
Signature  
6750 PEARL LAKE AVE  
Address  
SAN DIEGO CA 92119  
City  
461-6997  
Telephone

Work Order # E 5566

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-5566

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>OSCAR H. LARSON</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>4/16/1899</b>	DATE OF DEATH <b>11/16/1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>GERALD G. LARSON son</b> <b>4695 ALTADENA AVENUE</b> <b>SAN DIEGO, CALIFORNIA 92115</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>GOODEBODY MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F 790</b>		

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 <b>MT. HOPE CEMETERY, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>NOV 19 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 20 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramos, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32907

Date: 11-18, 1985

From: Gerald L. Johnson Address: 6500 Parkgate Ave, Alta Vista

in payment of 0.4 Johnson services Dollars (\$ 606.00)

Lot 7 Grave 4 Row \_\_\_\_\_ Section 2 Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5566  
 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**  
**NOV 20 1985**  
 ISSUED BY B. King

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>300.00</u>
	77181	
Burial Containers	100	<u>100.00</u>
	77182	
Recording fees or misc. service fees	100	<u>100.00</u>
	77183	
Sales Tax	60101	<u>60.00</u>
	9020	
<b>TOTAL PAID</b>		<u>\$ 606.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

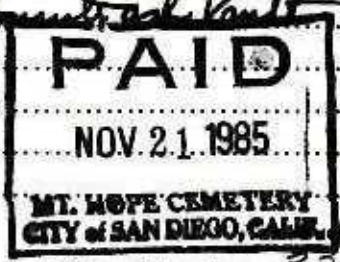
City of San Diego

Date 11/18/85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby C. Fuller (TH/MS) in a Cremated Ash Vault Funeral, date, time 11/21/85 - 1:30 P.M. Church, Chapel, Graveside Witness; El. Humphrey Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran                     

✓ Lot 288 Grave — Row — Section 4 Division/Block 8

Grave space & Care Fund	<u>Per head D-9210</u>	<u>          </u>
Additional spaces and care fund	<u>none</u>	<u>          </u>
Opening/Closing & Setup		<u>105<sup>00</sup></u>
Burial Container	<u>Cremated Ash Vault</u>	<u>40<sup>00</sup></u>
Handling Fees		<u>60<sup>00</sup></u>
Flower vases - Marker setting fee		<u>          </u>
Recording and filing fee		<u>35.00</u>
Sales taxes		<u>2.40</u>
<u>will pay by 11/21</u>		<u>242.40</u>
	Paid receipt number <u>32915</u>	<u>242.40</u>
		Balance due <u>0</u>



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

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

Signature of recorded holder of deed \_\_\_\_\_

✓  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 5567  
PY-693 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-55.67.

**PERMIT FOR DISPOSITION OF HUMAN REMAINS**

NAME OF DECEDENT <b>RUBY COLVIN FULLER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>01-21-1903</b>	DATE OF DEATH <b>11-15-1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>William P. Watson (Son) 500 N. Upland Avenue Metairie, LA 70003</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

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 <b>N/A</b>		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneda, Inc. El Cajon, CA</b>	DATE CREMATED <b>11/20/85</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery San Diego, Ca.</b>		COUNTY <b>San Diego</b>
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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 19 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 21 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

**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 32915

Date: 11-21, 1985

From: William Watson Address: 2635 Grand Ave, La Jolla

two hundred and forty Dollars (\$ 240.00)

In full Payment of Property Tax

Lot 288 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5567

Unpaid Balance after this Payment 0

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**  
**NOV 26 1985**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	<u>115.00</u>
Burial Containers	100 77182	<u>40.00</u>
Recording fees or misc. service fees	100 77183	<u>95.00</u>
Sales Tax	80101 9020	<u>2.40</u>
TOTAL PAID		<u>240.40</u>

714-642-9150

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-19-85

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

of Lillie Mae Prewitt  
in a Bell liner Funeral, date, time Thurs 11-21 12 PM

Church, Chapel, Graveside ; Preced Mortuary.

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

✓ Lot 1587 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... (196.9) Preced

Additional spaces and care fund .....

Opening/Closing & Setup .....

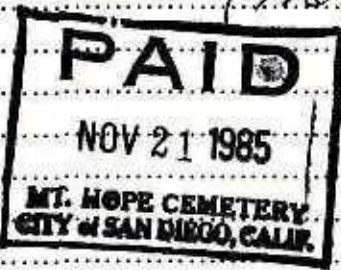
Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....



35.00

Total Due 35.00

Paid receipt number 32913 35.00

Balance due 0

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

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

Signature of recorded holder of dead \_\_\_\_\_

Called by Dennis Costa Mesa Ca.

Work Order # E 5568

PY-593 (REV. 8-85)

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



PIERCE BROTHERS  
BELL BROADWAY MORTUARY

DETACH AND RETAIN THIS STATEMENT  
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.  
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE FORM NWC-3 V-2

E-5568

DATE	DESCRIPTION	AMOUNT
11-20-1985	Recording fee, Lillie M. Prewitt, 05-85-0174	\$35.00

E 5568

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Lillie M. Prewitt</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 2, 1903</b>	DATE OF DEATH <b>Nov. 18, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Santa Ana</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Orange</b>		NAME AND ADDRESS OF SPOUSE OR (if deceased) <b>Mildred H. Altemeier 1933 Anaheim Avenue Costa Mesa, CA 92627</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Pierce Brothers Bell Broadway Mortuary,</b>		CALIFORNIA LICENSE NUMBER <b>F 508</b>		

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 <b>Mt. Hope Cemetery, San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ <b>N/A</b>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		DATE SIGNED <b>N/A</b>
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 20 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	<b>NOV 21 1985</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>L. G. Salway, M.D. SC</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32913

Date: 11-21, 1985

From: Prince Brothers Address: 116 Broadway, Santa Monica  
Forty year and 200/100 Dollars (\$ 35.00)

In full Payment of Bill for Mac Pro with

Lot 1517 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.D. E-5568

Unpaid Balance after this Payment 0

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  
 NOV 26 1985

ISSUED BY B. Dang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or mic. service fees	100 77183	<u>35.00</u>
Sales Tax	60101 9020	
TOTAL PAID	\$	<u>35.00</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 11-19-85

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

of Glen C. Libby  
in a Bell Funeral, date, time Fri 11-22 1 PM  
Church, Chapel, Graveside No set up; Merkley Mortuary.

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

✓ Lot 3493 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... (1966) Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

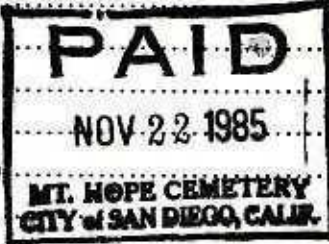
Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 35.00

Recording and filing fee ..... 6.00

Sales taxes ..... 606.00



Total Due ..... 606.00

Paid receipt number 32916 606.00

Balance due 0

*need help  
at graveside*

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

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

\_\_\_\_\_  
Signature of record holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5569**



E-5569

MOUNT HOPE CEMETERY

November 20

19 85

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

Glee Coburn Libby in Lot Gr 3493 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.

Merle Cunningham

Signature of relative or legal

representative

Merle Cunningham

Henry J. Ashe  
Witness

3541 Herbert St. SD 92103, Nephew

Address & relationship to lot, owner and/or

authority to sign authorization

3541 Herbert St, San Diego 92103, Nephew

Witness

E-5569

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Glee Coburn Libby</b>		SEX <b>Female</b>	DATE OF BIRTH <b>February 8, 1900</b>	DATE OF DEATH <b>Nov. 18, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Merle Cunningham, Nephew 3541 Herbert St. San Diego, Ca 92103</b>		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Merkley-Mitchell Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

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 <b>Mount Hope Cemetery, San Diego, CA</b>		COUNTY <b>San Diego</b>
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	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 20 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 22 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Cannon M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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**

No 32916

E-5569 264-3151

Date: 11-29 19 85

From: Walter Mitchell Address: 3457 7th Ave. #10901

In 1000 Dollars (\$ 1000) Payment of Plot C. 2nd

Lot 3493 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5569

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 NOV 26 1985

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	<u>200.00</u>
Burial Containers	100 77182	<u>100.00</u>
Recording fees or misc. service fees	100 77183	<u>100.00</u>
Sales Tax	80101 8020	<u>100.00</u>
TOTAL PAID	0	<u>1000.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-19-85

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

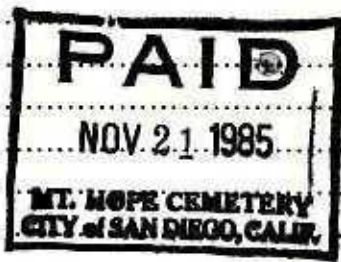
in a Bell Liner Funeral, date, time Mon 11-25 2PM

Church, Chapel, Graveside \_\_\_\_\_; Ragsdale Mortuary.

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

Lot 4755 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund	.....	<u>695<sup>00</sup></u>
Additional spaces and care fund	.....	
Opening/Closing & Setup	.....	<u>320<sup>00</sup></u>
Burial Container	.....	<u>100<sup>00</sup></u>
Handling Fees	.....	<u>145<sup>00</sup></u>
Flower vases - Marker setting fee	.....	
Recording and filing fee	.....	<u>35<sup>00</sup></u>
Sales taxes	.....	<u>6<sup>00</sup></u>
Total Due	.....	<u>\$1301<sup>00</sup></u>



Reserve  
4756 - 6 mos.

Paid receipt number 32912 1301<sup>00</sup>  
Balance due 0

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

I hereby authorize the interment in lot I hold under deed  
John E. Glenn  
Signature of record holder of deed

John E. Glenn  
Address 1334 S. Pardee St  
City S.D. Ca Zip Code 92113  
Phone 232-8882  
Telephone

Work Order # E 5570  
PY-663 (REV. 8-84)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-5570

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>AMELIA GLENN</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Sept. 15, 1915</b>	DATE OF DEATH <b>Nov. 18, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>John E. Glenn - Husband</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	334 South Pardee Street <b>San Diego, California 92113</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT)
  5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
  8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT)
  6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
  7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
  9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>NOV 21 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>NOV 25 1985</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
			(ENTER DATE)	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32912

E-5570

Date: 11-21, 1985

From: John C. Glenn Address: 342 Parkway - Suite 1011  
4700 North San Diego Ave - San Diego, CA 92117  
 Dollars (\$ 1511.00)  
 In full Payment of Amelia Glenn services

Lot 4755 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5570

Unpaid Balance after this Payment 0

Pra-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  
 NOV 26 1985

ISSUED BY K. Yang

CREDIT	67007	
20% Sales Care	77184	<u>139.00</u>
80% Sales of Lots	100 77184	<u>556.00</u>
Openings & Service Charges	100 77181	<u>351.00</u>
Burial Containers	100 77182	<u>160.00</u>
Recording fees or misc. service fees	100 77183	<u>14.00</u>
Sales Tax	60101 8020	<u>6.00</u>
TOTAL PAID		<u>1511.00</u>



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11-20-85

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

of Cecilia May Brind  
 in a TS Vault Funeral, date, time Thurs. 11-21 2 PM  
 Church, Chapel, Graveside : Encinitas Mortuary.

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

✓ Lot 17 Grave 29 Row \_\_\_\_\_ Section MAS Division/Block M

Grave space & Care Fund ..... Preced

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 175.00

Handling Fees ..... 180.00

Flower vases - Marker setting fee .....

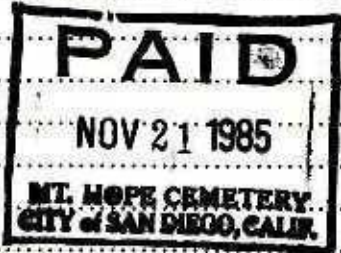
Recording and filing fee ..... 35.00

Sales taxes ..... 10.50

Total Due ..... 720.50

Paid receipt number 32914 720.50

Balance due 0



*Need ossis to set 1:45*

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

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

Signature of recorded holder of deed

*Called by Ed - 753-1143*

Work Order # **E 5571**

PY-593 (REV. 8-85)

SARA ANN NUZUME  
 Signature  
2037 SHADY TREE LANE  
 Address  
ENCINITAS, CA 92024  
 State 436-9175 Zip Code

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-5571

Mt. Hope Cemetery  
San Diego, California

# INTERMENT ORDER

No. \_\_\_\_\_

Dated November 20, 19 85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the casketed remains of  
Cecile May Baird

in Grave 29 Lot 17 Lawn Masonic Sec. M

Niche \_\_\_\_\_

Crypt \_\_\_\_\_

Relation to Owner \_\_\_\_\_ Notation \_\_\_\_\_

I/we hereby certify that I am/we are the daughter of the above-named decedent and this is your authority to make disposition of the remains of said decedent as above indicated. I/we hereby certify and represent that I/we have the right to make this authorization, and I/we agree to hold the cemetery harmless from any liability on account of said authorization and interment.

I/we hereby certify that I am/we are the owner of the said grave, crypt or niche, and hereby authorize the above interment.

Relative's Name Sara Ann Nguyen

Address 2037 Shadytree Lane

Encinitas, CA 92024

(619) 436-9175

(Grave, Crypt or Niche Owner must sign here if not a relative)



E-5571

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Cecile May Baird</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 4, 1904</b>	DATE OF DEATH <b>Nov 20, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Encinitas</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Sara Ann Nuzum - Daughter 2037 Shady Tree Lane Encinitas, CA 92024</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Encinitas Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>857</b>		

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 <b>Mt. Hope Cemetery, San Diego</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 20 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	<b>NOV 21 1985</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Annelle R. Brown, M.D.</b>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32914

Date: 11-21, 1985

From: Mrs. Ann Harmon Address: 3027 Anselm, San Antonio

In full Payment of Monthly May, 1985

Lot 17 Grave 29 Row \_\_\_\_\_ Section 11145 Division 111 Block 111

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5571

Unpaid Balance after this Payment 0

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  
 NOV 26 1985

ISSUED BY B. King

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	320	00
	77181		
Burial Containers	100	175	00
	77182		
Recording fees or misc. service fees	100	215	00
	77183		
Sales Tax	60101	10	50
	9020		
TOTAL PAID		726	50



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-20-85

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

of John Doe - Case # 1087-85

in a \_\_\_\_\_ Vault/Line Funeral, date, time Nov 22 9 AM

Church, Chapel, Graveside Delivery only Prearranged Mortuary.

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

✓ Lot 93 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 55<sup>00</sup>

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 90<sup>00</sup>

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 145<sup>00</sup>

*Bill Indigestre*  
*Officer*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

County of SD  
Address 3201-A Ruffin Rd  
SD Ca 92123  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 037464

Acct. # 000952

Work Order # E 5572  
PY-585 (REV. 8-85)

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>John Doe CC# 1087-85</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Unknown</b>	DATE OF DEATH <b>Found May 30, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>S.D. County Public Administrator 5201-A Muffin Road San Diego, California 92123</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

TYPE OF PERMIT: CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input checked="" type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|---|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Greenwood Memorial Park, 1405 S. Imperial Avenue, San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED <b>NA</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>	COUNTY <b>NA</b>
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 <b>NA</b>	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT <b>▶</b>
SCIENTIFIC USE		DATE SIGNED
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>	AMOUNT OF FEE PAID <b>\$3.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	DATE PERMIT ISSUED <b>NOV 21 1985</b>
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 22 1985</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald L. Ramos, M.D.</b>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>▶</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

12/19/85

No 32962

E-5572

Date: 12-17, 19\_\_

From: County of SD Address: 5501-A Mission St

San Diego County, San Diego, CA Dollars (\$ 145.00)

In check Payment of San Diego Case # 1087-85

Lot 93 Grave 1 Row \_\_\_\_\_ Section 2 Division Block \_\_\_\_\_

Invoice No. 137464

Acct. No. 110952

W.O. E-5572

Unpaid Balance after this Payment \_\_\_\_\_

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8030	
TOTAL PAID		<u>145</u>

Pre-Need  At Need  On Acct   
 Ck  Cash

E\_5572

037464 11/27/85 000952 COUNTY OF SAN DIEGO  
E-5572 100 072  
100 072

77181 000072 12/17/85 CK 532294  
77184 000072

145.00  
90.00  
55.00



145.00 PAID IN FULL 0.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-25-85

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

of Preneed Burial Services

in a \_\_\_\_\_ Vault/Urner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

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

✓ Lot 22 Grave 6 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

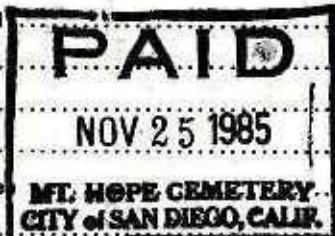
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



320.00  
100.00  
145.00  
35.00  
6.00  
606.00  
606.00

Total Due \_\_\_\_\_

Paid receipt number 32918

Balance due 0

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

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

Signature of recorded holder of dead \_\_\_\_\_

X Edna M. Gannon  
Signature  
#4 4086 Swift Ave  
Address  
S.D. Ca 92104  
City  
584-0277  
Telephone

Work Order # E 5573

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Edna M. Gannon.  
4086 S. W. Ave.  
San Diego, Cal. 92104

Nov. 22, 1983

E-5573

I am sending you a money  
order of \$606 for my Prepaid burial  
service. My deed no. is 8294-1-21-76.  
Lot. 22 Grave 6 Section 3 Division 12.  
order number D-6607.

Please send me a receipt.

Thank you,

Edna M. Gannon

For-

Mt. Hope Cemetery  
3751 Market St.  
San Diego, Cal.  
92104



OFFICIAL RECEIPT



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

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

0046 No 32918

Date: 11-35, 1985

From: Edna M. Lanza Address: 440 Summit Ave. San Diego 92104

is needed by and upon Dollars (\$ 606.00)

In full Payment of Funeral Arrangement Service  
(not guaranteed)

Lot 22 Grave 6 Row 3 Section 3 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5573

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**  
**NOV 29 1985**

ISSUED BY B. J. [Signature]

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100		321.00
	77181		
Burial Containers	100		100.00
	77182		
Recording fees or misc. service fees	100		100.00
	77183		
Sales Tax	80101		606.00
	9030		
TOTAL PAID	\$		606.00

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11-25-85

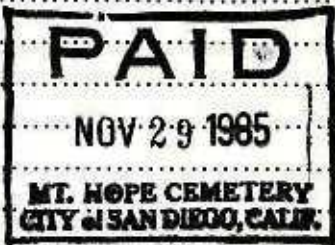
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Isaac Leon Anderson  
 in a \_\_\_\_\_ Funeral, date, time Mon 12-2 10AM  
 Church, Chapel, Graveside : Rogersdale Mortuary.

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

✓ Lot 2830 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund .....	<u>100.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>100.00</u>
Burial Container .....	_____
Handling Fees .....	_____
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	_____



24 (Baby)

Total Due 235.00  
 Paid receipt number 32924 235.00  
 Balance due 0

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

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

Arthur Anderson  
 Signature \_\_\_\_\_  
906 Kelton Rd  
 Address \_\_\_\_\_  
Calif 92114  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
263-3044  
 Telephone \_\_\_\_\_

\_\_\_\_\_  
 Signature of recorded holder of deed

Work Order # E 5574  
 PY-683 (REV. 8-85)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

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

No 32924

E-5574

Date: 11-27, 19

From: L. Staudemir Address: 4151 x 14335 N. Pa. 92114

In full Payment of Balance from Madison Dollars (\$ 354 )

Lot 2830 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5574

Unpaid Balance after this Payment \_\_\_\_\_

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 9-85)

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

CITY AUDITOR  
 DEC 05 1985

ISSUED BY B. [Signature]

CREDIT	67007		
20% Sales Care	77184	20	0
80% Sales of Lots	100	10	00
77184			
Openings & Service Charges	100	10	0
77181			
Burial Containers	100		
77182			
Recording fees or misc. service fees	100	35	0
77183			
Sales Tax	80101		
9020			
TOTAL PAID		354	0

E 5574

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ISAAC LEON ANDERSON</b>		SEX <b>Male</b>	DATE OF BIRTH <b>11/5/85</b>	DATE OF DEATH <b>11/22/85</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Aretha Anderson-Mother 966 Kelton Rd. San Diego, Calif. 92114</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery 3751 Market St.: San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 2 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 2 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Arnold L. Ramos, M.D.</b>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <b>Seoyun Huh</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-25-85

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

of Glades Olive Davis  
in a Bell Funeral, date, time Wed 11-27 2:30  
Church, Chapel Graveside; PAC BH Mortuary.

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

Lot 4 Grave 3 Row \_\_\_\_\_ Section 5 Division/Block 5

Grave space & Care Fund ..... Pre need  
Additional spaces and care fund ..... \_\_\_\_\_  
Opening/Closing & Setup ..... \_\_\_\_\_  
Burial Container ..... \_\_\_\_\_  
Handling Fees ..... \_\_\_\_\_  
Flower vases - Marker setting fee ..... \_\_\_\_\_  
Recording and filing fee ..... 35.00  
Sales taxes ..... \_\_\_\_\_  
Total Due ..... 35.00

*Send Claim to PA*

Paid receipt number \_\_\_\_\_  
Balance due \_\_\_\_\_

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

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

Mary Sager  
Country PA

Signature of recorded holder of deed

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 5575

Invoice # 038053

Acct. # 000952

E-55.75

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Gladys Olive Davis AKA: Gladys Grout Davis</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Aug. 16, 1892</b>	DATE OF DEATH <b>Nov. 25, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Self Pre-Need</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Pacific Beach Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>815</b>		

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 <b>Mt. Hope Cemetery-3751 Market St., San Diego, Ca.</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 26 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ransom, M.D., M.P.H.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ <b>NOV 27 1985</b> (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-5575

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): County of San Diego - 5201 - A Ruffin Rd. San Diego, CA 92123		TELEPHONE NO:	FOR COURT USE ONLY	
ATTORNEY FOR (Name): Gladys Olive Davis, Deceased SUPERIOR COURT OF CALIFORNIA, COUNTY OF			Filed for approval: _____ (date) (Deputy)	
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			Duplicate mailed: _____ (date) (Deputy)	
ESTATE OF (NAME): Gladys Olive Davis		DECEDENT	Presented to court for approval: _____ (date) (Deputy)	
CREDITOR'S CLAIM*			CASE NUMBER:	

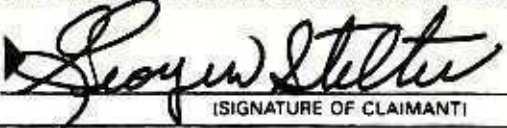
This claim must be presented to the personal representative or filed in the office of the clerk of the court in duplicate within four months after the date of first issuance of letters or as provided in Probate Code, § 700.

**DECLARATION OF CLAIMANT**

- Total amount of the claim: \$ 35.00
- Claimant (name): Mt. Hope Cemetery
  - an individual.
  - an individual or entity doing business under the fictitious name of (specify):
  - a partnership. The person signing has authority to sign on behalf of the partnership.
  - a corporation. The person signing has authority to sign on behalf of the corporation.
- Address of claimant (specify): 3751 Market St.  
San Diego, CA 92102
- 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: 12/20/1985  
George W. Stelter  
Cemetery Manager  
(TYPE OR PRINT NAME AND TITLE)

  
(SIGNATURE OF CLAIMANT)

(Items 5-10 to be completed by the personal representative)

- Date of first issuance of letters:
- Date of death:
- This claim was presented on (date):
- Estimated value of estate:
- Claim is allowed for: \$
- Claim is rejected for: \$
- The personal representative is authorized to administer the estate under The Independent Administration of Estates Act.

.....  
(TYPE OR PRINT NAME)

.....  
(SIGNATURE OF PERSONAL REPRESENTATIVE)

- Approved for: \$
- Rejected for: \$

Date: \_\_\_\_\_  
12.  Number of pages attached: \_\_\_\_\_  
SIGNATURE OF  JUDGE  COMMISSIONER  
 Signature follows last attachment

(Continued on reverse)

\* See reverse for instructions before completing.

ESTATE OF (NAME):

Gladys Olive Davis

CASE NUMBER

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
11/27/85	Gladys Olive Davis Service Lot 4 Grave 3 Section 5, Division 5 Recording Fee	\$ 35.00
TOTAL		\$ 35.00





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

*E-5575*

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 03/05/86

DATE: 03/05/86  
TIME: 222453  
PAGE: 5

DEPARTMENT 052

CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT DRG	AMOUNT PAID DATE BY REF NO	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
038053	12/17/85	000952	COUNTY OF SAN DIEGO 100 072	02/26/86 CK 79173	35.00 35.00	35.00	0.00 PAID IN FULL

*mt. Hope*

OFFICIAL RECEIPT



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

3/5/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 33148

E-5575

Date: 12-13, 1986

From: County of SD Address: 5201-A Newmark A 9-123

County seal and no fee Dollars (\$ 35.00 )

In full Payment of Cladys O. Davis

Lot 4 Grave 3 Row \_\_\_\_\_ Section 5 Division 5

Invoice No. C38053

Acct. No. 100952

W.O. E-5575

Unpaid Balance after this Payment 0

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

1986

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID	\$	<u>35.00</u>

Pre-Need  At Need  On Acct.   
 Ck  Cash

ISSUED BY R. Lang



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11-25-85

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

of Mary J. Davis

in a Vault Funeral, date, time Nov 1 - 2:00 P.M. 12/2

Church Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 60 Grave 1 Row \_\_\_\_\_ Section 1 Division/Block 7

Grave space & Care Fund ..... Preneed

Additional spaces and care fund ..... none left

Opening/Closing & Setup ..... 320.00

Burial Container Top level Vault ..... 175.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales tax **PAID** ..... 10.50

Total Due ..... 710.50

paid receipt number 32920 ..... 710.50

Balance due 0

**PAID**  
NOV 25 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature [Signature]  
Address 5711 Mission Ct #2077  
Spain Valley Ca  
State CA Zip Code 92535  
Telephone \_\_\_\_\_

Work Order # E 5576

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

0016 No 32920

Date: Nov 26, 1985

From: Harold Davis Address: Los Angeles, Ca

Seven hundred ten and 50/100 Dollars (\$ 710.50)

in full Payment of Interment of Mary J. Davis - dec

Lot 60 Grave 1 Row 1 Section 1 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5576

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

Cash

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

**CITY AUDITOR**  
 NOV 29 1985

Raymond [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	320 00
	77181	
Burial Containers	100	175 00
	77182	
Recording fees or misc. service fees	100	205 00
	77183	
Sales Tax	80101	10 50
	8020	
TOTAL PAID		710 50



E-5578

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Mary J. Davis</b>		SEX <b>Fe</b>	DATE OF BIRTH <b>Dec. 13, 1909</b>	DATE OF DEATH <b>Nov. 25, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Inglewood</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Los Angeles</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mr Harold Davis—Son 9800 Tenth Avenue Inglewood, Ca.</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Peoples Funeral Home</b>		CALIFORNIA LICENSE NUMBER <b>F-741</b>		

#### REMOVAL

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 <b>- Mt Rose Cem. 3751 Market St. San Diego, Ca.</b>		COUNTY <b>San Diego</b>
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 SHORLINE, 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 <b>[Signature]</b>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>NOV 26 1985</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 2 1985</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-26-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Ruffin Jenkins FR 11-29 10AM  
in a Bell Line Funeral, date, time FR 11-29 10AM # FR 11-29 10AM  
Church, Chapel, Graveside \_\_\_\_\_; Ragsdale Mortuary.

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

✓ Lot 100 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund	PAID	250 <sup>00</sup>
Additional spaces and care fund	NOV. 29 1985	320 <sup>00</sup>
Opening/Closing & Setup	MT. HOPE CEMETERY	100 <sup>00</sup>
Burial Container	CITY of SAN DIEGO, CALIF.	145 <sup>00</sup>
Handling Fees		
Flower vases - Marker setting fee		35 <sup>00</sup>
Recording and filing fee		6 <sup>00</sup>
Sales taxes		856 <sup>00</sup>

Total Due 856<sup>00</sup>  
Paid receipt number 32925 856<sup>00</sup>  
Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Rose Jenkins  
Signature  
5041 Reynolds St  
Address  
San Diego 92113  
City  
247 8755  
Telephone

Work Order # E 5577

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-5577

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>RUFFIN LEROY JENKINS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Oct. 6, 1900</b>	DATE OF DEATH <b>Nov. 24, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Rose Jenkins - Wife 5041 Reynolds Street San Diego, CA 92114-92113</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.; San Diego, CA 92102</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$2.00</b> <del>\$5.00</del>	DATE PERMIT ISSUED <b>11-28-85</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <b>Donald G. Ramirez</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 29 1985</b> (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 32925

E-5577

Date: 11-29, 1985

From: Rose E. Gorman Address: 5041 R... ..

In Full Payment of Residence Dollars (\$ 856.00)

Lot 100 Grave 6 Row 2 Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5577

Unpaid Balance after this Payment \_\_\_\_\_

Pre-Need  At Need  On Acct   
 Ck  CASH

AC-212 (Rev. 8-85)

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

**CITY AUDITOR**  
**DEC 05 1985**

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Tax	77184	51.00
80% Sales of Lots	100	20.00
77184		
Openings & Service Charges	100	32.00
77181		
Burial Containers	100	100.00
77182		
Recording fees or misc. service fees	100	10.00
77183		
Sales Tax	88101	6.00
9020		
<b>TOTAL PAID</b>		<b>856.00</b>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-26-85

You are hereby authorized and instructed, subject to your rules and regulations, to <sup>transfer</sup> inter the remains of Dorothy Turner to Eldon Jansen

in a \_\_\_\_\_ Vault/Line Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

Lot 1571 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

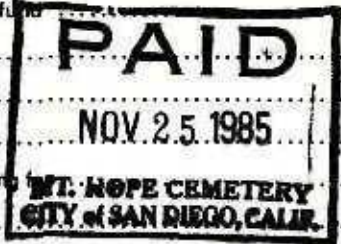
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_



Total Due 35.00

Paid receipt number 32921 35.00

Balance due 0

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

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

Eldon F. Jansen  
Signature of recorded holder of deed

Eldon F. Jansen  
Signature  
3838-1st Ave #6  
Address  
S.D. Ca 92103  
State Zip Code

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5578  
FY-593 (REV. 8-86)



7-02  
Dorothy  
Turner

CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

# DEED

E-5578

6229

6/18/1972

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Dorothy Turner for the sum of \$ 200.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1571 Section 1 Division 8

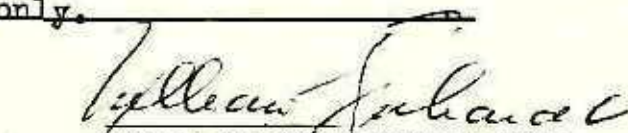
AS DESCRIBED ON PURCHASE ORDER NUMBER D-1847

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 type marker only.

  
Cemetery Manager

  
Director of Parks and Public Facilities



# POWER OF ATTORNEY

E-5578

SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Dorothy Turner, the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

- (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Lot 1571  
Sect. 1, Division 8  
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 3rd day of October, 19 84.

\* Dorothy Turner

STATE OF CALIFORNIA

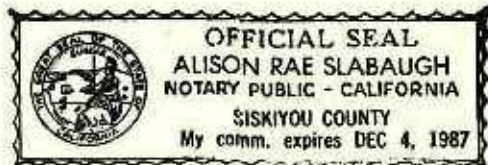
COUNTY OF Siskiyou } ss.

On this 3rd day of October, in the year 19 84, before me, the undersigned, a Notary Public in and for said State, personally appeared Dorothy Turner

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that s/he executed it.

WITNESS my hand and official seal.

Alison Rae Slabaugh  
Notary Public in and for said State.



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3161

00165 No 32921

Date: 11-26, 1985

From Mount Hope Cemetery Address: 6449 Glendale Ave. Chula Vista  
Party from said cemetery Dollars (\$ 25.00)

In cash Payment of transfer of cemetery from  
cemetery in care to Edison Park

Lot 1571 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5578  
 Unpaid Balance after this Payment \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
**CITY AUDITOR**  
**NOV 29 1985**  
 ISSUED BY [Signature]

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

CREDIT	67807	
20% Sales Tax	77194	
80% Sales of Lots	100	
	77194	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	<u>25.00</u>
Sales Tax	60101	
	9020	
TOTAL PAID		<u>25.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-26-85

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

of Margaret Jansen  
in a Bell liner Funeral, date, time Fri 11-29 9 AM

Church, Chapel, Graveside \_\_\_\_\_; Merkley Mortuary.

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

Lot 1571 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

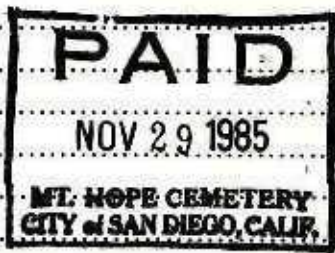
Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00



Total Due ..... 606.00

Paid receipt number 32923 ..... 606.00

Balance due 0

*Merkley to bring check*

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

*Phone by Harry*

Work Order # E 5579

PY-893 (REV. 8-85)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Invoice #

\_\_\_\_\_  
Acct. #

E-5579

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>MARGARET M. JANSEN</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>DEC 13, 1934</b>	DATE OF DEATH <b>NOV 25, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>ELDON JANSEN, HUSBAND 3838 FIRST AVENUE, #6 SAN DIEGO, CA 92103</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MERKLEY-MITCHELL, MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

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 <b>MOUNT HOPE CEMETERY, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>	
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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>NOV 27 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Roman, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>NOV 29 1985</b> (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 32923

E-5579

Date: 11-29, 1985

From: Mrs. Metcalf Address: 3655 S. Hill Ave. San Diego, CA 92116  
my purchase and receipt Dollars (\$ 606.00)  
 In cash Payment of Margaret Hansen Invoice

Lot 1571 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5579

Unpaid Balance after this Payment \_\_\_\_\_

Pre-Paid  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

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

**CITY AUDITOR**  
**DEC 05 1985**  
 00185A

ISSUED BY [Signature]

CREDIT	6907	
20% Sales Tax	77184	
90% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>300.00</u>
	77181	
Burial Containers	100	<u>100.00</u>
	77182	
Recording fees or misc. service fees	100	<u>181.00</u>
	77183	
Sales Tax	60101	<u>60.00</u>
	9020	
TOTAL PAID	0	<u>606.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-29-85

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

of Clarence Jennings Sr  
in a Bell liner Funeral, date, time Sat 11:30 1 PM

Church, Chapel, Graveside; Mayer Mortuary.

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

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 32 Grave 9 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund	.....	595 <sup>00</sup>
Additional spaces and care fund	..... <u>Sat. O.T.</u>	380 <sup>00</sup>
Opening/Closing & Setup	.....	320 <sup>00</sup>
Burial Container	.....	100 <sup>00</sup>
Handling Fees	.....	145 <sup>00</sup>
Flower vases - Marker setting	.....	135 <sup>00</sup>
Recording and filing fee	.....	35 <sup>00</sup>
Sales taxes	.....	6 <sup>00</sup>
Total Due	.....	\$ 1716 <sup>00</sup>

*Walter City Shop  
out by 3/9/88*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Clarence Jennings  
Signature  
4467 3rd St.  
Address  
San Diego, Calif. 92107  
State  
284-1927  
Telephone  
Zip Code

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 5580

Invoice # 038056  
Acct. # 015301



Clarence Jennings, Jr.  
case # 462753

E-5 5 80

# NOTE-STRAIGHT

\$ 1716<sup>00</sup> San Diego, California, Nov. 30, 1985

60 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 Seventeen hundred fifteen and no/100 DOLLARS.

with interest from \_\_\_\_\_ 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.

Witness by  
John May

X  
CLARENCE JENKINS JR.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



E-5580

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Clarence Ray Jennings Sr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 24, 1936</b>	DATE OF DEATH <b>Nov. 23, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Kathleen Jennings - Wife</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>4467 - 38th Street San Diego, CA. 92116</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Md. Hope Cemetery San Diego, CA.</b>	COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶  DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$6.00</b>	DATE PERMIT ISSUED <b>11-29-85</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>11-30-85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald G. Ranges, M.D. R.S.</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Geary [Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 11/30/85

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

of FREDDIE WILLIAMS, JR.

in a BELL LINER Vault/Liner Funeral, date, time 12-2-ET (11AM)

Church, Chapel Graveside ANDERSON RASSDALE Mortuary.

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

✓ Lot 90 Grave 8 Row \_\_\_\_\_ Section 2 Division 11 Block 11

Grave space & Care Fund ..... 250<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 100<sup>00</sup>

Flower vases - Marker setting fee ..... 130<sup>00</sup>

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

Setup @ Graveside ..... 941<sup>00</sup>

**PAID**  
NOV 30 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Billed receipt number 94100

Balance due 0

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

I hereby authorize the interment in lot I hold under deed.  
Matthew Bullen  
Signature of recorded holder of deed

Signature Per...  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 5581  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

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

No 32926

Date: 11/30/85 19

From: MATHEW WILLIAMS Address: 15230 Sorcerer way S.D. 92129  
NINE HUNDRED FORTY ONE 00/100 Dollars (\$ 941.00)  
 In full Payment of Services for Freddie Williams Jr.

Lot 90 Grave 81 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5581

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 05 1985

ISSUED BY \_\_\_\_\_

CREDIT	87007		
20% Sales Care	77184	<u>50</u>	<u>00</u>
80% Sales of Lots	77184	<u>200</u>	<u>00</u>
Openings & Service Charges	100 77181	<u>320</u>	<u>00</u>
Burial Containers	100 77182	<u>100</u>	<u>00</u>
Recording fees or misc. service fees	100 77183	<u>265</u>	<u>00</u>
Sales Tax	60101 9020	<u>6</u>	<u>00</u>
TOTAL PAID		<u>941</u>	<u>00</u>

HEADQUARTERS, DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
U. S. ARMY RECORDS CENTER  
ST. LOUIS 32, MISSOURI

E-5581

AGAC-R

SUBJECT: Discharge

TO: WILLIAMS FREDDIE JR  
ER56300570 SP4  
5146 GENEVA ST  
SAN DIEGO CAL

31 MAR 64

1. The inclosed certificate of discharge is presented to you in grateful appreciation of your faithful military service to the Nation.
2. I trust that you will always retain pleasant memories of your active Army and Reserve service, and that you will continue to render loyal service to the National Defense through your community and business relations.
3. I hope that you will maintain a current interest in the Army so that you may be better oriented in the event that your services should again be required in a national emergency.

2 Incl  
1 - Letter Orders  
2 - Discharge Cert

  
EUGENE S. TARR  
Colonel, AGC  
Commanding



E-5581

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME WILLIAMS, FREDDIE JR		2. SERVICE NUMBER ER 56 300 570		3a. GRADE, RATE OR RANK SP4 E-4 (P)		b. DATE OF RANK (Day, Month, Year) 15 Oct 61									
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-USAR-TC			5. PLACE OF BIRTH (City and State or Country) Stockton, California			6. DATE OF BIRTH DAY MONTH YEAR 19 Sep 39									
TRANSFER OR DISCHARGE DATA	7. RACE Negroid		b. SEX Male		c. COLOR HAIR Black		d. COLOR EYES Brown		e. HEIGHT 70"		f. WEIGHT 160		8. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS Married	
	10. a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED 12 years				b. MAJOR COURSE OR FIELD Academic											
SELECTIVE SERVICE DATA	11. a. TYPE OF TRANSFER OR DISCHARGE Released to USAR (See item 32)				b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Lewis, Washington											
	c. REASON AND AUTHORITY Par 2, AR 635-205 and DA Msg 599936 2 May 62, SPN 753 IN				d. EFFECTIVE DATE 7 Aug 62		DAY MONTH YEAR		12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 977th Trans Co (TS) under Hq Sixth US Army				13. CHARACTER OF SERVICE Honorable		14. TYPE OF CERTIFICATE ISSUED None	
SERVICE DATA	14. SELECTIVE SERVICE NUMBER 4 142 39 141			15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE LB # 142 San Diego (San Diego) California								16. DATE INDUCTED DAY MONTH YEAR N/A				
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED Reverts to USAR; 977th Trans Co (Term Svc) San Diego, California															
VA DATA	18. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR 29 Apr 64			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (Prior Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER Ordered AD per EX 0 10957 10Aug61						b. TERM OF SERVICE (Years) 1		c. DATE OF ENTRY DAY MONTH YEAR 15 Oct 61				
	20. PRIOR REGULAR ENLISTMENTS None			21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE SP-4 E-4			22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) San Diego, California									
AUTHENTICATION	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 3925 Alpha Street San Diego (San Diego) California						24. STATEMENT OF SERVICE			YEARS MONTHS DAYS						
	25. SPECIALTY NUMBER AND TITLE 111.10 Lt Wpns Inf			b. RELATED CIVILIAN OCCUPATION AND O. O. T. NUMBER None			a. CREDITABLE FOR BASIC PAY PURPOSES			(1) NET SERVICE THIS PERIOD 0 9 23						
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED None						b. (2) OTHER SERVICE 3 5 15			c. (3) TOTAL (Line (1) + line (2)) 4 3 8							
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None						b. TOTAL ACTIVE SERVICE 0 9 23			c. FOREIGN AND/OR SEA SERVICE 0 0 0							
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED						29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED										
SCHOOL OR COURSE			DATES (From - To)			MAJOR COURSES										
None			N/A			N/A			None							
30. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			31. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None			b. AMOUNT OF ALLOTMENT N/A			c. MONTH ALLOTMENT DISCONTINUED N/A							
32. REMARKS Item 11a: Released from active duty and returned to Army Reserve to complete remaining service obligation of 1 year and 8 months. Accrued leave of 0 days. SSAN: 561-50-8932						33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) 5146 Geneva Street San Diego (San Diego) California			34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Freddie Williams Jr</i>							
35. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER ROBERT G KEAVY 2/Lt Arty Act Asst AG						b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Robert G Keavy</i>										

DD FORM 1 NOV 55 214

REPLACES EDITION OF 1 JUL 52, ARMED FORCES OF THE UNITED STATES WHICH IS OBSOLETE. REPORT OF TRANSFER OR DISCHARGE



PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>WILLIAMS, FREDDIE JR.</b>			2. SERVICE NUMBER <b>US 56 300 570</b>		3a. GRADE, RATE OR RANK <b>PFC (E-3)(T)</b>		b. DATE OF BIRTH (Day, Month, Year) <b>16 Jan 59</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY-AUS-INF</b>			5. PLACE OF BIRTH (City and State or Country) <b>Stockton, California</b>			6. DATE OF BIRTH		7. MARITAL STATUS			
	7a. RACE <b>Negroid</b>		b. SEX <b>Male</b>	c. COLOR HAIR <b>Black</b>	d. COLOR EYES <b>Brown</b>	e. HEIGHT <b>68</b>	f. WEIGHT <b>165</b>	8. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS <b>Single</b>		
TRANSFER OR DISCHARGE DATA	10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>11 years</b>			b. MAJOR COURSE OR FIELD <b>Academic</b>								
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Trfd to USAR (See Item #18)</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>US Army Personnel Center, Oakland 14, California</b>							
	c. REASON AND AUTHORITY <b>Par 7, AR 635-205 &amp; AR 635-250 SPN 411 RAD O/S Ret</b>						d. EFFECTIVE DATE <b>20 Apr 60</b>					
SELECTIVE SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Co C 1st BG, 14th Inf, APO 25</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>DD FORM 217 A</b>					
	14. SELECTIVE SERVICE NUMBER <b>V4 142 39 141</b>			15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b>IB #142, San Diego (San Diego) California</b>				16. DATE INDUCTED <b>30 Apr 58</b>				
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED <b>Transferred to XV US Army Corps (Reserve) California</b>											
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION DAY MONTH YEAR <b>29 Apr 64</b>			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION g. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER: <b>NA</b>			b. TERM OF SERVICE (Years) <b>NA</b>		d. DATE OF ENTRY DAY MONTH YEAR <b>NA NA NA</b>			
	20. PRIOR REGULAR ENLISTMENTS <b>None</b>			21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE <b>Pvt (E-1)</b>			22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Los Angeles, California</b>					
	23. NONE OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>3925 Alpha San Diego (San Diego) California</b>			24. STATEMENT OF SERVICE								
	25a. SPECIALTY NUMBER AND TITLE <b>111.10 Lt Wpns Inf'man</b>			b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER <b>None</b>			6. CREDITYABLE FOR BASIC PAY PURPOSES		(1) NET SERVICE THIS PERIOD	YEARS	MONTHS	DAYS
							(2) OTHER SERVICE		0	0	0	
							(3) TOTAL (Line (1) + line (2))		1	11	21	
							b. TOTAL ACTIVE SERVICE		1	11	21	
						c. FOREIGN AND/OR SEA SERVICE		1	6	10		
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>Sharpshooter (M-1 Rifle); Marksman (BAR); Marksman (Pistol)</b>												
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>None</b>												
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED												
SCHOOL OR COURSE			DATES (From - To)			MAJOR COURSES			29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
None			NA			NA			None			
VA DATA	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					b. AMOUNT OF ALLOTMENT <b>NA</b>			c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>			
	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>None</b>								d. VA CLAIM NUMBER <b>C- NA</b>			
AUTHENTICATION	32. REMARKS <b>Blood Group "B" Item 3a: Pvt (E-2)(P) Aptd 30 Aug 58 No days lost under Sec 6 (a) Act of 5 May 50 App 2b MCM US 1951 SSAN: 561-50-8932 Lump sum payment made for 47 days accrued leave</b>											
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) <b>See Item #23</b>					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Freddie Williams</i>						
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>S. L. RICHARDS, CWO W-4, USA, ASSAULT</b>					b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>S. L. Richards</i>						



E-5581

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>AKA FRED JUNIOR WILLIAMS</b> <b>FREDDIE WILLIAMS, JR.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>9/22/39</b>	DATE OF DEATH <b>11/25/85</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Matthew Williams—Brother</b> <b>15230 Socorro Way</b> <b>San Diego, Calif. 92129</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery 3751 Market St.: San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 2 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Gamros, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		<b>DEC 2 1985</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>George J. [Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12/3/85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura M (AKA) Dollie Kapp

in a Liner Vault/Line Funeral, date, time 12/4 Wed - 10 AM  
Church Chapel, Graveside Chapel # 85 Randomly-matched Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 212 Grave -1- Row - Section 11 Division/Block 7

Grave space & Care Fund ..... Per head #B-3938 N.C.

Additional spaces and care fund ..... NONE

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... Bell Liner 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

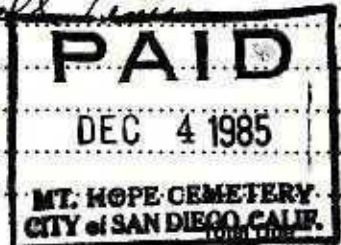
Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

..... 606<sup>00</sup>

..... 606<sup>00</sup>



Paid receipt number 32931 606<sup>00</sup>

Balance due 0

*Ch. With Permit*

*By Phone - funeral Home  
Shirley*

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # **E 5582**  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



## MOUNT HOPE CEMETERY

E-5582

December 2, 1985

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

Dollie Kapp in Lot 212 Gr 1 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.

Louis W. McEwen

4604 Pescadero Ave. San Diego, CA 92107

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**  
 284-3151

No 32931

E-5582

Date: 12-4, 1975

From: Charles Mitchell Address: 111 Sunset Plaza, S. 10-7-117  
Six hundred six and no/100 Dollars (\$ 606.00)  
 In full Payment of Collec. & Exp. Service

Lot 212 Grave 1 Row 3 Section 11 Division Block 7

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5582  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 05 1985

ISSUED BY B. J. [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100		300.00
	77181		
Burial Containers	100		100.00
	77182		
Recording fees or misc. service fees	100		180.00
	77183		
Sales Tax	60101		60.00
	9020		
TOTAL PAID	0		606.00



E-5582

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Dollie Kapp</b>		SEX <b>Female</b>	DATE OF BIRTH <b>11/1/1888</b>	DATE OF DEATH <b>12/2/1985</b>
PLACE OF DEATH—CITY OR TOWN <b>La Jolla</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Louis W. McEwen (Son) 4604 Pescadero Avenue San Diego, California 92107</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Beardsley-Mitchell Funeral Home</b>		CALIFORNIA LICENSE NUMBER <b>F-816</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - San Diego, CA</b>		COUNTY <b>San Diego</b>
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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 03 1985</b> ▶ <b>Ronald E. Russell M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 4 1985</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/3/85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Eckles - County # 12199

in a none Vault/Liner Funeral, date, time Dec 11 PM 12/4

Church, Chapel, Graveside none; Marlow Mortuary.

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

✓ Lot 98 Grave 11213 Row \_\_\_\_\_ Section 4 Division/Block 7

Grave space & Care Fund ..... 55

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 90

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

Total Due ..... 145<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due 145<sup>00</sup>

*Bill County  
Carroll 12/199  
By Phyllis*

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

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

Signature of recorded holder of deed \_\_\_\_\_

County of S.D.  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 5583

PV-593 (REV. 9-85)

Invoice # 038571

Acct. # 000952



OFFICIAL RECEIPT



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

3/10/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3161

No 33166

E-5583

Date: 03-16, 1986

From: County of San Diego Address: 5201-H Reservoir Rd 92123

In full Payment of Belmont Park Service Dollars (\$ 145.00)

Acct # 12199

Lot 98 Grave 11-12-13 Row \_\_\_\_\_ Section 4 Division Block 7

Invoice No. 031571

Acct. No. 100952

W.O. E-5583

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.

1986

ISSUED BY [Signature]

CREDIT	67007	
10% Sales Tax	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	90101	
	9020	
<b>TOTAL PAID</b>		<u>145.00</u>

E-5583

**PERMIT FOR DISPOSITION OF HUMAN REMAINS**

NAME OF DECEDENT <b>Robert Edwin Eckles</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 30, 1946</b>	DATE OF DEATH <b>November 16, 1985</b> <i>Found</i>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Public Administrator 5201-A Ruffin Road San Diego, CA. 921234</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>		

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 <b>Mt. Hope Cemetery, San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>DEC 03 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	<b>DEC 4 1985</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramos M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Leay</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-4-85

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

of Andrew Jerome Burson

in a Top Seal Vault Funeral date, time 10 AM Fri 12/6

Church, Chapel Graveside Anderson Republic Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 29 Grave 12 Row - Section 2 Division/Block 12

Grave space & Care Fund 395.00

Additional spaces and care fund Per Sp 7 of lot 30 for 90 days

Opening/Closing & Setup 320.00

Burial Container 175.00

Handling Fees 170.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 10.50

Sales taxes 10.50

**PAID**  
DEC 6 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 1105.50

Paid receipt number 32938 1105.50

Balance due 0

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

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

Signature of recorded holder of deed

Louis S. Brodus  
Signature  
8410 Noelmin Lane  
Address  
San Diego 92114  
City  
475-0608  
Telephone  
Zip Code

Work Order # E 5584

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PY-583 (REV. 8-85)

AS-5615

E-5584

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ANDREW JEROME BURSON</b>		SEX <b>Male</b>	DATE OF BIRTH <b>August 17, 1951</b>	DATE OF DEATH <b>November 30, 1985</b>
PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Bernardino</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lois Burson Brodus - Mother</b> <b>8410 Noeline Lane</b> <b>San Diego, CA 92114</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and, I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>12/3/85</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 6 1985</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32938

Date: 12-6, 1985

From: Anderson - Hospital Address: 5050 Federal Blvd SO Ca 92102

In full Payment of Andrew G. Simpson mvc

Lot 29 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5584

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 10 1985  
*[Signature]*

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	79.00
30% Sales of Lots	100 77184	316.00
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	175.00
Recording fees or misc. service fees	100 77183	205.00
Sales Tax	60101 9020	10.50
TOTAL PAID		1105.50

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/5/85

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

of Clifford M. Wheelock <sup>12/11</sup>

in a cash Crematorium <sup>Vault/Liner</sup> Funeral, date, time Wed 11 AM

Church, Chapel Graveside <sup>Graveside</sup> Humphreys Mortuary.

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

✓ Lot 1 Grave 4 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund Buried Dad \$ 6500 \_\_\_\_\_

Additional spaces and care fund Spouse for wife \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105<sup>00</sup>

Burial Container \_\_\_\_\_ 40<sup>00</sup>

Handling \_\_\_\_\_ 60<sup>00</sup>

Flower vases - Market setting fee \_\_\_\_\_

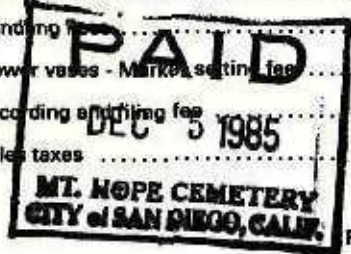
Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 2.40

Total Due \_\_\_\_\_ 242.40

Paid receipt number 32933 \_\_\_\_\_ 942.40

Balance due 0



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

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

\_\_\_\_\_  
Signature of recorded holder of deed

x Ruth E. Pison  
Signature  
450 E. Bradley Sp 149  
Address  
El Cajon, Ca 92021  
City  
449-8523  
Telephone  
Zip Code

Work Order # E 5585  
FY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-5585

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>CLIFFORD MORGAN WHEELOCK</b>		SEX <b>Male</b>	DATE OF BIRTH <b>11-28-1894</b>	DATE OF DEATH <b>12-04-1985</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ruth E. Amon (Daughter) 450 E. Bradley Avenue Sp. #149 El Cajon, CA 92021</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

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 <b>N/A</b>		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Coastal Cremation, Inc. Pasadena, Ca.</b>	DATE CREMATED <b>DEC 7 1985</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery San Diego, Ca.</b>		COUNTY <b>San Diego</b>
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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT 
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 06 1985</b>
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 OF PERSON IN CHARGE OF DISPOSITION 

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

OFFICIAL RECEIPT



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

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

No 32933

Date: 12/5/85, 19

From: Ruth E. Damon Address: 450 F. Brady - Sp 149 - St. Cajon - 92021

In full Payment of Interment of Remains of Clifford W. Wheelock - dec

Dollars (\$ 242.40)

Lot -1- Grave -4- Row \_\_\_\_\_ Section -1- Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5585

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

1124  
 AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 10 1985

ISSUED BY

*Legendella*

CREDIT	67607		
20% Sales Tax	77194		
50% Sales of Lots	100		
	77194		
Openings & Service Charges	100	105	00
	77181		
Burial Containers	100	40	00
	77182		
Recording fees or misc. service fees	100	95	00
	77183		
Sales Tax	80101	2	40
	8020		
TOTAL PAID		242	40



M. Kariza

MT. HOPE CEMETERY

**INTERMENT ORDER**

City of San Diego

Date 12-6-85

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

in a \_\_\_\_\_ Vault/Line Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

✓ 4730 thru  
Lot 4735 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund 6 lots @ \$625.50 3753<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

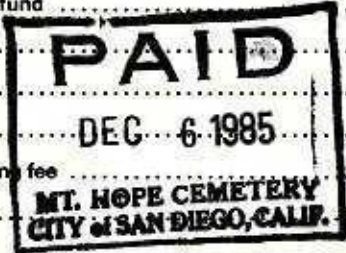
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



Total Due 3753<sup>00</sup>

Paid receipt number 32939 3753<sup>00</sup>

Balance due 0

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

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

Signature of recorded holder of dead \_\_\_\_\_

M. Kariza  
Signature \_\_\_\_\_  
PO Box 433  
Address \_\_\_\_\_  
Prima Valley Ca  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
92061  
Telephone \_\_\_\_\_

Work Order # **E 5586**  
PY-553 (REV. 8-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

#11237 thru 11242 (over)

Seeds to M. Kariya



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 32939

E-5586

Date: 12-6, 1985

From: Side Karuna Address: Box 433, Gruma Valley, Ca 92041

In quilt Payment of (No) Prepaid Dollars (\$ 1,253.00)

Lot 4730-4735 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5586

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 DEC 10 1985  
 ISSUED BY B. King

CREDIT	87007		
20% Sales Care	77184	750	100
80% Sales of Lots	100	3002	40
77184			
Openings & Service Charges	100		
77181			
Burial Containers	100		
77182			
Recording fees or misc. service fees	100		
77183			
Sales Tax	80101		
8020			
TOTAL PAID		3753	100

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/6/85

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

in a liner Funeral, date, time 12/9 - 3 P.M. M/S

Church, Chapel, Graveside Mortuary Mayer

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

✓ Lot 18 Grave 3 Row 3 Section 3 Division/Block 2

Grave space & Care Fund 395<sup>00</sup>

Additional spaces and care fund none

Opening/Closing & Setup 320<sup>00</sup>

Burial Container 100<sup>00</sup>

Handling Fees 140<sup>00</sup>

Flower vases - Marker setting fee Later (130)

Recording and filing fee 35<sup>00</sup>

Sales taxes 6<sup>00</sup>

**PAID 11-27-87**

Total Due 996<sup>00</sup>

Paid receipt number 1246 32946 - 300

1246 Balance due 696

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

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

Signature of recorded holder of deed

Signature [Signature]  
Address 3621 1/2 4TH AVE  
SAN DIEGO, CA  
City San Diego Zip Code 92104  
Telephone 298-9359

Work Order # **E 5587**

Invoice # 038577  
Acct. # 015705



E-5587

**PERMIT FOR DISPOSITION OF HUMAN REMAINS**

NAME OF DECEDENT <b>John D. Walters</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 28, 1928</b>	DATE OF DEATH <b>Dec. 5, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>David Walters - Son</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Mayer Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1424</b>	3621 1/2 - 4th Avenue <b>San Diego, CA. 92103</b>	

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 <b>Mt. Hope Cemetery, San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>DEC 09 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE) <b>DEC 9 1985</b>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Frank E. Ramos, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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-5587 12/5  
Barbair

---

We will complete &  
file for him to get  
V.A. (A150)

---

Do Not file for marks  
as of now

---

(Walter)  
2 Copies of Letterhead  
attached

---

need copy of Bill + copy of D.C.  
from Mayer -



E-5587

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

8009

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.  
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE  
SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE  
ORIGINAL DOCUMENT FILED.  
FEE WAIVED-SUBJECT GOVERNMENT CODE  
SECTION 6107.

*Ronald S. Camard, M.D.*

DATE ISSUED: DEC 10 1985

REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)
John		D.	Walters	December 5, 1985
2B. YEAR	25. YEAR			1730
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>	6. DATE OF BIRTH	7. AGE
Male	Caucasian		November 28, 1928	57 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER
PA		William F. Walters - PA		Margaret Pickles - PA
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEDENT 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 46 TO 19 48	200-20-4000	Divorced	
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER IF SELF-EMPLOYED, SO STATE	18. KIND OF INDUSTRY OR BUSINESS	
Framing Manager	3 yrs.	Aesthetics	Interior Decorating	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN
3621 1/2 - 4th Avenue				San Diego
19D. COUNTY		19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
San Diego		CA. 92103	David Walters - Son	
21A. PLACE OF DEATH		21B. COUNTY	3621 1/2 - 4th Avenue	
UCSD Medical Center		San Diego	San Diego, CA. 92103	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		
225 Dickinson Street		San Diego		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				
IMMEDIATE CAUSE				
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.				
(A) Cardiac Arrest				
DUE TO, OR AS A CONSEQUENCE OF				
(B) Hepatic Failure				
DUE TO, OR AS A CONSEQUENCE OF				
(C) Liver Cirrhosis				
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	
Hepatoma and Bleeding Esophageal Varices			No	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	29C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
		<i>Eric G. Pamer</i>	12-6-85	G 51632
1. ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	1. LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28E. TYPE PHYSICIAN'S NAME AND ADDRESS		
11-26-85	12-5-85	Eric G. Pamer, M.D. San Diego, CA 92103		
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)			35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial Dec. 9, 1985		Mt. Hope Cemetery, San Diego, CA.		NO Embalmed
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	41. LOCAL REGISTRAR SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Mayer Mortuary		#1424	<i>Ronald S. Camard, M.D.</i>	DEC 09 1985
STATE REGISTRAR	A.	B.	C.	D.

# Mount Hope Cemetery

3751 MARKET STREET  
SAN DIEGO, CALIFORNIA 92102

E-5587


STATEMENT


TELEPHONE: 264-3151

DATE 12/12/1985	YOUR ORDER NO. E-5587
--------------------	--------------------------

TO:	David Walters 3621½ - 4th Avenue San Diego, CA 92103
-----	--

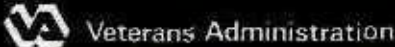
DESCRIPTION OF CHARGE	AMOUNT
John David Walters Service	
Grave 18, Row 3, Section 3, Division 2	\$ 395.00
Opening/Closing	320.00
Burial Container	100.00
Tax on Container	6.00
Handling Fee of container	140.00
Recording Fee	35.00
	<hr/>
Total	\$996.00
Less Payment R32940	300.00
	<hr/>
	696.00
Less Payment R32941	200.00
	<hr/>
Balance Due	\$ 496.00

  
George W. Stelter  
Cemetery Manager

OK to Collect V.A.  




E-5587



(DO NOT WRITE  
IN THIS SPACE)  
VA DATE STAMP

### APPLICATION FOR BURIAL BENEFITS

(Under 38 U.S.C., Chapter 23)

**IMPORTANT - Read instructions carefully before completing form. YOUR COMPLETE COMPLIANCE WITH ALL INSTRUCTIONS WILL AVOID DELAY.**

1. FIRST NAME - MIDDLE NAME - LAST NAME OF DECEASED VETERAN (Type or print)

John D. Walters

2A. SOCIAL SECURITY NO. OF VETERAN

200-20-4000

2B. VA FILE NO.

C-

3A. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT (Type or print)

David Walters

3B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., State and ZIP Code)

3621 1/2 - 4th Ave., San Diego, CA 92103

4. RELATIONSHIP TO VETERAN

Son

#### PART I - INFORMATION REGARDING VETERAN

5. DATE OF BIRTH

11/28/1928

6. PLACE OF BIRTH

PA

7. DATE OF DEATH

12/05/1985

8A. PLACE OF DEATH

San Diego

8B. DATE OF BURIAL

12/09/1985

9. MARITAL STATUS

NEVER MARRIED

MARRIED

WIDOWED

DIVORCED

10. SURVIVING CHILDREN?

YES

NO

11. FIRST NAME, MIDDLE NAME, LAST NAME OF SPOUSE (Complete address, if living)

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

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

#### SERVICE INFORMATION (The following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE)

14A. ENTERED SERVICE		14B. SERVICE NO.	14C. SEPARATED FROM SERVICE		14D. GRADE, RANK OR RATING ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	
1946	Pitt, PA	RA13220652	1948	Stoneman, CA	438th Army Band

15. VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME

#### PART II - CLAIM FOR BURIAL BENEFITS AND/OR INTERMENT ALLOWANCE IF PAID BY CLAIMANT

NOTE - If claiming Plot Allowance Only, do not complete Part II, but complete Parts III and IV on reverse.

16. PLACE OF BURIAL

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. SOURCE OF 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)

WD Ago 53 attached



E-5587

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 27A and 27B ONLY, then complete Part IV)		27B. PLACE OF BURIAL Mt. Hope Cemetery, 3751 Market San Diego, CA 92102		
28. COST OF BURIAL PLOT (Individual Grave Site) \$ 996.00	29A. DATE OF PURCHASE 12/06/1985	29B. DATE OF PAYMENT 12/6/1985	30A. HAVE BILLS BEEN PAID IN FULL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," complete Item 30B)	30B. AMOUNT UNPAID \$ 496.00
31. WHOSE FUNDS WERE USED?		32A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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) 	34B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION, OR STATE AGENCY
35. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT	

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) 362 1/2 - 4th Ave San Diego, Ca 92103	
38. DATE Dec 7, 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.



E-5587

# ENLISTED RECORD AND REPORT OF SEPARATION

## HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>WALTERS JOHN D</b>			2. ARMY SERIAL NO. <b>RA13 220 652</b>		3. GRADE OR SERVICE <b>TEC 5 TC</b>		4. COMP. & TERM OF ENL. <b>RA 2 YRS</b>	
5. ORGANIZATION <b>438TH ARMY BAND</b>			7. DATE OF SEPARATION <b>13 JULY 1948</b>		8. PLACE OF SEPARATION <b>SEP C CP STONEMAN CALIF</b>			
9. PERMANENT ADDRESS FOR MAILING PURPOSES <b>413 CLAIRTONICA ST PITTSBURGH 5 PA</b>				10. DATE OF BIRTH <b>12 AUG 1926</b>		11. PLACE OF BIRTH <b>PITTSBURGH PA</b>		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT <b>SEE 9</b>				13. COLOR EYES <b>BLUE</b>	14. COLOR HAIR <b>BROWN</b>	15. HEIGHT <b>5'10"</b>	16. WEIGHT <b>145 LBS.</b>	17. NO. DEPEND. <b>0</b>
18. RACE <b>X</b>	19. MARITAL STATUS <b>X</b>	20. U. S. CITIZEN <b>X</b>	21. CIVILIAN OCCUPATION AND NO. <b>LIMITED OCCUPATION X-03</b>					

### MILITARY HISTORY


22. DATE OF INDUCTION		23. DATE OF ENLISTMENT <b>13 AUG 46</b>		24. DATE OF ENTRY INTO ACTIVE SERVICE <b>13 AUG 46</b>		25. PLACE OF ENTRY INTO SERVICE <b>PITTSBURGH PENNSYLVANIA</b>		
SELECTIVE SERVICE DATA	26. REGISTERED <b>YES</b>	27. LOCAL S. S. BOARD NO.		28. COUNTY AND STATE <b>ALLEGHENY PA</b>		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE <b>SEE 9</b>		
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. <b>BANDSMAN SNARE DRUM 435</b>				31. MILITARY QUALIFICATION AND DATE (i. e., infantry, aviation and marksmanship badges, etc.) <b>NONE</b>				
32. BATTLES AND CAMPAIGNS <b>NONE</b>								
33. DECORATIONS AND CITATIONS <b>WORLD WAR II VICTORY MEDAL</b>								
34. WOUNDS RECEIVED IN ACTION <b>NONE</b>								
35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN				
SMALLPOX <b>N O R E C O R D</b>	TYPHOID <b>N O R E C O R D</b>	TETANUS <b>N O R E C O R D</b>	OTHER (specify)	DATE OF DEPARTURE <b>NONE</b>		DESTINATION <b>NONE</b>		DATE OF ARRIVAL <b>NONE</b>
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD <b>TEC 5</b>				
CONTINENTAL SERVICE			FOREIGN SERVICE					
YEARS	MONTHS	DAYS	YEARS	MONTHS	DAYS			
<b>1</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
39. PRIOR SERVICE <b>NONE</b>								
40. REASON AND AUTHORITY FOR SEPARATION <b>AR 615 365 21 JUNE 48 PAR 1 C OF G AUTH SEC ARMY PETS SEC IV DA CIR 39/47</b>								
41. SERVICE SCHOOLS ATTENDED <b>NONE</b>							42. EDUCATION (Years)	
						<b>0</b>	<b>2</b>	<b>0</b>

### PAY DATA

43. LONGEVITY FOR PAY PURPOSES			44. MUSTERING OUT PAY		45. SOLDIER DEPOSITS		46. TRAVEL PAY		47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER	
YEARS <b>1</b>	MONTHS <b>11</b>	DAYS <b>1</b>	TOTAL <b>\$ 200</b>	THIS PAYMENT <b>\$ 100</b>	NONE	<b>\$ 35.55</b>	<b>357.30</b>	<b>R H HANSEN LT COL FD</b>		

### INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.											
48. KIND OF INSURANCE			49. HOW PAID		50. Effective Date of Allotment Discontinuance		51. Date of Next Premium Due (One month after 50)		52. PREMIUM DUE EACH MONTH	53. INTENTION OF VETERAN TO	
<b>X</b>			<b>X</b>	Direct to V. A.	<b>31 JULY 48</b>		<b>31 AUG 48</b>		<b>\$ 3.20</b>	<b>X</b>	

 RIGHT THUMB PRINT	54. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) <b>LAPEL BUTTON ISSUED BLOOD GROUP 0 11 125</b>										
55. SIGNATURE OF PERSON BEING SEPARATED <i>John D. Walters</i>						57. PERSONNEL OFFICER (Type name, grade and organization—signature) <b>H L SOUTHWELL JR 1ST LT TC <i>H L Southwell Jr</i></b>					

**WD AGO FORM 53**  
1 JUL 47

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.



OFFICIAL RECEIPT



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

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

No 32940

Date: 12/6/85, 19

From: Peggy W. Quinn Address: Butteburgh Pa  
1234567890 Dollars (\$ 300.00)  
 in Part Payment of Interment fees John David Walters

*cession  
 Hied*

Lot \_\_\_\_\_ Grave 18 Row 3 Section E Division Block 2

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 5587  
 Unpaid Balance after this Payment 696.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**CITY AUDITOR**  
**DEC 10 1985**  
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>79.00</u>
80% Sales of Lots	100 77184	<u>221.00</u>
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
<b>TOTAL PAID</b>		<u>300.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash   
1839  
 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

No 32941

Date: 12/6/85, 1985

From: Ewan Walters Address: Santa Ana, CA 92704

In Part Payment of Interment Fee John D. Walters - dec Dollars (\$ 200.00)

Lot \_\_\_\_\_ Grave 18 Row 3 Section 3 Division 2 Block 2

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5587  
 Unpaid Balance after this Payment 496.00

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  
 DEC 10 1985

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Core	77184	
80% Sales of Lots	100	95.00
77184		
Openings & Service Charges	100	105.00
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	
77183		
Sales Tax	60101	
9020		
TOTAL PAID		200.00

*Division 2*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Pre-need

Date 12-7-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of W. L. Douglas

in a \_\_\_\_\_ Vault/Line Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 124 Grave 8 Row \_\_\_\_\_ Section 1 Division 12

Grave space & Care Fund \_\_\_\_\_ 395<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_ none

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_ Pre-need

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

**PAID**  
DEC 19 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 395<sup>00</sup>  
194.10  
Balance due 200.90  
200.90

12/19/85  
myself

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

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

W. L. Douglas  
Signature 4921-Danisco Ct  
Address San Diego, 92102  
State 264-3621 Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Pre-need

Work Order # E 5588

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

#11231



OFFICIAL RECEIPT



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

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

No 32971

Date: 12/19/85, 19

From: W.L. Douglas Address: 4921 - Bassock St 92102

In full Payment of Pay need grave space Dollars (\$ 200<sup>90</sup>)

Lot 124 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5588

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
**CITY AUDITOR**  
**DEC 20 1985**  
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>46</u>
80% Sales of Lots	100	<u>160.70</u>
77184		
Openings & Service Charges	100	
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	
77183		
Sales Tax	80101	
8020		
<b>TOTAL PAID</b>		<u>200 90</u>

OFFICIAL RECEIPT



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

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

No 32942

Date: 12/7/85, 1985

From: W.L. Douglas Address: 4921 Dasso St. # 92102

One Hundred Ninety Four and 10/100 Dollars (\$ 194<sup>10</sup>)

In Part Payment of Pre-need lot for himself -

Lot 124 Grave 8 Row \_\_\_\_\_ Section 1 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5588

Unpaid Balance after this Payment 200<sup>80</sup>

Pre-Need  At Need  On Acct

Ck  Cash

2328

AC-212 (Rev. 8-86)

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

CITY AUDITOR  
 DEC 10 1985

*[Signature]*  
 ISSUED BY

CREDIT	67007	
20% Sales Com	77184	<u>79.00</u>
80% Sales of Lots	100 77184	<u>115.10</u>
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
TOTAL PAID		<u>194.10</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/9/85

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

of Agnes W Crowder

in a Vault Funeral, date, time 12/13 - 11 AM

Church, Chapel Graveside Chapel St. S.; Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

Lot 4336 Grave      Row      Section      Division/Block 10

Grave space & Care Fund Per head - D - 57.54 0

Additional spaces and care fund none 0

Opening/Closing & Setup      320.00

Burial Container Top Sealed Vault 175.00

Handling Fees      170.00

Flower vases - Marker setting fee      35.00

Recording and filing fee      10.50

Sales taxes      710.50

Total Due      710.50

Paid receipt number 32950 710.50

Balance due      0

**PAID**  
DEC 11 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

William E Crowder  
Signature  
7828 Featherhill  
Address  
San Diego, Calif  
Date  
2870162 92120  
Telephone Zip Code

Work Order # E 5589  
PY-883 (REV. 8-86)

Invoice #       
Acct. #

OFFICIAL RECEIPT



WHITE TO CUSTOMER  
 CANARY CEMETERY  
 PINK AUDITOR  
 GOLDENROD RETAIN

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

No 32950

Date:

12/11/88

From: William E. Cantrell

Address:

5728 Adeline - 18 92111

In: Payment of

General Fund Cemetery - 12/11/88  
 710.50

Dollars (\$)

Lot: 4336

Grave

Row

Section

Division 10  
 Block

Invoice No.

Unpaid Balance after this Payment

W.O. F 5589

Acct. No.

AC-212 (Rev. 8-85)

Pre-Need  At Need  On Acct   
 Cash

ISSUED BY

*Joseph White*

CITY AUDITOR  
 DEC 16 1985

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

67007	20% Sales Tax	77184	+
100	90% Sales	77184	+
100	Openings & Service Charges	77181	320.00
100	Burial	77182	175.00
100	Recording fees or misc. service fees	77183	205.00
90101	Sales Tax	9020	10.50
TOTAL PAID			710.50



OFFICIAL RECEIPT



WHITE TO CUSTOMER  
 CANARY CEMETERY AUDITOR  
 PINK AUDITOR  
 GOLDENROD RETAIN

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

No 33118

E-5589

Date: 10-11-18

From: William Crutcher, 778 Mt. Hope Ave, San Diego, CA 92115

Payment of \$1,000.00

for 1 month - agreed

Lot # 3354H303 Grave

Invoice No.

Acct. No.

W.O.

Unpaid Balance after this Payment

Pre-Need  At Need  On Acct   
 CK  Cash

AC-212 (Rev. 8-88)

ISSUED BY

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 PAID IN THIS SPACE

CITY AUDITOR

FEB 21 1986

07007	CREDIT	20% Sales Care	77184
100	80% Sales	of Loss	77184
100	Opening & Service Charges		77181
100	Burial	Containers	77182
100	Recording fees or misc. service fees		77183
60101	Sales Tax		8020
TOTAL PAID			

Section

How

Division 10

Block

E - 5589

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>AGNES WINN CROWDER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Mar. 6, 1914</b>	DATE OF DEATH <b>Dec. 9, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>La Jolla</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>William Crowder, son 5728 Adelaide Ave. San Diego, California</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>FEATHERINGILL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

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 <b>Mt. Hope Cemetery, San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 12 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <u>12/13/85</u> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Harold E. Ramos, M.D.M.M.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Leoyd Stitt</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12/10/85

**MARKER INSTALLATIONS**

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

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee Month of Nov. 1985 \$910.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \$910.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

Signature of recorded holder of deed \_\_\_\_\_

**CONTI & SONS MONUMENT**

Signature P.O. Box 94

Address San Diego, CA 92112

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 038054

Acct. # 004821

Work Order # **E 5590**

PY-693 (REV. 8-85)

(OVER)

11/6/85	2 x 1	\$125.00	-	Lamber, Ol Mae
	2 x 1	125.00	-	Moore, May Stagg
	2 x 1	125.00	-	Stanfill, Bessie
	2 x 1	125.00	-	Yip, Chan Y.
11/20	2 x 1	125.00	-	DENby, Alton
	2 x 1	125.00	-	Hakes, G. Rosalie
11/25	3x1 Fn	<u>160.00</u>	-	Dvais, Jack R.

\$910.00



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

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 12/30/85

DATE: 12/30/85  
 TIME: 211415  
 PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/U	PAYM DATE OPER	FD BY BN/EG	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
038054	12/17/85	004821	CUNTI AND SON MEMORIAL CO 100 072	77183	600072	12/26/85	CK	5240	910.00 910.00	910.00	0.00 PAID IN FULL
NUMBER OF INVOICES PAID					1						
TOTAL AMOUNT PAID					910.00						

*E-5590*

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

MARKER INSTALLATIONS

Date 12/10/85

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

in a \_\_\_\_\_ Vault/Urner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

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

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee for Nov. 1985 ..... \$705.00

Recording and filing fee .....

Sales taxes .....

Total Due ..... \$705.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

SEAMAN=POE MONUMENT CO.

Signature 3893 Imperial Avenue

Address \_\_\_\_\_

San Diego, CA 92113

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 038055

Acct. # 000253

Work Order # E 5591

PY-583 (REV. 8-85)

(OVER)



11/12/85	- \$125.00	2 x 1	- Elmore, Bertha B.
11/14/85	- 125.00	2 x 1	- Douglas, Mary
	- 125.00	2 x 1	- Bostic, Pauline L.
11/20/85	- 125.00	2 x 1	- Krozser, Ednoa L.
	- 125.00	2 x 1	- Davis, Easter
	- <u>80.00</u>	10x20	- Nava Mark A.

\$705.00

## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

01/08/86

No 32995

E-5591

Date: 01-12, 1986

From: Seaman-Poe Mon. Address: 3893 Imp. Ave. La Jolla 92037In full Payment of Marker install for Nov. 1985

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 038655Acct. No. 000553W.O. E-5591Unpaid Balance after this Payment 0Pre-Need  At Need  On Acct Ck  Cash 

AC-212 (Rev. 8-85)

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

1986

ISSUED BY B. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	0	<u>715.00</u>



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

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 01/13/86

DATE: 01/13/86  
 TIME: 232021  
 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
038055	12/17/85	000253	SEAMAN/POE MONUMENT CO 100 072	77183	000072	01/06/86	CK	6342	705.00 705.00	705.00	0.00 PAID IN FULL
NUMBER OF INVOICES PAID					1						
TOTAL AMOUNT PAID					705.00						

*E-5591*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/11/85

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

of Ila Hamilton

in a PA Vault/Liner Funeral, date, time 12/13/ about noon

Church, Chapel, Graveside Chapel only ; Witchel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 122 Grave 8 Row - Section 2 Division 11

Grave space & Care Fund 250.00

Additional spaces and care fund 215.00

Opening/Closing & Setup

Burial Container

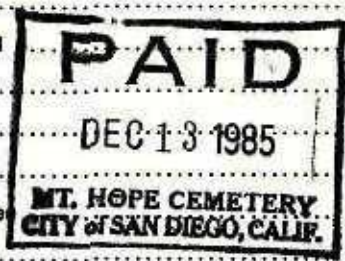
Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

P.A. Cashat delving Total Due 500.00  
12/12/85 Paid receipt number 32952 500.00  
Balance due 0



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

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

Signature of recorded holder of deed

Signature [Signature]  
Name [Signature]

State Zip Code

Telephone

Work Order # E 5592  
PY-583 (REV. 8-85)

Invoice #

Acct. #



E-5592

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>IDA MARGARET HAMILTON</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>JAN 2, 1898</b>	DATE OF DEATH <b>FOUND</b> <b>DEC 9, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>SELF PRE-NEED RECORDS @ MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE SAN DIEGO, CA 92103</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MERKLEY-MITCHELL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

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 <b>MT HOPE CEMETERY, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
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	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 11 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 13 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramsay, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

005252 No 32952

E-5592

Date: 12-12, 1985

From: W. H. Mitchell Address: 3655 Fifth Avenue, Apt 921

In: cash Payment of San M. Carrington price

Lot 14 Grave 1 Row 1 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5592

Unpaid Balance after this Payment 0

Pra-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 18 1985

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	500.00
80% Sales of Lots	100	210.00
77184		
Openings & Service Charges	100	215.00
77181		
Serial Containers	100	
77182		
Recording fees or misc. service fees	100	35.00
77183		
Sales Tax	60101	
8020		
TOTAL PAID		500.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-11-85

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

of Anna Berne Hansen  
in a Greenwood Funeral, date, time Mon 12-16-1985 - 1PM  
Church, Chapel, Graveside Delivery : Greenwood Mortuary.

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

Lot 981 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund

Additional spaces and care fund

Opening/Closing & Setup

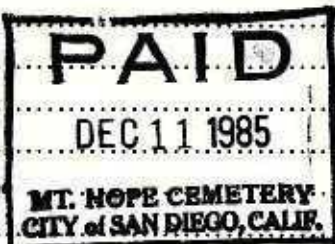
Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes



Preneed  
320.00  
170.00  
35.00

Total Due \$ 525.00  
Paid receipt number 32951 525.00  
Balance due 0

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

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

Lorine Joyce Varchol  
Signature  
3551 Ban St.  
Address  
San Diego, CA 92114  
State  
565-7280  
Telephone  
Zip Code

Signature of recorded holder of deed

Work Order # E 5593  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E-5593

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Anna Lorine Hanson</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct. 15, 1909</b>	DATE OF DEATH <b>Dec. 10, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lorine Joyce Varchol-Daughter 3551 Ben Street San Diego, California 92111</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

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 <b>Mount Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 12 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/16/85</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramon, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 32951

E-5593

Date: 12-11, 1985

From: James W. ... Address: 3551 ...

In ... Payment of ... Dollars (\$ ...)

Lot 981 Grave ... Row ... Section ... Division Block ...

Invoice No. ...

Acct. No. ...

W.O. E-5593

Unpaid Balance after this Payment ...

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 16 1985

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lot	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fee or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>585</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Remains received 12-20-85*

Date 12-12-85

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

of Guy C. Garrett ~~10/23/85~~

in a Ash Vault Funeral, date, time Upon arrival

Church, Chapel, Graveside \_\_\_\_\_ Mortuary. Neptune

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

✓ Lot 33 Grave 2 Row \_\_\_\_\_ Section 1 Division/~~Block~~ 1

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

**PAID**  
DEC 20 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

105.00  
40.00  
60.00

35.00

240

242.40

*Will bring  
check w/vases*

*12/20/85*

Total Due \_\_\_\_\_

Paid/receipt number 32972 242.40

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

*Jan - Neptune*

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5594**



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

005464<sup>N</sup> 32972

E-5594

Date: 12-20, 1985

From: William Beck Address: 145 E. Washington St. San Diego  
was paid redemptory tax and 400.00 + Dollars (\$ 290.45)

In cash Payment of Wm. Beck

Lot 33 Grave 2 Row \_\_\_\_\_ Section 1 Division Block 1

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5594

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-88)

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

CITY AUDITOR  
 DEC 26 1985

ISSUED BY E. J. King

CREDIT	63007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	165.00
	77181	
Burial Containers	100	40.00
	77182	
Recording fees or misc. service fees	100	95.45
	77183	
Sales Tax	80101	2.45
	9020	
TOTAL PAID	\$	290.45

E-5594

TO NEPTUNE OF SAN DIEGO: AUTHORITY TO CREMATE.

The undersigned hereby requests and authorizes Neptune of San Diego or its assigns in accordance with and subject to its rules and regulations, to cremate the remains of Guy Cutler Garrett and certifies and represents that he or she has the right to make such authorization and agrees to hold Neptune of San Diego and its assigns harmless from any liability on account of said authorization and cremation.

*Interred  
12/23/85  
Ray Harrison*

DISPOSITION AS FOLLOWS:

- Burial at Sea.
- Disposition outside corporate city limits, and other than in a Cemetery, as provided in Health and Safety Code sections 7054-6 and 10376(c).

Interred or Inurned, Cemetery Mt Hope Cemetery  
 City San Diego County San Diego State Ca  
 Legal Description Lot 33-Grave 2- Sec 1- Div 1

CHARGES:

I understand that the charge for all the above services shall be paid in full when the services are rendered.

DATED

December 12, 1985

SIGNATURE

*Mary E. Nicholas*

FULL LEGAL NAME

*Daughter*

Relationship

NOTE: YOU ARE NOT REGISTERED WITH NEPTUNE OF SAN DIEGO UNTIL THIS FORM AND REGISTRATION FEE ARE RECEIVED AT OUR OFFICE. THEN YOU WILL RECEIVE A MEMBERSHIP CERTIFICATE.



# E-5594 PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Guy Cutler Garrett</b>		SEX <b>Male</b>	DATE OF BIRTH <b>October 1, 1891</b>	DATE OF DEATH <b>Dec 11, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mabyn Nicholas—daughter 1285 E Washington #94 El Cajon, Ca 92020</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>NEPTUNE SOCIETY</b>		CALIFORNIA LICENSE NUMBER <b>F-1352</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		COUNTY <b>n/a</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneda Inc El Cajon, Ca</b>	DATE CREMATED <b>12/19/85</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt Hope Cemetery San Diego, Ca</b>		COUNTY <b>San Diego</b>
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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i> DATE SIGNED <b>November 12, 1985</b>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>12-19-85</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 23 1985</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

**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

33-2-1-1 - 12/23

PH 82050

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/12/85

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

of Bettie Jean Morrow 11 Am

in a Double Crypt Funeral, date, time Mon - 12/16 - ~~2:00~~

Church Chapel, Graveside Chuck & Lois; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 113 Grave 1 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund .....	<u>250<sup>00</sup></u>
Additional spaces and care fund <u>Res 2p 2 for 60 days @ 250<sup>00</sup></u>	<u>      </u>
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container .....	<u>330<sup>00</sup></u>
Handling Fees .....	<u>320<sup>00</sup></u>
Flower vases - Marker setting fee .....	<u>      </u>
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales taxes .....	<u>19<sup>80</sup></u>
<u>30 day account</u> <u>see note -</u>	Total Due .....
	<u>1274<sup>80</sup></u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

Sam to be entred in top of crypt.

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

Bettie Jean Morrow  
 Signature  
6471 Duluth Ave  
 Address  
San Diego 92114  
 State  
262-7697  
 Telephone  
 Zip Code

Signature of recorded holder of deed  
George Stettin  
Super

Work Order # E 5595

Invoice # 038057  
Acct. # 015302



# NOTE-STRAIGHT

\$ 1274<sup>80</sup>  
30

San Diego, California, December 12, 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 Twelve Hundred Seventyfour and 80/100 DOLLARS.

with interest from January 12, 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 Edward Morrow

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

E-5595

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>BETTIE JEAN MORROW</b>		SEX <b>Female</b>	DATE OF BIRTH <b>March 6, 1929</b>	DATE OF DEATH <b>Dec. 10, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Howard Morrow - Husband 6471 Duluth Ave. San Diego, CA 92114</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 13 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Small E. Ramos M. D. M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>12/16/85</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Seayen Stoltz</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 33025

Date: 1-13-86 1986

From: Howard Monow Address: 1647 Duluth Ave - A 92114  
Trish & Hank Sarentyhan & 80700 Dollars (\$ 1274.80)  
 In full Payment of Interment of Betty Jean Monow

Lot 113 Grave 1 Row — Section 2 Division Block 11

Invoice No. 038057  
 Acct. No. 015302  
 W.O. E-5595  
 Unpaid Balance after this Payment 0

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		\$ <u>1274.80</u>

Pre-Need  At Need  On Acct   
 Ck  Cash   
1236  
 AC-212 (Rev. 5-85)

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

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 01/15/86

DATE: 01/15/86  
 TIME: 220800  
 PAGE: 6

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
038057	12/17/85	015302	HOWARD MORROW				01/13/86	CK	E-5595	1,274.80	1,274.80	0.00
			100 072		77181	000072				320.00		
			100 072		77182	000072				330.00		
			100 072		77183	000072				355.00		
			100 072		77184	000072				200.00		
			60101		9020					19.80		
			67007		77184					50.00		

*F-5595*

PAID IN FULL



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

X-Deep  
1st in 1977

Date 12-16-85

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

of Helen Margaret Bryant  
in a Bell Master/liner Funeral, date, time Wed 12-18 10AM  
Church, Chapel, Graveside Mass -; Pink-Mitchell Mortuary.

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

✓ Lot 78 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund	<u>D-8412</u>	<u>Preneed</u>
Additional spaces and care fund	_____	_____
Opening/Closing & Setup	<u>D-9459</u>	_____
Burial Container	<u>D-9459</u>	_____
Handling Fees	_____	_____
Flower vases - Marker setting fee	_____	_____
Recording and filing fee	_____	<u>35.00</u>
Sales taxes	_____	<u>35.00</u>
Total Due	<u>32965</u>	<u>3500</u>
Balance due	<u>0</u>	

**PAID**  
DEC 17 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.  
paid receipt number

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

I hereby authorize the interment in lot I hold under deed.  
[Signature]  
Signature of recipient holder of deed

[Signature]  
Signature  
3200 S ARVILLE  
Address  
L.V. 140  
City  
87103  
Zip Code

Called by  
Ann Robins

Telephone \_\_\_\_\_  
Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

Work Order # E 5596  
PY-583 (REV. 8-85)

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

No 32965

E-5596 284-3181

Date: 12/20, 1985

From: John J. ... Address: 210 ...

Dollars (\$ 50.00 )

In 1118 Payment of ...

Lot 1118 Grave ... Row ... Section ... Division Block ...

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5596

Unpaid Balance after this Payment \_\_\_\_\_

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 20 1985

ISSUED BY \_\_\_\_\_

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	



E-5596

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>HELEN MARGARET BRYANT</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>DEC 2, 1910</b>	DATE OF DEATH <b>DEC 14, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>CORONADO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>THOMAS RONAN, SON</b> <b>3200 S. ARVILLE, #253</b> <b>LAS VEGAS, NV 89102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>PINKHAM-MITCHELL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-1178</b>		

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 <del>HOLY CROSS CEMETERY, SAN DIEGO, CA</del> <b>MT. HOPE CEMETERY, San Diego, CA</b>		COUNTY <b>SAN DIEGO</b>	
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	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 17 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 18 1985</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/16/85

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

of Alvina Navarro-Buenastro  
in a Double Crypt Funeral, date, time 12/18 - Wed - 9AM  
Church, Chapel, Graveside Sanctuary of St. ...; Lewis Colvard Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 1.

✓ Lot 118 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 300<sup>00</sup>

Additional spaces and care fund Rev-5-4-3-2-1 Q 250<sup>00</sup>  
for 60 days

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 330<sup>00</sup>

Handling Fees ..... 220<sup>00</sup>

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... 35.00

Sales taxes ..... 19.80

Total Due ..... 1324.80

Paid receipt number 32956 1324.80

Balance due 0

**PAID**

DEC 16 1985

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

I hereby authorize daughter of the above named decedent and daughter to have 2 year authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of deed

Celia E. Moquesho  
Signature  
7270 Macquarie ST  
Address  
San Diego Calif. 92041  
State  
697-5928 Zip Code  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5597



OFFICIAL RECEIPT



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

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

No 32956

Date: 12/16/85, 19

From: Colia Morquecho Address: 7270 Macquarie Lakes 92041  
Thirteen Hundred Twentyfour St 50  
 Dollars (\$ 1324<sup>80</sup>/<sub>xx</sub>)  
 In full Payment of Antennum Fee & Double Crypt for Alvin Navano

Lot 118 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5597

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

# 547  
 AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 18 1985

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184	60	00
50% Sales of Lots	100 77184	240	00
Openings & Service Charges	100 77181	320	00
Funeral Containers	100 77182	330	00
Recording fees or misc. service fees	100 77183	355	00
Sales Tax	80101 9030	19	80
TOTAL PAID		1324	80

E-5597

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ALVINA NICH NAVARRO</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>MARCH 9, 1921</b>	DATE OF DEATH <b>DECEMBER 15, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>CELIA E. MORQUECHO - daughter 7270 Macquarie St. La Mesa, CA 92041</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BEMBROUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>		

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 <b>MOUNT HOPE CEMETERY - San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><i>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</i></p>		SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 18 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE) <b>12-18-85</b>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald L. Ramos, M.D., M.M.</b>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-17-85

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

of Lot + Services (Ash Plat)

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside Mayer Mortuary.

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

Lot 2 Grave 14 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 215<sup>00</sup>

Additional spaces and care fund ..... 105<sup>00</sup>

Opening/Closing & Setup ..... \_\_\_\_\_

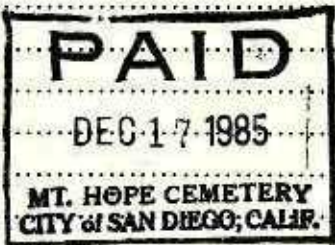
Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... 125<sup>00</sup>

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... \_\_\_\_\_



Total Due ..... 480<sup>00</sup>

Paid receipt number 32958 480<sup>00</sup>

Balance due 0

*John William  
Andrews*

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

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

Signature of recorded holder of deed \_\_\_\_\_

*Kathryn Andrews*  
Signature \_\_\_\_\_  
Address 950 - 9th AVE. #101  
San Diego, CA 92101  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
239-4885  
Telephone \_\_\_\_\_

Work Order # E 5598

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PP-593 (REV. 3-85)

~~#11229~~ #11230

OFFICIAL RECEIPT



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

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

No 32958

E-5598

Date: 12-17, 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  
 DEC 18 1985

ISSUED BY \_\_\_\_\_

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or mic. service fees	100	
	77183	
Sales Tax	60101	
	9030	
<b>TOTAL PAID</b>	<b>0</b>	



Paid - need  
Future

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/17/85

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

of Clyde Allen Wynne

in a \_\_\_\_\_ Vault/Line Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside (Rosedale) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2

✓ Lot 4 Grave 5 Row \_\_\_\_\_ Section B Division/Block 12

Grave space & Care Fund ..... 495<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

*for Clyde Allen Wynne  
at time of death.*

*Paid  
not  
paid for  
now.  
See E-5600*

Total Due ..... 495<sup>00</sup>

Paid receipt number 32964 495<sup>00</sup>

Balance due 0

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

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

Willie B. Jellis  
Signature  
2022 2nd Ave.  
Address  
Los Angeles, Calif. 90018  
City  
(213) 734-3814  
Telephone  
Zip Code

**PAID**  
DEC 17 1985  
MT. HOPE CEMETERY  
CITY of SAN DIEGO CALIF.

Work Order #  
FY-603 (REV. 8-84)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

#11228

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY

No 32964

E-5599 284-3151

Date: 12/17/85, 19\_\_

From: Willie B. Tillis Address: 2022-2-Lane-LACA 7600

One thousand, two hundred and no Dollars (\$ 1000.00)

In full Payment of Grave Space - Care & Deposit on above grave

For Clyde Allen Wilson - Red Berthed - Bi-wal

Lot 4 Grave 5 Section 3 Division 122 Block

Invoice No. \_\_\_\_\_

Acct. No. E-5600-5710

W.O. E 5599-495

Unpaid Balance after this Payment \_\_\_\_\_

Pre-Need  At Need  On Acct

Ck  Cash

00499  
 AC-312 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 20 1985

005334

ISSUED BY Lois Tillis

CREDIT	87007	
20% Sales Tax	77184	99.00
80% Sales of Lots	100	396.00
77184		
Openings & Service Charges	100	320.00
77181		
Burial Containers	100	100.00
77182		
Recording fees or misc. service fees	100	145.00
77183		
Sales Tax	80101	60.00
8020		
TOTAL PAID		1066.00



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12/17/85

*Pre-need Deposit*

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

of Clyde Allen Wynn

in a \_\_\_\_\_ Vault/Line Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 *To be used for*

Lot 4 Grave 5 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... Sec E5599 —

Additional spaces and care fund ..... F-9982 —

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... Bell hini 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... —

Recording and filing fee ..... - Later - —

Sales taxes ..... Deposit 6.00

See over Total Due ..... 571.00

Paid receipt number 32864 571.00

Balance due 0

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

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

Willie B. Gillis  
 Signature  
2022 2nd Ave  
 Address  
Los Angeles, Calif 90018  
 City  
(213) 734-3814  
 Telephone  
 Zip Code

**PAID**  
 DEC 17 1985  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.  
 PT. 883 (REV. 8-85)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

The prices set forth for the above Pro-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.





MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-17-85

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

of Genevieve Benton

in a Bellini Funeral, date, time 11am - Mon 12/23

~~Chapel~~, Chapel, Graveside Chapel - Sts; Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 78 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... Prepaid

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales tax ..... 6.00

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

Total Due ..... 606.00

Paid receipt number 32977 ..... 606.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Mr. James Hamilton Jr.  
 Signature  
314 North 33rd Street  
 Address  
San Diego Co. 92102  
 State  
239-1483  
 Telephone Zip Code

Work Order # E 5601  
 PY-883 (REV. 8-86)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 32977

Date: 12/23, 1985

From: James Hamilton Address: 51 N. 33rd St. #D. 92102

In full Payment of Interment fees for Genevieve Benton

Lot 78 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 5601  
 Unpaid Balance after this Payment 0

Pra-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-88)

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

CITY AUDITOR  
 DEC 26 1985

ISSUED BY Joseph Stitts

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	320	00
	77183		
Burial Containers	100	100	00
	77183		
Recording fees or misc. service fees	100	180	00
	77183		
Sales Tax	80101	6	00
	8030		
TOTAL PAID		606	00



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>GENEVIEVE BENYON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct. 12, 1906</b>	DATE OF DEATH <b>Dec. 15, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>James Hamilton, Jr. - Son</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>66 Grande Vista Novato, CA 94947</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>	COUNTY <b>San Diego</b>		
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED		
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>	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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT  ▶		
SCIENTIFIC USE		DATE SIGNED		
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 18 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Angela L. Ramos, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 23 1985</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Sequerra</i>		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5601      78-7-2-11      12/23

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/18/85

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

of Cruzberto Ortiz

in a Cash Vault Vault/Line Funeral, date, time 12/18/85 - P.M.

Church, Chapel, Graveside family group 2:30-3 P.M. Mortuary Family

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 42 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund urn sp. Head 215<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 105<sup>00</sup>

Burial Container \_\_\_\_\_ 40.00

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 60.00

Sales taxes \_\_\_\_\_ 2.40

Total Due \_\_\_\_\_ 422.40

paid receipt number 32967 422.40

Balance due 0

**PAID**  
DEC 18 1985  
MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed \_\_\_\_\_

X Celia Antunarez  
Signature 1702 32 ST  
Address San Diego  
State Calif City 92102  
Telephone 235 0019

Work Order # E 5602  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



12/18/82

Funeral Home  
13111/1000  
3:30-5:00  
Funeral

12/18/82  
10:00  
10:00  
10:00  
10:00  
10:00

Funeral Home  
13111/1000

# Coastal Cremation Serv. Pasadena, Ca.

Funeral

Funeral Home  
13111/1000  
3:30-5:00  
Funeral

12/18/82

En Amoroso Recuerdo

**CRUZBERTO ORTIZ**

Nacio  
Octubre 24, 1960

Fallecio  
Diciembre 6, 1985

Rosario  
Diciembre 12, 1985  
a las 8:00 p.m.  
Capilla Bagues

Misa  
Diciembre 13, 1985  
a las 9:00 a.m.  
San Antonio de Padua  
1401 Brooklyn Avenue  
Los Angeles, California

Entierro Privado

Directores  
**HERMANOS BAGUES**

Tel. (213) 268-0759

"Trinity" Series  
3116

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Printed in U.S.A.

E5602



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3181

No. 32967

Date: 12/18/85, 19

From: Celio Santorini Address: 1702-32 St S D-92102  
Four Hundred Twentytwo & 40/100 Dollars (\$ 422<sup>40</sup>)  
 In full Payment of Instrument of Cremains of Cremated Body - du

Lot 42 Grave 5 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E5602  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**CITY AUDITOR**  
**DEC 20 1985**  
 ISSUED BY: George J. [Signature]

CREDIT	87007	
20% Sales Care	77184	<u>43 00</u>
50% Sales of Lots	100 77184	<u>172 00</u>
Openings & Service Charges	100 77181	<u>165 00</u>
Burial Containers	100 77182	<u>40 00</u>
Recording fees or misc. service fees	100 77183	<u>60 00</u>
Sales Tax	80101 8020	<u>42 40</u>
<b>TOTAL PAID</b>		<b><u>422 40</u></b>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/18/85

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

of Maggie Johnson

in a Ball Room Vault/Urner Funeral date, time 12/23 - 2 P.M.

Church, Chapel Graveside Chapel & S.S. Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 96 Grave 2 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

**PAID**  
 DEC 19 1985  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due ..... 856.00

Paid receipt number 32969 856.00

Balance due 0

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

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

Lois J. Wilson  
 Signature  
5065 Westover  
 Address  
SAN DIEGO 92102  
 State  
264-8146  
 Telephone  
 Zip Code

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 5603**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

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

No 32969

Date: 12-18, 1985

From: Lara Wilson Address: 5065 Winton Ave 9-11

Eight hundred sixty six and no/100 Dollars (\$ 856.00 )

In full Payment of Maggie Johnson's grave

Lot 96 Grave 1 Row 1 Section 1 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5663

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 20 1985

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Tax	77184	50	00
80% Sales of Lots	100 77184	500	00
Openings & Service Charges	100 77181	524	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	100	00
Sales Tax	80101 8020	0	00
TOTAL PAID		856	00

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>MAGGIE JOHNSON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 3, 1902</b>	DATE OF DEATH <b>December 15, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lori Wilson - Grand-daughter 5065 Westover Place San Diego, California 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Rabedale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶  DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>DEC 19 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 23 1985</b> <small>(ENTER DATE)</small>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Paul Hill</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/18/85

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

of Julie Delores Williams  
in a Ball Room Funeral, date, time Mon 12/23 1PM  
Church, Chapel, Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

<input checked="" type="checkbox"/> Lot <u>91</u> Grave <u>2</u> Row _____ Section <u>2</u> Division/Block <u>11</u>	
Grave space & Care Fund .....	<u>250<sup>00</sup></u>
Additional spaces and care fund .....	<u>— none —</u>
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container <u>Ball Room</u> .....	<u>100<sup>00</sup></u>
Handling Fees .....	<u>145<sup>00</sup></u>
Flower vases - Marker setting fee .....	<u>—</u>
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales taxes .....	<u>6<sup>00</sup></u>
	<u>856<sup>00</sup></u>
<u>12/18/85</u> Total Due .....	<u>856<sup>00</sup></u>
Paid receipt number <u>32968</u> .....	<u>400<sup>00</sup></u>
	Balance due <u>456<sup>00</sup></u>

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

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

Signature of recorded holder of deed \_\_\_\_\_

Julie San Bruno  
Signature  
P.O. Box 8607  
Address  
SAN Diego 92102  
City  
(619) 264-3892  
Telephone

Work Order # E 5604

Invoice # 038578  
Acct. # 015706

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 32968

Date: 12-18, 1985

From: Arthur William Brown Address: PO Box 8607, La Jolla, Ca 92033  
four hundred and no/100 Dollars (\$ 400.00 )

In part Payment of Gravestone William Brown

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5604

Unpaid Balance after this Payment \$456.00

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  
 DEC 20 1985

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184	50	00
80% Sales of Lots	100 77184	300	00
Openings & Service Charges	100 77181		
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	50	00
Sales Tax	80101 8020		
TOTAL PAID		400	00



OFFICIAL RECEIPT



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

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

No 32990

Date: 12-30, 1955

From: Arthur Williams Address: PO Box 847 - A, Ca. 9-10

One hundred ten and no/100 Dollars (\$ 110.00 )

In art Payment of Julia D. Williams - grave

Lot 91 Grave 2 Row \_\_\_\_\_ Section \_\_\_\_\_ Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-51604

Unpaid Balance after this Payment \$346.00

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 5-55)

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

**CITY AUDITOR**  
**JAN 07 1956**

ISSUED BY B. Tang

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>110.00</u>
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
<b>TOTAL PAID</b>		<u>\$ 110.00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 33076

Date: 02-05, 1976

From: Arthur Williams Jr Address: 1015 1/2 St, San Diego, Ca. 9-10  
One Hundred and Fifty Dollars (\$ 100.00 )

In part Payment of Julie D. Williams

Lot 91 Grave 2 Row 100 Section 2 Division Block 17

Invoice No. 138578  
 Acct. No. 015706  
 W.O. E-5604  
 Unpaid Balance after this Payment \$ 246.00

NOT VALID FOR PURPOSES OF STATE LAWS UNLESS EMPLOYED "PAID" IN THIS SPACE.

SAN DIEGO CITY TREAS.  
**PAID 13**

CREDIT	87607	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>\$ 100.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash

ISSUED BY [Signature]



DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/D	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
												AMOUNT APPLIED		
038578	01/06/86	015706	ARTHUR WILLIAMS SR	100	072		77181	000072	02/06/86	CA		100.00	346.00	246.00
				100	072		77183	000072				63.58		PARTIAL PAYMENT
				100	072		9020					34.68		
				60101								1.74		

*E-5604*

38578	01/06/86	015706	ARTHUR WILLIAMS SR	100	072		77181	000072	04/03/86		221866209	100.00	346.00	46.00
				100	072		77183	000072				63.58		PARTIAL PAYMENT
				100	072		9020					34.68		
				60101								1.74		

*E-5604*

038578	01/06/86	015706	ARTHUR WILLIAMS SR	100	072		77181	000072	03/03/86	CA		100.00	346.00	146.00
				100	072		77183	000072				63.58		PARTIAL PAYMENT
				100	072		9020					34.68		
				60101								1.74		

*E-5604*

038578	01/06/86	015706	ARTHUR WILLIAMS SR	100	072		77181	000072	05/01/86	CA	221866102	46.00	346.00	0.00
				100	072		77183	000072				29.25		PAID IN FULL
				100	072		9020					15.95		
				60101								0.80		

*E-5604*

FRULL

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Julie Dolores Williams</b>		SEX <b>Female</b>	DATE OF BIRTH <b>April 12, 1923</b>	DATE OF DEATH <b>Dec. 14, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Arthur A. Williams, SR. - Husband 1823 Tilden Street San Diego, CA 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson - Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery; 3751 Market Street; San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶  DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 19 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 23 1985</b> <small>(ENTER DATE)</small>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>  SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

3/5/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No. 33151

Date: 3/3/86, 19

From: Arthur Williams Sr. Address: P.O. Box 8607 - SD 92102

One Hundred and no Dollars ( \$ 100.00 )

In Part Payment of Invoice on 038578 for  
Julie D. Williams Service

Lot 91 Grave 2 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. 038578

Acct. No. 015706

W.O. \_\_\_\_\_

Unpaid Balance after this Payment 146.00

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

E5604

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

1986

*Raymond Stitt*

ISSUED BY \_\_\_\_\_

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>100.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-18-85

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

of William L. Roberts  
in a DBL Crypt Funeral, date, time 12-19-THUR 11 AM  
Church, Chapel, Graveside \_\_\_\_\_ Mortuary Ragsdale

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

✓ Lot 32 Grave 3 Division/Block 12

Grave space & Care Fund PAID Preneed

Additional spaces and care fund DEC 19 1985

Opening/Closing & Setup 320.00

Burial Container Double Crypt MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF. 10-85

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 35.00

Sales taxes \_\_\_\_\_

Total Due 355.00

Paid receipt number 32970 355.00

Balance due 0

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

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

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Signature of recorded holder of deed

Called by  
Narulla

Work Order # E 5605



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 32970

Date: 12-19, 1985

From: Andrew Sagale Address: 5050 Federal Blvd # 911

Three hundred fifty five and no/100 Dollars (\$ 355.00)

In cash Payment of Final Invoice

Lot 32 Grave 3 Row 1 Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5605

Unpaid Balance after this Payment \_\_\_\_\_

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**CITY AUDITOR**  
**DEC 20 1985**  
 ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	<u>328</u>	<u>00</u>
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100	<u>25</u>	<u>00</u>
	77183		
Sales Tax	80101		
	8020		
<b>TOTAL PAID</b>		<u>355</u>	<u>00</u>

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>WILLIAM LACEY ROBERTS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>April 4, 1911</b>	DATE OF DEATH <b>December 12, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Jean Frances Brown - Daughter 2855 55th Street Apt. 3 San Diego, California 92105</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>	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 <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE		DATE SIGNED
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	AMOUNT OF FEE PAID <b>3.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	DATE PERMIT ISSUED <b>DEC 17 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald H. Brown, M.D., M.M.</i>
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 19 1985</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
	(ENTER DATE)	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

**E5605**



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-19-85

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

of Carter, Claire A.  
 in a Beeliner Model/Line Funeral, date, time Mon 12/23 11AM  
~~Church, Chapel~~ Graveside Heath Mortuary.

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

Lot <u>2438</u> Grave _____ Row _____ Section _____ Division/Block <u>10</u>	
Grave space & Care Fund .....	<u>595<sup>00</sup></u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container .....	<u>100<sup>00</sup></u>
Handling Fees .....	<u>145<sup>00</sup></u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales taxes .....	<u>6<sup>00</sup></u>

**PAID**  
 DEC 20 1985  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due 1201<sup>00</sup>  
 Paid receipt number 32986 1201<sup>00</sup>  
 Balance due 0

*Reserve  
 Lot 2439*

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

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

Ruth Carter  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Signature of recorded holder of deed  
*Howard Heath to  
 bring check mon.*

Work Order # **E 5606**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>CLAIRE ALFRED CARTER</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>NOV. 4, 1922</b>	DATE OF DEATH <b>DEC. 19, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ruth Carter - Wife</b> <b>1600 Palm Avenue, Space 55</b> <b>San Diego, CA 92154</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Heath Funeral Home</b>		CALIFORNIA LICENSE NUMBER <b>807</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 19 1985</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 23 1985</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoy...</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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  
 GOLDENWOOD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3161

No 32986

Date: 12-30, 1985

From: Heath Funeral Home Address: 101 Highland Ave - 710 Capistrano

public mounted case and no pay - Dollars (\$ 1201.00 )

In full Payment of Claim (Final) Carter Service

Lot 2437 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5606

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**  
 JAN 07 1986

ISSUED BY B. name

CREDIT	57007	
20% Sales Tax	77184	119.00
80% Sales of Lots	100	476.00
	77184	
Openings & Service Charges	100	320.00
	77181	
Burial Containers	100	100.00
	77182	
Recording fees or misc. service fees	100	140.00
	77183	
Sales Tax	80101	6.00
	8020	
<b>TOTAL PAID</b>		<b>1201.00</b>

OFFICIAL RECEIPT



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

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

No 33233

Date: 04-01- 1986

From: Ruth Carter Address: 1600 Palm #55 San Ca 92154

One hundred thirty five and no/100 Dollars (\$ 135.00 )

In full Payment of marker installation for  
Clara H. Carter

Lot 2438 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5606

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.

CITY AUDITOR  
 APR 04 1986

ISSUED BY G. Jung

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	<u>135.00</u>
Sales Tax	80101	
	80200	
TOTAL PAID		<u>135.00</u>



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 12-20-85

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

of Oliver Moore  
 in a Bell Linn Vault/Line Funeral, date, time Mon 12/23 2:30  
 Church, Chapel, Graveside Church & S.; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot <u>1254</u> Grave <u>-</u> Row <u>-</u> Section <u>-</u> Division/Block <u>10</u>	
Grave space & Care Fund .....	<u>395.00</u>
Additional spaces and care fund .....	<u>- none -</u>
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>100.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	<u>-</u>
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>6.00</u>
Total Due .....	<u>1001.00</u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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

TO be Billed to his Estate

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

Oliver D. Moore  
 Signature  
550 So. 37th St  
 Address  
CA 92113  
 State Zip Code  
263-3697  
 Telephone

Signature of recorded holder of deed

Jack Catman, attorney

Invoice # 038579  
 Acct. # 015707

Work Order # E 5607

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

*April 5, 1905*

NAME OF DECEDENT <b>OLIVER MOORE</b>	SEX <b>Male</b>	DATE OF BIRTH <del>April 11, 1905</del>	DATE OF DEATH <b>Found</b> <b>Dec. 19, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Alma Moore - Niece</b> <b>550-South 37th Street</b> <b>San Diego, California 92113</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: San Diego, California</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>	COUNTY <b>N/A</b>
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 <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b>[Signature]</b>
		DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 23 1985</b>	DATE PERMIT ISSUED <b>DEC 23 1985</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5607



038579 01/06/86 015707

ESTATE OF OLIVER MOORE

02/03/86 CK 490

1,001.00  
 320.00  
 100.00  
 180.00  
 316.00  
 6.00  
 79.00

1,001.00

PAID IN FULL 0.00

E-5607

100 072 77181  
 100 072 77182  
 100 072 77183  
 100 072 77184  
 60101 9020  
 67007 77184

000072  
 000072  
 000072  
 000072

E-5607

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/23

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

of Jonathan Ray  
in a Paul Linn Vault/Liner Funeral, date, time 2 P.M. 12/27/85  
Church, Chapel, Graveside Chapel 55; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 41 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 856.00

Paid receipt number 33017 300.00

Balance due 556.00

*Receipt sent*

1/10/86

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

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

Signature of recorded holder of deed

Signature 7247-50th St apt 4

Address San Diego

State 584-4193 Zip Code

Telephone

Invoice # 040055

Acct. # 016159

Work Order # E 5608



2-6-86 - 33081

536<sup>00</sup>  
200<sup>00</sup>  

---

356<sup>00</sup>

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>JONATHAN ROBERT RAY</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>MAY 9, 1950</b>	DATE OF DEATH <b>DECEMBER 19, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>NATIONAL CITY</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>BRENDA RAY - WIFE 4247 50th STREET SAN DIEGO, CALIFORNIA 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>ANDERSON-RAGSDALE MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>1327</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY 3751 Market Street San Diego, Calif.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>-</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>▶</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT <b>▶</b> DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>DEC 24 1985</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 27 1985</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Leoy Willett</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 33017

Date: 01-10, 1986

From: Kaonda Fra Address: 4547-57th St #4, La Jolla, Ca 92035  
Three hundred and no/100 Dollars (\$ 300.00 )

In 487 Payment of Jonathan Ray, Jr

Lot 41 Grave 5 Row \_\_\_\_\_ Section 3 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5608  
 Unpaid Balance after this Payment \$556.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**CITY AUDITOR**  
 JAN 15 1986  
 ISSUED BY B. J. [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>50.00</u>
80% Sales of Lots	100 77184	<u>250.00</u>
Departing & Service Charges	100 77181	<u>50.00</u>
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
<b>TOTAL PAID</b>		<u>\$ 300.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash

OFFICIAL RECEIPT



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

3/5/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 33152

Date: 03-03, 1986

From: Brenda Ray Address: 4247-50th St Apt 4 S 92115

fifty and no/100 Dollars (\$ 50.00)

in Cash Payment of Jonathan Ray Service

Lot 41 Grave 5 Row Section 9 Division Block 11

Invoice No. 040055  
 Acct. No. 016159  
 W.O. E-5608  
 Unpaid Balance after this Payment \$306.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.  
 1986  
 ISSUED BY D. Lang

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID	\$	50.00

Pre-Need  At Need  On Acct   
 Ck  Cash



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3161

No 33081

Date: 02-06, 1976

From: Paula Ray Address: 4320 Camino #1, La Jolla

Two hundred and no/100 Dollars (\$ 200.00)

to part Payment of Jonathan Ray Arce

Lot 41 Grave 5 Row \_\_\_\_\_ Section \_\_\_\_\_ Division 11 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5608

Unpaid Balance after this Payment \$356.00

Pre-Need  At Need  On Acct.   
 Ck  Cash

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

**AUDITOR**  
**FEB 07 1976**

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>200.00</u>
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
<b>TOTAL PAID</b>		<u>\$ 200.00</u>

040055 02/07/86 016159

BRENDA RAY

100 072  
100 072  
100 072  
60101

E 5608

03/03/86 CK E-5608

77181 000072  
77182 000072  
77183 000072  
9020

50.00  
9.83  
14.04  
25.28  
0.85

356.00

PARTIAL PAYMENT 306.00

E 5608



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

DEPARTMENT 052 CITY TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG
040055	02/07/86	016159	BRENDA RAY	100	072	
				100	072	
				100	072	
				60101		

*ES 07*

*At Hope*

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 04/17/86

GENERAL INV-REF TO TREASURER

ACCT	J/D	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT APPLIED
		04/14/86	CK	0330	25.00	
77181	000072				4.92	
77182	000072				7.02	
77183	000072				12.64	
9020					0.42	

*✓*

AMOUNT BILLED

356.00

UNPAID BALANCE

281.00  
 PARTIAL PAYMENT

DATE: 04/17/86  
 TIME: 222125  
 PAGE: 4

040055 02/07/86 016159

E5608

BRENDA RAY

100 072  
100 072  
100 072  
60101

*mt ✓  
blp*

77181  
77182  
77183  
9020

000072  
000072  
000072

11/11/86 CK 428

281.00  
53.25  
78.03  
142.08  
4.74

356.00

PAID IN FULL

E5608



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12/23/85

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

of Dorothy Taft

in a Bell Liner Vault/Liner Funeral, date, time 12/24 - 2 P.M.

Church, Chapel, Graveside Chapel & S.S. Parsonage Mortuary. Stoner

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

Lot 49 Grave 2 Row \_\_\_\_\_ Section 5 Division/Block 5

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

Burial Container Bell Liner \_\_\_\_\_ 100.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 6.00

Total Due \_\_\_\_\_ 606.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

**VOID**  
*See P-5612*

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

Signature Voel  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone# \_\_\_\_\_

Work Order # **E 5609**  
PY-563 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/23

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

of David Hollingquest  
in a Rubber Vault/Liner Funeral, date, time 10 AM - 12/24 Tuesday  
Church, Chapel, Graveside Chapelt 205; Ragsdale Mortuary.

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

Lot 43 Grave 4 Row - Section 2 Division/Block 11

Grave space & Care Fund .....		<u>250<sup>00</sup></u>
Additional spaces and care fund .....	<u>None</u>	
Opening/Closing & Setup .....		<u>320<sup>00</sup></u>
Burial Container .....		<u>100<sup>00</sup></u>
Handling Fees .....		<u>145<sup>00</sup></u>
Flower vases - Marker setting fee .....		<u>-</u>
Recording and filing fee .....		<u>35<sup>00</sup></u>
Sales taxes .....		<u>6<sup>00</sup></u>
Total Due .....		<u>856<sup>00</sup></u>
Paid receipt number <u>32979</u> .....		<u>856<sup>00</sup></u>
Balance due .....		<u>0</u>

**PAID**  
DEC 28 1985

*Ragsdale to Mt. HOPE CEMETERY  
City of SAN DIEGO, CALIF.*

*Telephone order*

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Telephone

Work Order # E 5610  
PY. 003 (REV. 8-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3161

No 32979

Date: 12/26/85 1985

From: Anderson - Reynolds Address: 5050 Federal Blvd - SD - 92102  
Eight hundred fifty dollars in full Dollars (\$ 856<sup>00</sup>)  
 In full Payment of Interment of David B Hollingquest - see

Lot 43 Grave 4 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-5610

Unpaid Balance after this Payment 0

Pre-Paid  At Need  On Acct

Ck  Cash

AC-212 (Rev. 9-85)

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

CITY AUDITOR  
 DEC 30 1985

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Tax	77184	<u>50</u>	<u>00</u>
80% Sales of Lots	100 77184	<u>200</u>	<u>00</u>
Openings & Service Charges	100 77181	<u>320</u>	<u>00</u>
Burial Containers	100 77182	<u>100</u>	<u>00</u>
Recording fees or misc. service fees	100 77183	<u>180</u>	<u>00</u>
Sales Tax	80101 9020	<u>6</u>	<u>00</u>
TOTAL PAID		<u>856</u>	<u>00</u>

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>DAVID BRUCE HOLLINQUEST</b>		SEX <b>Male</b>	DATE OF BIRTH <b>June 8, 1949</b>	DATE OF DEATH <b>Found: Dec. 20, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Hardy Hollinquest, Jr. - Father 277 50th St. Apt. D San Diego, CA 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 24 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON:		<b>DEC 24 1985</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>George W. Stille</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/23/85

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

of Blanche Chambers Martin

in a Bell Linn Funeral, date, time Dec-12/27-3 P.M.

Church, Chapel, Graveside Graveside; Memphis - CV Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 140 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund ..... no -

Opening/Closing & Setup ..... 320.00

Burial Container Bell Quartz Linn ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 856.00

Paid receipt number 32973 428.00

du 1-30-86 Balance due 428.00

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

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

Signature of recorded holder of deed

Carl Strickland  
Signature  
146 E. Millan ST  
Address  
Chula Vista Ca 92010  
State  
420-4758 Zip Code  
Telephone

1/2 down  
1/2 30 days

See E-21

Work Order # E 5611

PY-593 (REV. 8-85)

Invoice # 038574  
Acct. # 015702

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 294-3151

005465 No 32973

Date: 12/23/85, 19

From: for Paul Strickland Address: 146 E. Melan St C.V. 92010

In Four Hundred Twenty Eight Dollars (\$ 428<sup>00</sup>)

Payment of Interment on Blanche Martin

Lot 140 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5611

Unpaid Balance after this Payment 428<sup>00</sup>

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 6-85)

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

CITY AUDITOR  
 DEC 26 1985

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Tax	77184	25	00
80% Sales of Lots	100	100	00
77184			
Openings & Service Charges	100	160	00
77181			
Burial Containers	100	50	00
77182			
Recording fees or misc. service fees	100	90	00
77183			
Sales Tax	80101	3	00
8030			
TOTAL PAID		428	00



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>BLANCHE CHAMBERS MARTIN</b>		SEX <b>Female</b>	DATE OF BIRTH <b>05-04-1907</b>	DATE OF DEATH <b>12-21-1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Carl Strickland (Son) 146 East Millan Chula Vista, CA 92010</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

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 <b>Mt. Hope Cemetery San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶  DATE SIGNED 
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 24 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 27 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramos, M.D.</i>  SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Carl Strickland</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

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

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 02/19/86

DATE: 02/19/86  
TIME: 223251  
PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT DRG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EG	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
038574	01/06/86	015702	CARL STRICKLAND			02/19/86			428.00	428.00	0.00
			100 072	77181	000072				160.00		PAID IN FULL
			100 072	77182	000072				50.00		
			100 072	77183	000072				90.00		
			100 072	77184	000072				100.00		
			60101	9020					3.00		
			67007	77184					25.00		

E-5611

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 428.00



ACT 10 ACROSS RWSD BY: BIL INVOICE DATA ENTRY ACCOUNT: 015702 INVOICE: 038574 INV DATE: 01 06 81

NAME: CARL STRICKLAND

1) 146 E. MILLAN ST

3) CITY: CHOLA VISTA ST: CA ZIP: 92016 COUNTRY:

DEPT: 672 CONTACT: BARBARA LANG PHONE: 619 234 3151

REFER NO: E-5011 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: 428.00

DESCRIPTION OF CHARGE  
BLANCE CHAMBERS MARTIN SERVICE

DESCRIPTION OF CHARGE	AMOUNT
LOT 140 GR 7 SEC 2 DIVN 11	250.00
OPENING/CLOSING	320.00
CONCRETE LINER	100.00
HANDLING FEE	145.00
TAX ON LINER	5.00
RECORDING FEE	35.00
LESS PAYMENT R-32973	428.00-

LATE CHARGE  $\frac{\$1}{\$2}$  - DAYS DUE: TOTAL DUE AMOUNT: ~~428.00~~ AND/OR PCT CODE: --

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

*Extra \$10.00  
towards  
flower can \$5.90 coming in mail  
for balance*

E5611

2/14/86

MEMO

URGENT - REPLY IMMEDIATELY

NO REPLY REQUIRED

Alfia - Accounts Receivable - 7C

T  
O

FOLD  
MESSAGE

Alfia, please note all the attached copies. I hope they are self explanatory, if not, please give me a gingle. Thank you.

Mt. Hope Cemetery

264-3151 MS #72

SIGNED

*Barbara Long*

REPLY

FOLD

SIGNED

DATE

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

E5611

ORIGINATOR - DETACH THIS PART ONLY - SEND REMAINDER INTACT















CITY OF SAN DIEGO  
DAILY CASH RECEIPTS

DEPARTMENT  
Property/Mt. Hope

DATE  
01 / 06 / 86

DCR No. 005741

(46-24)

EXPLANATION	FUND	DEPT.	ORG. LEVEL	ACCOUNT	JOB ORDER	FACILITY	AMOUNT	
	(16-21)	(22-27)	(28-33)	(34-39)	(40-45)	(57-72)	(88-99)	
Receipt #32981, **	67007	072		77184			548	00
32984 thru 32990, *	100	072		77184			2527	00
32992 thru 32994, *	100	072		77181			2290	00
32996 thru 33004	100	072		77182			705	00
	100	072		77183			1325	00
	60101			9020			43	20
	100	072		77100			10	00
32982 - Inv. 12/27/85								
32983 - on DCR 005519								
32991 - Inv. 036166								
32995 - Inv. 038055								

PREPARED BY: Barbara Lang	PHONE: 2643151	DEPOSITED BY: Barbara Lang	AUDITED BY:	KEY PUNCH:	DATE:	TOTAL DEPOSIT:	\$ 7448 20
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E-5211



JOURNAL VOUCHER - BATCH MODE

E5611

FUND	DEPARTMENT	ORGANIZATION	ACCOUNT	JOB ORDER	DOCUMENT REFERENCE	OPERATION ACCOUNT	BENEFITTING DEPARTMENT	FACILITY	Q T R.	UNITS/WARRANT CHECK NO.	EQUIP. NUMBER	AMOUNT (DEBIT + CREDIT -)	
16-21	22-27	28-33	34-39	40-45	46-54	55-60	61-66	67-72	73-78	75-81	82-87	88	89-99
60025	60025	102	4816		INV036686							10 41	
100			75160		↓							<10 41>	
61007	072		77184		DCR005741							25 00	
100			↓									100 00	
			77181									160 00	
			77182									50 00	
			77183									90 00	
60101			9020									3 00	
100	072		77100									10 00	
↓	↓		77183		DCR005741							<10 00>	

*Card Strickland Invoice*

PREPARED BY:	APPROVED BY:	DATA PROC.
DATE: 02/18/86		
INITIALS: AP		

EXPLANATION: *Apply interest payment for Donald Reinson; Reverse invoice pymt Applied on DCR in error - All attachment*

DISTRIBUTION: *file Barbara Lang*



E5611

CITY OF SAN JOSE  
AUDITOR AND COMPTROLLER'S DEPARTMENT  
ACCOUNTS RECEIVABLE SYSTEM  
JOURNAL VOUCHER

BATCH NUMBER 26629 BATCH TYPE P  
BATCH DATE 02, 19, 86

CUSTOMER ACCT. NO.	INVOICE NUMBER	FUND	DEPARTMENT	ORGANIZATION	ACCOUNT	JOB ORDER	OPERATION ACCOUNT	BENEFITING/EQUIPMENT	FACILITY	AMOUNT	REFERENCE NUMBER	PYMT METH.	PAYMENT P.M. DATE
13-18	19-24	25-30	31-36	37-42	43-48	49-54	55-60	61-66	67-72	73-85	86-94	95-96	97-102
006423	040090									15 00		CM	02/19/86
↓	039861									<2 00>		JV	
↓	039153									2 00		↓	
015358	038255									75 00		CM	
009003	B19162									1,690 00	B19162	RC	
006869	B19157									<7 15>		JV	
↓	L19238									7 15			
013290	B18205									<26 30>			
↓	L19505									26 30			
015702	038574									428 00			

	PREPARED	APPROVED	KEYED
DATE			
INITIALS			

EXPLANATION: Apply invoice payments per attachments

DISTRIBUTION: Barbara Lang



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 32998

Date: 11-6-86, 1986

From: Carl Strickland Address: 146 E. Mill Street C.V. Ca 92101

In full Payment of interment of Blanche Martin

Lot 140 Grave 7 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5611

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**  
**JAN 07 1986**

ISSUED BY Boring

CREDIT	87007	
20% Sales Tax	77184	25.00
80% Sales of Lots	100	100.00
	77184	
Openings & Service Charges	100	160.00
	77181	
Burial Containers	100	50.00
	77182	
Recording fees or misc. service fees	100	90.00
	77183	
Sales Tax	80101	3.00
	9020	
<b>TOTAL PAID</b>		<b>438.00</b>

100  
77184  
10.00

OFFICIAL RECEIPT

No 35373



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

Date: 12/14 1987

From: Carl Strickland Address: Bonita Ca - 92002

Fifteen and 90/100 Dollars (\$ 15<sup>90</sup>/<sub>100</sub> )

In full Payment of Galv. Flower Vase for Mrs Martin

Lot 140 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. Issued - 5/11  
BALANCE DUE 0

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

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100	
	77161	
Burial Containers	100	5 00
	77182	
Handling Fee	100	10 60
	77183	
Recording & Misc. Fee	100	
	77183	
Pre-Need Trust	60033	
	9022	
Sales Tax	60101	30
	78300	
TOTAL PAID	\$	15 90



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/23

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

of Dorothy Taft  
in a Top Seal Vault Funeral, date, time Thurs-2PM 12/26  
Church, Chapel, Graveside Chapel - Hill Crematorium Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 49 Grave 2 Row \_\_\_\_\_ Section 5 Division/Block 5  
Grave space & Care Fund 175.76 Per hour Preneed

Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>190.00</u>
Handling Fees .....	<u>125.00</u>
Flower vases - Marker setting fee .....	<u>—</u>
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>10.50</u>
<u>Bad due 30 days</u> Total Due .....	<u>710.50</u>
Paid receipt number <u>32974</u> .....	<u>100.00</u>
Balance due	<u>610.50</u>

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

I hereby authorize the interment in lot I hold under deed.  
\_\_\_\_\_  
Signature of recorded holder of deed

Signature Charles J Taft  
Address 1787 Belmont St  
Cal. 92107  
State 224-9857 Zip Code  
Telephone

Work Order # E 5612  
PY-583 (REV. 8-95)

Invoice # 038573  
Acct. # 015701

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3181

No 32974

Date: 12/23/85, 1985

From: C. L. Tefft Address: 1787 Redondo St 92102

In cash Payment of Interment fee Dorothy Tefft Dollars (\$) 100<sup>00</sup>

Lot 49 Grave 2 Row \_\_\_\_\_ Section 5 Division Block 5

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5612  
 Unpaid Balance after this Payment 610<sup>50</sup>

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID IN THIS SPACE"  
 CITY AUDITOR  
 DEC 26 1985  
 ISSUED BY [Signature]

Pra-Need  At Need  On Acct   
 Ck  Cash   
2664

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	100 00
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		e <u>100 00</u>



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

10/09/1915

NAME OF DECEDENT <b>Dorothy G. Tefft</b>		SEX <b>F</b>	DATE OF BIRTH <b>10/09/15</b>	DATE OF DEATH <b>12/21/85</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon Valley Hospital</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego,</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Chester L. Tefft 1787 Redondo St. San Diego, Ca 92107</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Clairmont Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-1126</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cem. 3751 Market St., San Diego, Ca</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	<p style="font-size: x-small;">This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶  DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>DEC 26 1985</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Brown, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 26 1985</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Clairmont Mortuary</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5612

OFFICIAL RECEIPT



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

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

No 33024

Date: 01-13, 1946

From: Charter Flight Address: 1787 Redondo Ave. San Diego 9-107

Six hundred ten and 50/100 Dollars (\$ 610.50)

in full Payment of Monthly Flight Service

Lot 49 Grave 3 Row \_\_\_\_\_ Section 5 Division Block 5

Invoice No. 122573

Acct. No. 015701

W.O. E-5612

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.

1946  
 ISSUED BY E. Wang

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>610.50</u>



**SAN DIEGO  
CITY TREAS.**

**JAN 14 '86**

**PAID #13**

69045017/14/86		610.50	INVS
017/14/86	6904 5	610.50-	CH
017/14/86	6904 5	.00	BA

E5612

038573 01/06/86 015701 CHESTER L. TEFFT

*E-5617*

100 072  
100 072  
100 072  
60101

77181 000072  
77182 000072  
77183 000072  
9020

01/13/86 CK 2694

610.50  
220.00  
170.00  
210.00  
10.50

610.50

0.00  
PAID IN FULL

NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 1,885.30



MT. HOPE CEMETERY  
INTERMENT ORDER

ROBERT. ALAN SMITH

City of San Diego

Date 12/23/85

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

of Robert Alan Smith

in a Belldenia Funeral, date, time 12-27-11 AM

Church, Chapel, Graveside Chapel & S; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 146 Grave 5 Row - Section 2 Division/Block 12

Grave space & Care Fund ..... 495<sup>00</sup>

Additional spaces and care fund ..... NONE

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fees ..... 35<sup>00</sup>

Recording and filing fee ..... 6<sup>00</sup>

Sales taxes ..... 101.00

Total Due ..... 1101.00

Paid receipt number 32976 1101.00

Balance due 0

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

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

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

Signature of recordal holder of deed \_\_\_\_\_

Alberta Smith  
Signature 7771 Scribble  
Address San Diego, Calif  
State 92114 Zip Code  
Telephone \_\_\_\_\_

Work Order # E 5613

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-5161

No 32976

From Alberta Smith Address: 7721 Scribble San Diego CA 92114  
 Date: 12/23 1980  
One thousand One Hundred and no Dollars (\$ 1101<sup>00</sup>)  
 In full Payment of Burial fees for Robert Alan Smith - Dec

Lot 146 Grave 5 Row - Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5613  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck. 800<sup>00</sup> Cash 301<sup>00</sup>

AC-212 (Rev. 8-88)

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

CITY AUDITOR  
 DEC 26 1980

*[Signature]*

CREDIT	87007		
20% Sales Tax	77184	99	00
80% Sales of Lots	100	396	00
	77184		
Openings & Service Charges	100	320	00
	77181		
Burial Containers	100	100	00
	77182		
Recording fees or misc. service fees	100	180	00
	77183		
Sales Tax	80101	6	00
	9080		
TOTAL PAID		1101	00



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ROBERT ALAN SMITH</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>April 10, 1968</b>	DATE OF DEATH <b>Dec. 22, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Hazel Smith - Mother 4113 Arbor Vitas San Diego, California 92105</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.; San Diego, Ca..</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>DEC 24 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Douglas L. Cameron, M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>DEC 27 1985</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Josy M. Smith</i>
		(ENTER DATE)		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5613

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12/23/85

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

of Juanita Sasso  
 in a Bellini Vault/Liner Funeral, date, time 12/26 - 10am - Thur  
 Church, Chapel, Graveside Chapel; Ragsdale Mortuary.

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

✓ Lot 22 Grave 8 Row - Section 2 Division/Block 11

Grave space & Care Fund .....	<u>250.00</u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>100.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>6.00</u>
Total Due .....	<u>856.00</u>
Paid receipt number <u>32980</u> .....	<u>856.00</u>
Balance due .....	<u>0</u>

**PAID**  
 DEC 26 1985  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

*Ragsdale  
10/85*

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

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

\_\_\_\_\_  
 Signature of recorded holder of deed

Telephone Order  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 State Calif Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 5614  
 PY-583 (REV. 9-85)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 32980

Date: 12/26/85, 19

From: Anderson, Rosalind Address: 5050 Federal Blvd S.D. 92102  
Eight hundred fifty dollars Dollars (\$ 856<sup>00</sup>)  
 In full Payment of Interment of Juanita Lasso - Dec

Lot 22 Grave 8 Row - Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 5614  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash   
5681  
 AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
**CITY AUDITOR**  
**DEC 30 1985**  
 ISSUED BY [Signature]

CREDIT	67007	50 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	200 00
Openings & Service Charges	100 77181	320 00
Burial Containers	100 77182	100 00
Recording fee or misc. service fees	100 77183	180 00
Sales Tax	90101 9020	6 00
<b>TOTAL PAID</b>		<b>856 00</b>

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>JUANITA NETTIE SASSO</b>		SEX <b>Female</b>	DATE OF BIRTH <b>March 28, 1916</b>	DATE OF DEATH <b>Dec. 18, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Henry Middleton - Brother 19 - 26th Street San Diego, CA 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 24 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Reginald L. Pannas, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 26 1985</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Reginald L. Pannas</i>	(ENTER DATE)

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5614



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

~~10/24/81~~ Church of G.S. Date 12/24/81

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

of Tina Roman age 18  
in a Top Seal Church Vault/Chapel Funeral, date, time Fri-10:30 12/27  
Church, Chapel, Graveside Ch. of G.S.; Red. Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 78 Grave 5 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund .....	<u>595.00</u>
Additional spaces and care fund .....	<u>none</u>
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container <u>Top Sealed Vault</u> .....	<u>175.00</u>
Handling Fees .....	<u>170.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>10.50</u>
Total Due .....	<u>1305.50</u>

Paid receipt number \_\_\_\_\_ Balance due \_\_\_\_\_

*Be in there Am  
Stepen  
Assurance Claim  
30 days*

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

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

Signature of recorded holder of deed \_\_\_\_\_

\* TOM ROMAN  
Signature 3200 ARVILLE 2B  
Address L.V. NV. 89102  
City 702 362 7850 Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 5615  
PY-693 (REV. 8-88)

Invoice # 040054  
Acct. # 016158

# NOTE-STRAIGHT

\$ 1305<sup>00</sup> San Diego, California, December 26, 1985

-30- days after date, for value received, the undersigned maker(s) promise(s) to pay

Mt. Hope Cemetery or San Diego City Treasurer

Thirteen Hundred and five dollars and <sup>00</sup>/<sub>100</sub> or order  
at 3751 Market St., San Diego, CA 92102

The sum of \_\_\_\_\_ DOLLARS

with interest from January 30, 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 [Signature]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
BURIAL—TRANSIT PERMIT**

LOCAL FILE NUMBER		DECEASED—NAME				DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1		First <b>Tina</b>		Middle <b>Marie</b>		Last <b>ROMAN</b>		2	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not altar, give street and number)				INSIDE CITY LIMITS (Specify Yes or No)		3c. If Hosp. or Inst. indicate DOA, OP/Emur, etc. (Specify)	
3b.		3c.				3d.		3e.	
4a. <b>White</b>		4b. <b>American</b>		5a. <b>18</b>		5b. <b>18</b>		6. <b>Sept. 8, 1967</b>	
7. <b>Female</b>		8. <b>California</b>		9. <b>U.S.A.</b>		10. <b>Never married</b>		11. <b>Surviving spouse (if wife, give maiden name)</b>	
12. <b>033-25-5204</b>		14a. <b>Student</b>				14b. <b>High school</b>		12. <b>No</b>	
10a. <b>Nevada</b>		16b. <b>Clark</b>		15c. <b>Las Vegas</b>		15d. <b>3200 S. Arville</b>		15a. <b>Yes</b>	
16a. <b>Thomas Joseph</b>		16c. <b>Roman</b>		17. <b>Shirley Christina</b>		17. <b>England</b>			
18a. <b>Thomas J. Roman</b>				18b. <b>3200 So. Arville Las Vegas, Nevada 89102</b>					
19a. <b>Removal</b>		19b. <b>Greenwood Mortuary</b>				19c. <b>San Diego Calif.</b>			
20a. <b>[Signature]</b>		20b. <b>925 Las Vegas Blvd. No. Las Vegas, Nevada</b>							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.					22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.				
21b. <b>[Signature and Title]</b>					22b. <b>[Signature and Title]</b>				
21c. <b>[Date Signed]</b>					22c. <b>[Date Signed]</b>				
21d. <b>[Name of Attending Physician]</b>					22d. <b>[Pronounced Dead]</b>				
21e. <b>[Name and Address of Certifier]</b>					22e. <b>[Pronounced Dead]</b>				
23. REGISTRAR		24a. <b>[Signature]</b>				24b. <b>12-23-65</b>		24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	

**AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION**  
Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signatures of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

Signature of person in charge of the cemetery or crematory

(Name of Cemetery or Crematory)

Date

**No 54532**

E5615



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>TINA MARIE ROMAN</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>9/8/67</b>	DATE OF DEATH <b>12/21/85</b>
PLACE OF DEATH—CITY OR TOWN <b>LAS VEGAS</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>NEVADA</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>THOMAS J. ROMAN, FATHER 3200 SOUTH ARVILLE LAS VEGAS, NV 89102</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>PINKHAM-MITCHELL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-1178</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>MOUNT HOPE CEMETERY, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>	
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	<p style="font-size: small;">This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 26 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		<b>DEC 27 1985</b> (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.

E5615



GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
040054	02/07/86	016158	TOM RONAN						07/10/86	CK	1207	1,305.50	1,305.50	0.00
				100	072		77161		000072			320.00		
				100	072		77162		000072			175.00		
				100	072		77163		000072			205.00		
				100	072		77164		000072			476.00		
				60101			9020					10.50		
				67007			77164					119.00		

E-5615

*MT  
Dope*

PAID IN FULL

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12/26/85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Consuelo Evans (Hallada, Frank) of Bell View in a Bell View Vault/Liner Funeral, date, time 2:30 PM. 12/27/85 Church, Chapel, Graveside Chapel #85; Open - Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 76 Grave 9 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund See Frank Hallada Jr.

Additional spaces and care fund none

~~Casket~~ & Setup 320<sup>00</sup>

Burial Container Bell View 100<sup>00</sup>

Handling Fees 145<sup>00</sup>

~~Flowers~~ Flowers 700<sup>00</sup>

Recording and Filing fee 35<sup>00</sup>

Sales taxes 6<sup>00</sup>

Total Due 1306<sup>00</sup>

paid receipt number 32978 1306<sup>00</sup>

Balance due 0

**PAID**  
DEC 28 1985  
HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.

*owner of lot*

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature S. L. Loo  
Address 3685 MISSION BLVD  
SAN DIEGO CA 92109  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone 619-488-3334

Work Order # E 5616  
PY-503 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY 005519  
 284-3151

No 32978

Date: 12/26, 1985

From: Selerino Saldaña Address: 3685 Mission Blvd - Rm 92109

Trustee Funeral Home no 70 Dollars (\$) 1306<sup>00</sup>

In full Payment of Interment Fee + Grave Exp for Consuelo Evans  
and re-entment of Frank Saldaña dec

Lot 76 Grave 9 Row 2 Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5616

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

16-453124854  
 AC-212 (Rev. 8-85)

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

CITY AUDITOR  
 DEC 30 1985

*[Signature]*

CREDIT	67007		
20% Sales Tax	77184		
50% Sales of Lots	100		
	77184		
Openings & Service Charges	100	320	00
	77181		
Burial Containers	100	100	00
	77182		
Recording fees or misc. service fees	100	880	00
	77183		
Sales Tax	60101	6	00
	8020		
TOTAL PAID		1306	00

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Consuelo MMN AKA Gallardo Evans</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 22, 1921</b>	DATE OF DEATH <b>Dec. 25, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Saferino Gallardo - Nephew 3691 Mission Blvd. San Diego, CA 92109</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Cypress View/Bonham Brothers</b>		CALIFORNIA LICENSE NUMBER <b>670</b>		

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 <b>Mount Hope Cemetery, 3751 Market St., San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 27 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 27 1985</b> <small>(NEWER DATE)</small>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramos, M.D.</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

*Upgrade*

Date 12/26/85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Re - Blanche Martin

in a \_\_\_\_\_ Vault/Linear \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; Hampshire Mortuary.

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

✓ Lot 140 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund Upgrade Burial \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container Container to 75.00

Handling Fees Concrete Top Seal 40.50

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes 4.50

Total Due 120.00

Paid receipt number 32983 120.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 5617

Invoice # \_\_\_\_\_

Acct. # 015702

OFFICIAL RECEIPT



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

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

No 32983

Date: 12-26-85

From: Earl Streedland Address: 146 E. Millard St. - 92010

In One hundred twenty and 00/100 Dollars (\$ 120<sup>00</sup>)

Payment of upgrade Concrete Vault

Lot 140 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 5617  
 Unpaid Balance after this Payment 0

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

CITY AUDITOR  
 DEC 30 1985

ISSUED BY [Signature]

Pre-Need  At Need  On Acct   
 Ck  Cash   
1014  
 AC-212 (Rev. 8-85)

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		<u>75 00</u>
Recording fees or misc. service fees	100		
	77183		<u>40 50</u>
Sales Tax	80101		
	9020		<u>4 50</u>
TOTAL PAID			<u>120 00</u>



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12/26/85

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

of Mabel Alice Warner <sup>wife</sup>

in a ~~Full Vault Double Crypt~~ <sup>Funeral</sup> date, time 230PM - 12/30

Church, Chapel, Graveside Chapel + S; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot <u>116</u> Grave <u>5</u> Row _____ Section <u>1</u> Division/Block <u>12</u>		
Grave space & Care Fund	<del>395.00</del>	<del>395.00</del>
Additional spaces and care fund	<del>320.00</del>	<del>320.00</del>
Opening/Closing & Setup	<del>330.00</del>	<del>330.00</del>
Burial Container <u>Double Crypt</u>	<del>320.00</del>	<del>320.00</del>
Handling Fees	<del>30.00</del>	<del>30.00</del>
Flower vases - Marker setting fee	<del>19.80</del>	<del>19.80</del>
Recording and filing fee	<del>149.90</del>	<del>149.90</del>
Sales taxes	<del>1105.50</del>	<del>1105.50</del>
<b>Total Due</b>	<b>3298.50</b>	<b>1105.50</b>
Balance due	<u>0</u>	<u>0</u>

**PAID**  
DEC 30 1985  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.  
Paid to order

*See attached note*

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

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

Signature of recorded holder of deed \_\_\_\_\_

Thomas L. Killingsworth  
Signature  
5274 Valmar Terrace  
Address  
S.D. 92114  
State  
264-2208  
Telephone

Work Order # **E 5618**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

To Mt. Hope.

December 27, 1985

You are to change my order  
E-5618 for interment of  
Mabel Warner to single  
depth and sealed Concrete Vault  
at a total cost of  
\$1105.50

This is my final order -  
This will be paid by  
January 30, 1986.

~~Richard L. Killingsworth~~

DEC 30 1985

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

116-5-1-12

E5618

as per final order



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>MABLE ALICE WARNER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>8/15/24</b>	DATE OF DEATH <b>12/24/85</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Thomas Lee Killingsworth-Brother 5274 Valma Terrace San Diego, California 92114</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St.: San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 30 1985</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramos, M.D. MM</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ <b>DEC 30 1985</b> (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**  
 284-3181

No 32985

Date: 12-30, 1985

From: Marita Hillingsworth Address: 113-19 34th Av. Community 14 11-6  
Woman needed for and 50/100 Dollars (\$ 1105<sup>50</sup>)  
 In Full Payment of Mabel Alice Warner Service

Lot 116 Grave 5 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-561RUnpaid Balance after this Payment 0Pre-Need  At Need  On Acct Ck  Cash 

AC-212 (Rev. 8-86)

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

CITY AUDITOR  
 JAN 07 1986

ISSUED BY D. D. King

CREDIT	67007	
20% Sales Tax	77194	<u>79.00</u>
80% Sales of Lots	100 77184	<u>316.00</u>
Openings & Service Charges	100 77181	<u>320.00</u>
Burial Containers	100 77182	<u>175.00</u>
Recording fees or misc. service fees	100 77183	<u>225.00</u>
Sales Tax	80101 8030	<u>10.50</u>
TOTAL PAID		<u>1105.50</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/26/81

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

of Walter Edwin Bunker Sr.

in a Double Crypt Funeral, date, time THURS 1/2/86 10 AM

Church, Chapel, Seaside; Swiss Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 16

Lot — Grave 3 Row 16 Section 8 Division/Block 7

Grave space & Care Fund .....	<u>595.00</u>
Additional spaces and care fund .....	<u>—</u>
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container <u>Double Crypt - Granite -</u> .....	<u>330.00</u>
Handling Fees .....	<u>320.00</u>
Flower vases - Marker setting fee .....	<u>—</u>
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>19.80</u>
Total Due .....	<u>1619.80</u>

30 days open

Paid receipt number \_\_\_\_\_ Balance due \_\_\_\_\_

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

Jaw to be entered in top of Crypt.  
I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Earl Math Perry Bunker  
Signature 7721 Boncroft St  
Address LA 92116  
Phone 381-5027 Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 5619

Invoice # 038575  
Acct. # 015703

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>WALTER EDWIN BUNKER, JR</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>JAN 13, 1908</b>	DATE OF DEATH <b>DEC 27, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Penny Bunker - wife 4721 Bancroft St. San Diego, CA 92116</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BEMBOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY-3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 31 1985</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 2 1986</b> <small>(ENTER DATE)</small>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 01/24/86

DATE: 01/24/86  
 TIME: 205631  
 PAGE: 8

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	URG	ACCT	J/D	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EG	FACILE	AMOUNT APPLIED		
038575	01/06/86	015703	ESSIE MAE BUNKER						01/21/86	CK	1034	1,619.80	1,619.80	0.00
				100	072		77181	000072				320.00		
				100	072		77182	000072				330.00		
				100	072		77183	000072				355.00		
				100	072		77184	000072				119.00		
				60101			9020					19.00		
				67007			77184					476.00		

*E-5619*

NUMBER OF INVOICES PAID 1  
 TOTAL AMOUNT PAID 1,619.80

PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/26/85

*MON*

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

of Alexandre Galchikoff

in a Beldier Vault/Liner Funeral, date, time 10 AM - 12/30

Church, Chapel, Graveside Krameria; Cogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran no

Lot 27 Grave 27 Row 4 Section 3 Division/Block 2

Grave space & Care Fund Pa. med C-7285

Additional spaces and care fund none

Opening/Closing & Setup Pa. med D-3962

Burial Container PAID

Handling Fees DEC 30 1985

Flower vases - Marker setting fee 35.00

Recording and filing fee 35.00

Sales taxes Family in via phone Cogers Monday need Earth Spade MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF. Total Due 35.00

Paid/receipt number 32988 35.00

Balance due 0

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

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

Signature of recorded holder of deed \_\_\_\_\_

Kay Drago sp 27  
Signature 750 E Carson Blvd  
Address Carson Ca 90745  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
213-830-9126  
Telephone \_\_\_\_\_

Work Order # E 5620  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ALEXANDRA M. PALCHIKOFF</b>		SEX <b>Female</b>	DATE OF BIRTH <b>April 15, 1898</b>	DATE OF DEATH <b>Dec. 25, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Francisco</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Francisco</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Alexandra M. Palchikoff (Sel 1550 Fell Street San Francisco, Ca. 94117</b>		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Duggan's Funeral Service</b>		CALIFORNIA LICENSE NUMBER <b>44</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery - San Diego, Ca.</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N:A</b>	DATE CREMATED <b>N:A</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N:A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>N:A</b>
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 <b>N:A</b>	COUNTY <b>N:A</b>
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b>N:A</b>
SCIENTIFIC USE		DATE SIGNED <b>N:A</b>
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N:A</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Earl W. ...</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 30 1985</b> (ENTER DATE)	AMOUNT OF FEE PAID <b>\$3.00</b> DATE PERMIT ISSUED <b>12-26-85</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION (ENTER DATE)

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5620

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3161

No 32988

Date: 12 30, 1985

From: Mr. V. Arago Address: 250 E. Carson St Carson Ca

Liberty street and no 1100 Dollars (\$ 35.90)

In good Payment of Alexandre Palanikoff

Lot 37 Grave \_\_\_\_\_ Row 4 Section \_\_\_\_\_ Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5620

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

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

**CITY AUDITOR**  
**JAN 07 1986**

ISSUED BY B. Lang

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	<u>35.00</u>
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>35.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12/30/85

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

of Opaline Singleton  
in a Bell Vault/Line Funeral, date, time Thur. 1/2/86 11:00  
Church, Chapel, Graveside \_\_\_\_\_; Rogdale Mortuary

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

✓ Lot 102 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 250.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

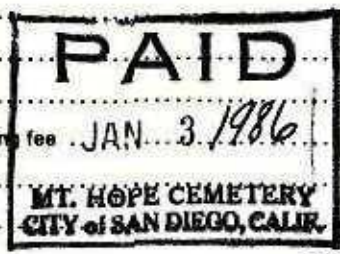
Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee JAN. 3. 1986 .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00



Total Due ..... 856.00

Paid receipt number 33001 ..... 856.00

Balance due 0

Wt select

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

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

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
State \_\_\_\_\_ Zip Code  
\_\_\_\_\_  
Telephone

*Called by  
Marcella*

Work Order # E 5621

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Opaline Yvonne Cole Singleton</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Sept. 22, 1954</b>	DATE OF DEATH <b>Bound</b> <b>Dec. 27, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Martha Cole - Mother</b> <b>242 Old Oak Drive</b> <b>San Diego, CA 92114</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶  DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 31 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald H. ... M.D. CC</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 2 1986</b> (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 33001

Date: 11-13, 1986

From: Anderson-Raspdale Address: 5150 9th Street, San Diego, CA 92112

Eight hundred twenty five and no/100 - Dollars (\$ 856.00 )

In Full Payment of Quillman Singletan service

Lot 112 Grave 9 Row 1 Section 2 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5621

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

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

**CITY AUDITOR**  
 JAN 07 1986

ISSUED BY B. Lane

CREDIT	57007	
20% Sales Tax	77184	50.00
80% Sales of Lots	100	200.00
77184		
Openings & Service Charges	100	300.00
77181		
Burial Containers	100	150.00
77182		
Recording fee or misc. service fees	100	156.00
77183		
Sales Tax	80101	10.00
8020		
<b>TOTAL PAID</b>		<b>856.00</b>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 12-30-85

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

of Philip Selin & 01/2/86

in a \_\_\_\_\_ Vault/Liner Funeral, date, time Upon Arrival

Church, Chapel, Graveside \_\_\_\_\_; Merkeley Mortuary.

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

Lot 201 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division/Block 8

Grave space & Care Fund ..... 215.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 105.00

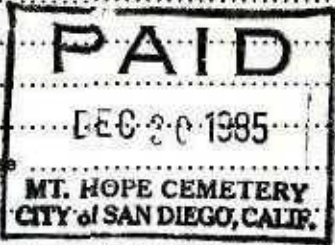
Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes .....



Total Due ..... 355.00

Paid receipt number 32989 355.00

Balance due 0

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

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

Francine Selin  
Signature  
1234 Camino Del Rio  
Address

Signature of recorded holder of dead 6309 Cominda State Calif Zip Code 92111

Salado Telephone 277-3046

Work Order # E 5622

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 32989

From: Francis Selman Address: 6309 Camino Colorado, La Jolla, Calif.  
 Date: 12-30, 1955  
 In cash Payment of Philip Selman, invoice Dollars (\$ 355.00)

Lot 201 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division Block 1

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 5602  
 Unpaid Balance after this Payment \_\_\_\_\_

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-55)

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

CITY AUDITOR  
 JAN 07 1956

ISSUED BY B. J. [Signature]

CREDIT	\$7007	
20% Sales Tax	77184	4300
80% Sales of Lots	100	17500
77184		
Openings & Service Charges	100	16500
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	3500
77183		
Sales Tax	80101	
8020		
TOTAL PAID	\$	355.00

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>PHILIP AARON GELIN</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>5/29/08</b>	DATE OF DEATH <b>12/25/85</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>FRANCINE GELIN, WIFE 6309 CAMINITO SALADO SAN DIEGO, CA 92111</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>MERKELY-MITCHELL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT 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 <b>GREENWOOD CREMATORY, SAN DIEGO, CA</b>	DATE CREMATED <b>DEC 27 1985</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Robert Garcia</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>MOUNT HOPE CEMETERY, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 26 1985</b> <b>JAN 2 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Ramos, M.D.</i>
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.

E5622



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PA CASE #12350

Date 12/4/30/81

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

of Edward SERRANO 12-31-85

in a County Plot Funeral, date, time 10AM-12-31-85

Church, Chapel, Graveside PINKHAM-MITCHELL Mortuary.

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

Lot 19 Grave 13-14-15 Row Section 3 Division/Block 7

Grave space & Care Fund ~~XXXXXX~~ 55 145 30

Additional spaces and care fund

Opening/Closing & Setup 90.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

Total Due 145.00

Paid receipt number

Balance due

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

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

Signature of recorded holder of deed MARK @ P.A. OFC.

Signature County

Address

State Zip Code

Telephone

Invoice # 038572

Acct. # 000952

Work Order # E 5623 PY-583 (REV. 8-85)

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>EDWARD DANIEL SERRANO</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>MAY 12, 1955</b>	DATE OF DEATH <b>DEC 26, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>CHULA VISTA</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>EVELYN SERRANO, MOTHER 1214 13TH STREET IMPERIAL BEACH, CA 92032</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>PINKHAM-MITCHELL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-1178</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>MOUNT HOPE CENETERY, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 30 1985</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>DEC 31 1985</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. ...</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5623



OFFICIAL RECEIPT



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

3/10/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33167

Date: 03-06, 1986

From: County of SD Address: 5281-A Kullin Rd 7010

Line number city use and no/100 Dollars (\$ 145.00 )

In full Payment of St. Michael's Memorial Service  
Case # 12350

Lot 19 Grave 1374-15 Row \_\_\_\_\_ Section 3 Division Block 7

Invoice No. 038572

Acct. No. 000952

W.O. E-5603

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. Dang

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		<u>145.10</u>

ACR02U PSWD: BY: BIL ACCOUNT: 000952 INVOICE DATA ENTRY INVOICE: 038572 INV DATE: 01 06 86 PG 1

NAME: COUNTY OF SAN DIEGO  
1) PUBLIC ADMINISTRATOR  
3)

2) 5201-A RUFFIN RD  
4)

CITY: SAN DIEGO ST: CA ZIP: 92123 COUNTRY: ---  
DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 264 3151  
REFER NO: E-5623 DAYS DUE: 030 INV TYPE: GE TYPE CHG: --- NOTICES: Y  
TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: --- ACCRUAL CODE: ---  
TIME PAYM CODE: --- STD DESC CODE: --- INVOICE TOTAL: 145.00

EDWARD SERRANO SERVICE

CASE #12350

LOT 19, GR 13, 14, 15, SEC 3-7  
OPENING/CLOSING

55.00  
90.00

**PAID**  
MAR 6 1986  
MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.

LATE CHARGE #1 - DAYS DUE: --- TOTAL DUE AMOUNT: 145.00 AND/OR PCT CODE: ---  
#2

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

E5623



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-31-85

*Proceed for*  
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of Beatrice M. Grant

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_  
Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

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

✓ Lot 105 Grave 6 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 595<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup ..... *See F-547*

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

**PAID**  
FEB 24 1986  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 595<sup>00</sup>

Paid receipt number 32992 95<sup>00</sup>

Balance due 500<sup>00</sup>  
*(over)*

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

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

Signature of recorded holder of deed

*Delores Neil*  
Signature  
Address 5706 Balmerial AVE.  
San Diego CA 92114  
City State Zip Code  
Telephone 262-2310 OR 262-9317

Work Order # **E 5624**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

2-19-86 - 33117

500<sup>00</sup>  
20<sup>00</sup>  

---

480<sup>00</sup>

See  
Work Order  
~~5~~

E-5747

2/24/86



OFFICIAL RECEIPT



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

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

No 33117

Date: 02-19, 1986

From: Dolores Hill Address: 5906 Palmarval Dr. San Diego 92114

In: [unclear] Payment of: [unclear] Dollars (\$ 20.00)

Payment of: [unclear]

Lot 105 Grave 6 Row Section 5 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5624

Unpaid Balance after this Payment \$480.00

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

FEB 21 1986 1986

ISSUED BY B. King

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	50	100
Openings & Service Charges	77181		
Buffer Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	8030		
TOTAL PAID	\$	20	00

## OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 32992

Date: 12-31, 1975

From: Colores Hill Address: 5916 Calaveras Dr. La Ca 92114In: part Payment of: Special gas & electric m. partDollars (\$ 95.00 )Lot 115 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5624Unpaid Balance after this Payment \$560.00Pre-Need  At Need  On Acct Ck  Cash 

AC-212 (Rev. 8-86)

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

CITY AUDITOR  
 JAN 07 1986

ISSUED BY B. J. [Signature]

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>95.00</u>
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>95.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-31-85

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

of Bella Bratton  
in a Bell Funeral, date, time Jan 13/86 9-10 Am  
Church, Chapel, Graveside Del. Only; Pae Beach Mortuary.

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

Lot 14 Grave 9 Row \_\_\_\_\_ Section 7 Division/Block 5

Grave space & Care Fund Preneed

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

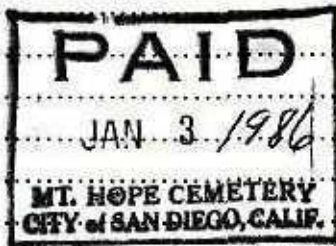
Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 6.00

Sales taxes \_\_\_\_\_



Total Due 606.00

Paid receipt number 32999 606.00

Balance due 0

Called by  
D. Trudesheim  
of P.B.M.

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

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

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone# \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5625

## OFFICIAL RECEIPT



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

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

No 32999

Date: 01-13, 19 86

From: MB & PB Mortuary Address: 4710 Mission St. San Diego 92109  
Six hundred six and no/100 Dollars (\$ 606<sup>00</sup>)  
 In cash Payment of Delta Cation services

Lot 14 Grave 9 Row \_\_\_\_\_ Section 7 Division Block 5

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-5635Unpaid Balance after this Payment 0Pre-Need  At Need  On Acct Ck  Cash 

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CITY AUDITOR  
 JAN 07 1986

ISSUED BY B. Lang

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Loss	100		
	77184		
Openings & Service Charges	100	<u>200</u>	<u>00</u>
	77181		
Burial Containers	100	<u>100</u>	<u>00</u>
	77182		
Recording fees or misc. service fees	100	<u>180</u>	<u>00</u>
	77183		
Sales Tax	80101	<u>60</u>	<u>00</u>
	8020		
TOTAL PAID	0	<u>606</u>	<u>00</u>



Mt. Hope Cemetery  
~~EL CAMINO MEMORIAL PARK~~

# INTERMENT ORDER

No. \_\_\_\_\_

Dated Dec. 30, 1985

You are hereby authorized and instructed, subject to your rules and regulations, to inter the \_\_\_\_\_ remains of

Della M. Bratton

in Grave 9 Lot 14 Section 7, Division 5

Niche \_\_\_\_\_

Crypt \_\_\_\_\_

Relation to Owner \_\_\_\_\_ Notation \_\_\_\_\_

I/we hereby certify that I am/we are the \_\_\_\_\_ of the above-named decedent and this is your authority to make disposition of the remains of said decedent as above indicated. I/we hereby certify and represent that I/we have the right to make this authorization, and I/we agree to hold El Camino Memorial Park harmless from any liability on account of said authorization and interment.

I/we hereby certify that I am/we are the owner of the said grave, crypt or niche, and hereby authorize the above interment.

Relative's Name X/M Bratton - SON

Address 2410 BACON ST

SAN DIEGO, CA

92107

(Grave, Crypt or Niche Owner must sign here if not a relative)

E5625

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Della M. Bratton</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct. 15, 1897</b>	DATE OF DEATH <b>Dec. 27, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Self Pre-Need</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Pacific Beach Mortuary</b>			CALIFORNIA LICENSE NUMBER <b>815</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT)       5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)       8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
2. CREMATION AND BURIAL (INCLUDES INURNMENT)       6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY       7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE       9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetry -3751 Market St. San Diego, Ca</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 31 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____		<b>JAN 3 1986</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
		(ENTER DATE)		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 12-31-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jeanette Bozeman

in a Cash Vault Funeral, date, time Mon 1/6/86 11:30

Church, Chapel, Graveside ~~Funeral Home~~ Family Mortuary.

Set up 3 chairs  
All funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 27 Grave 2 Row \_\_\_\_\_ Section 5 Division/Block 5

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 105.00

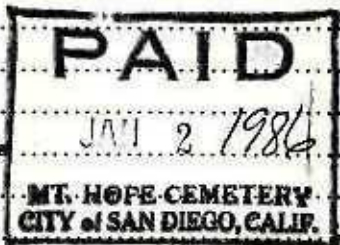
Burial Container ..... 40.00

Handling Fees ..... 60.00

Flower vases - Marker setting fee ..... 35.00

Recording and filing fee ..... 2.40

Sales taxes ..... 2.40



Total Due ..... 242.40

Paid receipt number 32994 242.40

Balance due 0

Belbaa  
Crematory

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Donna Tarwid  
Signature  
455 NICKMAN ST  
Address  
Chula Vista Cal 92011  
State  
427-7841 Zip Code  
Telephone

Signature of recorded holder of deed

Called by  
Marlene Lee

Work Order # E 5626

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 284-3151

No 32994

Date: 01-02, 19 86

From: Donna Farwood Address: 455 Hickman - O.V. Ca. 92011  
Two adult party two and 40/100 Dollars (\$ 242.40 )

In cash Payment of Gravestone & grave maintenance

Lot 27 Grave 27 Row 2 Section 5 Division Block 5

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5626Unpaid Balance after this Payment 0Pre-Need  At Need  On Acct Ck  Cash 

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR  
 JAN 07 1986

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charge	100		
	77181		105 00
Burial Containers	100		
	77182		40 00
Recording fees or misc. service fees	100		
	77183		95 00
Sales Tax	80101		
	8020		2 40
TOTAL PAID			242 40




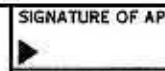

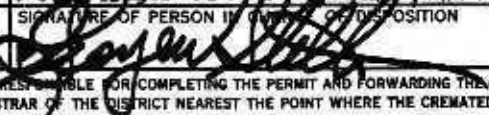
# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Jeannette Margaret Bozeman</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Apr. 8, 1924</b>	DATE OF DEATH <b>Dec. 31, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Donna Tarwid, Daughter 455 Nickman St. Chula Vista, CA 92011</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Balboa Cremation Services</b>		CALIFORNIA LICENSE NUMBER <b>1370</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		COUNTY	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneda, Inc.; El Cajon, CA</b>	DATE CREMATED <b>1/2/86</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, San Diego, CA</b>		COUNTY <b>San Diego</b>	
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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT  DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>DEC 31 1985</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 6 1986</b> (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.**

MT. HOPE CEMETERY

# INTERMENT ORDER

City of San Diego

Date 12-31-85

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Will H. Blackman III  
in a Bell Vault/Urns Funeral, date, time Fri 1/3/86 11 AM  
Church, Chapel, Graveside Rapide Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 138 Grave 7 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 1101.00

Paid receipt number 32993 200.-

Balance due 901.00

30 Day Note

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Opal Blackman  
Signature  
629 SICARD ST  
Address  
SO CA 92113  
State  
235 4473  
Telephone

Work Order # E 5627

Invoice # 038576  
Acct. # 015704



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3161

No 32993

Date: 12-31- 1985

From: Paul Blackman Address: 529 Board St. Ca 92113

not printed and \$1100 Dollars (\$ 1100 )

In mt Payment of Will of Paul Blackman III Service

Lot 138 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5627

Unpaid Balance after this Payment \$901.00

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**  
**JAN 07 1986**

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>200.00</u>	
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	80101		
	8020		
TOTAL PAID		<u>\$1100</u>	<u>00</u>

received 30 days

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Will Nathaniel Blackman, III</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Aug. 26, 1963</b>	DATE OF DEATH <b>Dec. 27, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>Los Angeles</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Los Angeles</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Opal Blackman - Mother 529 Sicard St. San Diego, CA 92113</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St. : San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 02 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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

5/15/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 33347

Date: 5/8/86, 19

From: Opal Blackman Address: PO 82312 - S.D. - 92138  
Opal Hendel Fifty  
 In Part Payment of Balance Due Will Blackman Dea Dollars (\$ 150<sup>00</sup>)

Lot 128 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. 038576  
 Acct. No. \_\_\_\_\_  
 W.O. E-5627  
 Unpaid Balance after this Payment 751<sup>00</sup>

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

1986

ISSUED BY Loay

CREDIT	67007	
20% Sales Cars	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	\$	<u>150<sup>00</sup></u>

Pre-Need  At Need  On Acct   
 Ck  Cash

ACR02U PSWD: BY: ALL INVOICE DATA ENTRY ACCOUNT: 015704 INV DATE: 01 06 86 PG 1

NAME: [REDACTED] 1) 529 SICARD ST 2) 3) CITY: SAN DIEGO ST: CA ZIP: 92113 COUNTRY: [REDACTED]

DEPT: 072 CONTACT: BARBARA LANG PHONE: 619 284 3151  
REFER NO: E-5627 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: 901.00

DESCRIPTION OF CHARGE	AMOUNT
WILL N. BLACKMAN, III SERVICES	
LOT 128 BK 7 SEC 2 DIV 12	495.00
OPENING/CLOSING	320.00
BURIAL CONTAINER	100.00
HANDLING FEE	145.00
TAX ON CONTAINER	6.00
RECORDING FEE	35.00
LESS PAYMENT R-32993	200.00

LATE CHARGE #1 - DAYS DUE: TOTAL DUE AMOUNT: AND/OR PAY CODE:  
#2  
THE INVOICE HAS BEEN ADDED. HIT PAI AND ADD THE ACCOUNTING DATA.

901.00  
 150.00  
 5/8 33347 751.00  
 6-3-86 750.00  
 33420

1.00

8/8/86 written off by Treasurer's  
Will accept if payment comes in



SAN DIEGO  
CITY TREAS.  
CITY TREAS.  
SAN DIEGO  
JUN 05 1986  
PAID 112

9456500/65/86	750.00	INVS
00/65/86 9456 5	750.00-	CH
00/65/86 9456 5	.00	BA

E5627

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 33420

From: Opal Blackman Address: PO Box 82312 Date: 6/3/86, 1986  
529 Lincoln St - 1/2 D. 92113  
~~Several hundred and fifty dollars~~ Dollars (\$ 750<sup>00</sup>)  
 In part Payment of Will of Blackman III service

Lot 128 Grave 7 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. 038576  
 Acct. No. 0157034  
 W.O. E-5627  
 Unpaid Balance after this Payment \$100

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

1986

ISSUED BY

*[Signature]*

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		<u>750<sup>00</sup></u>

Pre-Need  At Need  On Acct.   
 Ck  Cash

748



036576 01/06/86 015734 OPAL SLACKMAN

100 C72  
100 C72  
100 C72  
100 C72  
60101  
67307

77181 000072  
77182 000072  
77183 000072  
77184 000072  
9020  
77184

05/13/86 CR 723

150.00  
53.27  
16.65  
29.97  
32.63  
1.00  
16.46

901.00 751.00  
PARTIAL PAYMENT

Opal Blackma

PO. 82312

AD 92138



Will N. Blackman

762-8167

527 S. 46th



CITY OF SAN DIEGO, CALIFORNIA

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

**GENERAL INVOICE  
LATE NOTICE**

MAKE REMITTANCE PAYABLE TO CITY TREASURER,  
P.O. BOX 2289  
SAN DIEGO, CALIFORNIA 92112  
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

DPAL BLACKMAN  
~~529 SIGARD ST~~  
SAN DIEGO

*PO Box 82312*  
~~CA~~  
*92138*

ACCT NO  
015 704

**TREASURERS USE ONLY**

PAYMENT DATE \_\_\_\_\_

BY: CA CK IF

PAYMENT REF NO \_\_\_\_\_

AMT PAID: *\$150.00*

INVOICE DATE  
01/06/86

PAYMENT DUE  
02/05/86

PERIOD COVERED  
DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
BARBARA LANG REF NO: E-5627  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 264 3151

**DESCRIPTION OF CHARGES**

**AMOUNT**

WILL N. BLACKMAN, III SERVICES	
LOT 128 GR 7 SEC 2 DIV 12	495.00
OPENING/CLOSING	320.00
BURIAL CONTAINER	100.00
HANDLING FEE	145.00
TAX ON CONTAINER	6.00
RECORDING FEE	35.00
LESS PAYMENT R-32993	200.00-
PAYMENTS RECEIVED TO DATE	
REMAINING TOTAL DUE	901.00

THIS IS YOUR SECOND LATE NOTICE ON THIS INVOICE.  
IF YOUR PAYMENT IS NOT RECEIVED WITHIN 5 DAYS  
FURTHER ACTION WILL BE TAKEN.

*Balance*  
*\$1.00*



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 01/02/1986

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of \_\_\_\_\_

in a \_\_\_\_\_ Vault/Line Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

~~Flower vase~~ Marker setting fee for December 1985 ..... \$ 385.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due ..... \$ 385.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

Clemens Granite Co.

Signature  
10527 Prospect Ave.

Address  
Santee, CA 92071

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 038580

Acct. # 006490

Work Order # **E 5628**

PV-593 (REV. 8-85)

(over)

RESALE # F-91479

12/3/1985	-	2 x 1B	\$135.00	Nuzzo Mathilda H.
12/9/1985	-	2 x 1	125.00	West, Ward L.
12/16/1985	-	2 x 1	<u>125.00</u>	Hubbard, Alvin L.
			\$385.00	



E5628

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 02/18/86

DATE: 02/18/86  
TIME: 220603  
PAGE: 5

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 SY BN/EG	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
038580	01/06/86	006490	CLEMENS GRANITE COMPANY 100 072	77183	000072	02/13/86	CK	13311	385.00 385.00	385.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 385.00

*E-5628*

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

2/18/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

No 33103

Date: Feb 13, 1986

From: Clemen Granite Address: 115-7 Airport - San Diego, Ca. 92111

Three hundred eighty five and no/100 Dollars (\$ 385.00 )

In full Payment of monument installed for Dec. 1985

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 038580

Acct. No. 006490

W.O. E-5628

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.  
 1986  
 ISSUED BY B. [Signature]

CREDIT	67007	
20% Sales Com	77184	
50% Sales of Lots	100 77184	
Opening & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	<u>315.00</u>
Sales Tax	60101 9020	
TOTAL PAID		<u>315.00</u>



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 01/02/1986

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of \_\_\_\_\_

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

~~Funeral home~~ Marker setting fee December 1985 ..... \$125.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due ..... \$125.00

Paid receipt number \_\_\_\_\_

12/18/1985 2x1 \$125. Balance due \_\_\_\_\_

Crittenden, Thomas T.

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

Seaman-Poe Monument Co.

Signature  
3893 Imperial Ave.

Address  
San Diego, CA 92113

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

RESALE # F-40258

Invoice # 038581

Acct. # 000253

Work Order # E 5629

ES629

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 01/31/86

DATE: 01/31/86  
TIME: 210832  
PAGE: 9

DEPARTMENT 072      PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT URG	ACCT	J/O	PAYM DATE GWER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
038581	01/06/86	000253	SEAMAN/POE MONUMENT CO 100 072	77183	000072	01/30/86	CK	6375	125.00 125.00	125.00	0.00 PAID IN FULL
NUMBER OF INVOICES PAID			1								
TOTAL AMOUNT PAID			125.00								



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

1/31/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33062

Date: 01-30, 1986

From: Seaman-Pac Man Address: 3893 Imperial St. Ca. 92113

One hundred twenty five and 00/100 — Dollars (\$ 125.00 )

In cash Payment of marker install for Dec. 1985

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 038581  
 Acct. No. 100553  
 W.O. E-5629  
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

1986

ISSUED BY B. Lang

CREDIT	87007	
20% Sales Care	77184	
50% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	9030	
TOTAL PAID	\$	<u>125.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 01/02/1986

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of \_\_\_\_\_

in a \_\_\_\_\_ Vault/Linear Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

~~Flowers~~ Marker setting fee December 1985 ..... \$535.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due ..... \$535.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

Conti & Son Monument

Signature P.O. Box 94

Address San Diego, CA 92112

Date \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 038582

Acct. # -- 004821

Work Order # E 5630

PY-593 (REV. 8-86)

(Over)



E 5630

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 01/17/86

DATE: 01/17/86  
TIME: 221926  
PAGE: 12

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/O	PAYM DATE OPER	PD BY BN/EG	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
036582	01/06/86	004821	CONTI AND SON MEMORIAL CO 100 072	77183	000072	01/15/86	CK	5312	535.00 535.00	535.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 535.00

E-5630

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

01/17/86 E5630

No 33029

Date: 01-15, 1986

From: Conti & Sons Address: P.O. Box 94 - San Diego 92111

Two hundred thirty one and 00/100 Dollars (\$ 331.00)

In cash Payment of Mount Hope Cemetery Installation Fee

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 1-8570

Acct. No. 119821

W.O. E-5630

Unpaid Balance after this Payment 0

Pra-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY E. Wang

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or mic. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>535.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-02-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Lee Gullylove in a Bell Funeral, date, time Jan 1986 1:00 Church, Chapel, Gravesite Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 31 Grave 1 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 595.00

Additional spaces and care fund ..... 320.00

Opening/Closing & Setup ..... 100.00

Burial Container ..... 145.00

Handling Fees ..... 35.00

Flower vases - Marker setting fee ..... 6.00

Recording and filing fee ..... 1201.00

Sales taxes ..... 6.00

Total Due ..... 1201.00

Paid receipt number 33004 1201.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Kevin Gullylove  
Signature  
647 N. 42nd STREET  
Address  
CA 92102  
City State Zip Code  
619-263-3994  
Telephone

Work Order # E 5631

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

## Resale # FH-25603192

12/19/85	\$125.00	2 x 1	- Sweet, Garland W.
"	125.00	"	- Baird, Cecile M.
"	125.00	"	- Durham, Leatha
12/31/85	<u>160.00</u>	" Fdn	- Kubo, Arthur T.
	\$ 535.00		



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

E 5631  
 No 33004

Date: 01-13, 1986

From: Regina Fullerton Address: 147 N. 4th St. La 92102

In full Payment of Richardson Fullerton Dollars (\$ 1251.00 )

Lot 31 Grave 1 Row 1 Section 1 Division 1 Block 1

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5631

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**JAN 07 1986**

ISSUED BY B. Lane

CREDIT	57007	
20% Sales Care	77184	119.00
80% Sales of Lots	100 77184	476.00
Openings & Service Charges	100 77181	326.00
Burial Containers	100 77182	100.00
Recording fees or misc. service fees	100 77183	140.00
Sales Tax	80101 8020	60.00
TOTAL PAID		\$ 1251.00

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Richard Lee Pullylove, Sr.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Apr. 18, 1934</b>	DATE OF DEATH <b>Jan. 1, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Es Mesa</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Joyce Pullylove-Ex-Wife 647 North 82nd Street San Diego, California 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

**XXX** BURIAL (INCLUDES ENTOMBMENT)

2. CREMATION AND BURIAL (INCLUDES INURNMENT)
3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
4. SCIENTIFIC USE

5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 07 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Campos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>JAN 7 1986</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Joyce Pullylove</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-02-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Class H. Schactmayer  
in a Bell Urn/Chapel Liner Funeral, date, time Mon 1/6/86 1:00  
Church, Chapel, Graveside Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veterans \_\_\_\_\_

Lot 5 Grave 6 Row \_\_\_\_\_ Section 100F Division/Block 24

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 606.00

Called by  
Mike Bill Cypress View

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Telephone

Work Order # E 5632  
PY-683 (REV. 3-85)

Invoice # 039324  
Acct. # 000419

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Clara Hansen Schachtmayer</b>	SEX <b>Female</b>	DATE OF BIRTH <b>June 17, 1885</b>	DATE OF DEATH <b>Jan. 1, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Charlotte Lester - Niece 3606 Lotus Drive San Diego, CA. 92106</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Cypress View/Bonham Brothers</b>		CALIFORNIA LICENSE NUMBER <b>670</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 
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 <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT 
		DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 03 1986</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 6 1986</b> <small>(ENTER DATE)</small>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 5632

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 02/05/86

DATE: 02/05/86  
TIME: 224314  
PAGE: 11

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
039324	01/16/86	000419	CYPRESS VIEW MORTUARY	100	072		77181	000072	01/31/86	CK	074316	606.00	606.00	0.00
				100	072		77182	000072				320.00		PAID IN FULL
				100	072		77183	000072				100.00		
				60101			9020					180.00		
												6.00		

E-5632

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-02-86

*Preneed Services*  
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joy Elsie Simpson

in a Ash Vault Funeral, date, time N/A

Church, Chapel, Graveside N/A Telephese Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 60 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 100F Division/Block 34

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 105.00

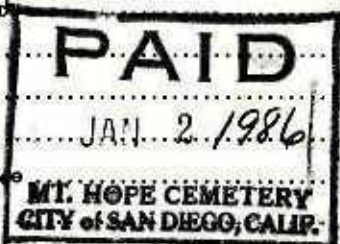
Burial Container ..... 40.00

Handling Fees ..... 60.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 2.40



Total Due ..... 242.40

Paid receipt number 32996 242.40

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5633**  
PY-583 (REV. 6-86)



6816 Dennison St.  
San Diego, CA 92122  
(619) 452-0475  
Dec. 30, 1985

Mt. Hope Cemetery  
3751 Market St.  
San Diego, CA 92102

Attn: Barbara

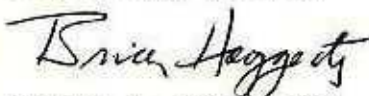
Dear Barbara:

Enclosed is a check made out to Mt. Hope Cemetery in the amount of \$242.40 to cover charges for the burial of cremains of my mother-in-law, Elsie Simpson, in the same plot in which her husband, Robert S. Simpson, was buried (Lot 60, Block 34, I.O.O.F. section). Arrangements have been made, at Mrs. Simpson's request, for the Telophase Society of San Diego to deliver the cremains to Mt. Hope for burial.

I appreciate the opportunity to make the arrangements in advance. Although Mt. Hope currently does not anticipate any charge increases, be assured that I will take care of any additional costs for opening and closing, the ash vault and the recording fee that occur in the meantime.

Please call if you have any questions. Otherwise I shall look forward to receiving a receipt in the mail.

Sincerely yours,



Brian A. Haggerty

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

**E 5633**  
**No 32996**

Date: 01-03, 1986

From: Anthony G. Harcourt Address: 10816 Denverside St. La Jolla  
Woodbury Rd. St. Louis 40100 — Dollars (\$ 242.40 )

In full Payment of final balance for Ash  
cremation services (not guaranteed)

Lot 60 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 100F Division Block 34

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5633

Unpaid Balance after this Payment X

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**JAN 07 1986**

ISSUED BY L. Name

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Less	100		
	77184		
Openings & Service Charges	100	115	100
	77181		
Burial Containers	100	40	100
	77182		
Recording fee or misc. service fees	100	95	00
	77183		
Sales Tax	80101	2	40
	8020		
TOTAL PAID		242	40



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-03-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth J. Kenet  
in a Bell Vault/Urns Funeral, date, time Mon 1/6/86 3 PM  
Church, Chapel, Graveside Direct Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 3086 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup .....

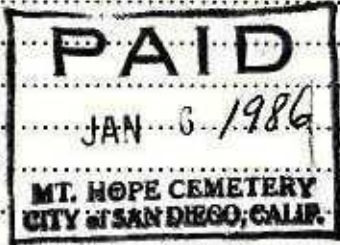
Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Seles taxes .....



Total Due ..... 35.00

Paid receipt number 33005 35.00

Balance due 0

*Called by  
Wm. Kenet.*

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Wm. H.  
Signature  
6042 Dehesa Rd  
Address  
El Cajon 92021  
City  
445-2505  
Telephone  
Zip Code

Work Order # E 5634  
PV-563 (REV. 8-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 33005

Date: 1-6, 1986

From: Wm H Kenet Address: 6042 Demme Rd El 92021

In full Payment of Resident + Interment - (Wm Kenet - Dec) Dollars (\$ 3.086)

Lot 3086 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-5634

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-88)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

*COPIED*  
**CITY AUDITOR**  
**JAN 10 1986**  
 ISSUED BY Loyce

CREDIT	87007	
30% Sales Tax	77184	
30% Sales of Lots	100	
	77184	
Coverings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	<u>35.00</u>
	77183	
Sales Tax	80101	
	8020	
<b>TOTAL PAID</b>	\$	<u>35.00</u>



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>RUTH MARTHA KENET</b>		SEX <b>Female</b>	DATE OF BIRTH <b>02-13-1900</b>	DATE OF DEATH <b>January 02, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>William H. Kenet (Husband) 6042 Dehesa Road El Cajon, CA 92021</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery San Diego, Ca.</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b></b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>	COUNTY <b></b>
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 <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b></b>
SCIENTIFIC USE		DATE SIGNED <b></b>
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	AMOUNT OF FEE PAID <b>\$3.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	DATE PERMIT ISSUED <b>JAN 06 1986</b>
I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramos, M.D.</b>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Geoyul Park</b>
		(ENTER DATE) <b>JAN 6 1986</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-03-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Robert Edward White ~~of~~ <sup>1100</sup>

in a \_\_\_\_\_ Vault/Liner Funeral, date, time TUES. 1/3/86 11:00

Church, Chapel, Graveside \_\_\_\_\_ : Jervis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_ (Own 6)

Lot 43 Grave 6 Row \_\_\_\_\_ Section 1 Division/Block Bk 3

Grave space & Care Fund ..... \$215.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 105.00

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... \_\_\_\_\_

Total Due ..... \$355.00

Paid receipt number 33000 355.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Robert E. White  
Signature of recorded holder of deed

Robert E. White  
Signature  
3002 21st  
Address  
S.A. 92104  
State  
619-2811741 Telephone  
Zip Code

Work Order # E 5635  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

**E 5635**  
**No 33000**

Date: 01-03, 1986

From: Jan C. White Address: 3101 - 5th St, San Diego 92104

Placed monument for my wife and her mother Dollars (\$ 55.00 )

in will Payment of Robert Edward White, Jr.

Lot 43 Grave 6 Row 6 Section 1 Division 3 Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5635

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**  
**JAN 07 1986**

ISSUED BY B. Brown

CREDIT	67007	
20% Sales Tax	77184	<u>43.00</u>
80% Sales of Lots	100 77184	<u>172.60</u>
Openings & Service Charges	100 77181	<u>105.00</u>
Serial Containers	100 77182	
Recording fees or misc. service fees	100 77183	<u>35.00</u>
Sales Tax	60101 6020	
<b>TOTAL PAID</b>		<u>55.00</u>



# PERMIT FOR DISPOSITION OF HUMAN REMAINS #54123

Lewis Col/Banbo

NAME OF DECEDENT <b>ROBERT EDWARD WHITE</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>Oct 9, 1908</b>	DATE OF DEATH <b>Dec 31, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>JEAN C. WHITE - wife 3002 - 31st St. San Diego, Ca 92104</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BENBOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Cypress View Crematory—San Diego, CA</b>	DATE CREMATED <b>1/3/86</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>
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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 2 1986</b>
CERTIFICATION OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 7 1986</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
			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.**



**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 01-06-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Paul E. Cook  
in a Bell Funeral, date, time Tues '87 10:30  
~~Graveside~~ Graveside Berge-Robt Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 43 Grave 6 Row \_\_\_\_\_ Section MAS Division/Block 0

Grave space & Care Fund	<b>PAID</b> JAN 7 1986 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	<u>Preneed</u>
Additional spaces and care fund		<u>320.00</u>
Opening/Closing & Setup		<u>100.00</u>
Burial Container		<u>145.00</u>
Handling Fees		<u>35.00</u>
Flower vases - Marker setting fee		<u>6.00</u>
Recording and filing fee		<u>74.00</u>
Sales taxes	<u>606.00</u>	
<b>Total Due</b>		<u>606.00</u>
Paid receipt number <u>33009</u>		<u>0</u>
<b>Balance due</b>		<u>0</u>

*Will bring check & sign order day of service*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5636**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 5636  
 No 33009

Date: 01-17, 1986

From: Genevieve Cook Address: 930 "C" Ave, N.C. Ca. 92050  
My husband in and no \$100 Dollars (\$ 606.00)  
 In cash Payment of Paul & Cook Service

Lot 43 Grave 6 Row 1 Section M Division 0

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5636  
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.  
**CITY AUDITOR**  
 JAN 10 1986  
 ISSUED BY B. Yang

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>320.00</u>
	77181	
Burial Containers	100	<u>100.00</u>
	77182	
Recording fees or misc. service fees	100	<u>186.00</u>
	77183	
Sales Tax	80101	<u>60.00</u>
	80200	
TOTAL PAID		<u>606.00</u>



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>PAUL EDWARD COOK</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Sept. 26, 1907</b>	DATE OF DEATH <b>Jan. 3, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Pre-Wood Records 607 Mt'l City Blvd. National City, Ca. 92050</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Bergs-Roberts Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-284</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT
			DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>JAN 06 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	<b>JAN 7 1986</b> (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.

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 01-06-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace O Jacobs  9 Am in a Ash Vault Funeral, date, time Thurs '19 ~~1985~~ Church, Chapel, Graveside Quaveride; Greenwood Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 1020 Grave 2 Row \_\_\_\_\_ Section 4 Division/Block 7

Grave space & Care Fund	<b>PAID</b> JAN 8 1986 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	<u>Preneed</u>
Additional spaces and care fund		_____
Opening/Closing & Setup		<u>105.00</u>
Burial Container		<u>40.00</u>
Handling Fees		<u>60.00</u>
Flower vases - Marker setting		_____
Recording and filing fee		<u>35.00</u>
Sales taxes	<u>2.40</u>	
<b>Total Due</b>		<u>242.40</u>
<b>Family to pay + sign day of service</b>	<b>Paid receipt number</b>	<u>33014</u> <u>242.40</u>
	<b>Balance due</b>	<u>0</u>

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.  
\_\_\_\_\_  
Signature of recorded holder of deed

Carrie Paronowski  
Signature  
368 Anita #82  
Address  
Chula Vista 92011  
State  
420-9597 Zip Code  
Telephone

Called by waet

Work Order # E 5637  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 33014

Date: Jan 9 1986

From: Viola R. Heck Address: Anthony Iowa 51004

extended forty two d<sup>40</sup>/<sub>100</sub> Dollars (\$ 242<sup>40</sup>/<sub>100</sub>)

In full Payment of Instrument of Louis Jacobs

2014

Lot 120 Grave 2 Row \_\_\_\_\_ Section 4 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5637

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  
 JAN 10 1986

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	105 00
	77181	
Burial Containers	100	40 00
	77182	
Recording fees or misc. service fees	100	95 00
	77183	
Sales Tax	80101	2 40
	9020	
TOTAL PAID		\$ 242 40



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Grace Ocle Jacobs</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Sept. 24, 1897</b>	DATE OF DEATH <b>Jan. 4, 1986</b>	
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Carrie Baranowski-Daughter</b>		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>	368 Anita, #82 <b>Chula Vista, California 92011</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Greenwood Crematory 1-805 &amp; Imperial Avenue, San Diego, CA</b>	DATE CREMATED <b>JAN 8 1986</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Robert Garcia</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>
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 <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 07 1986</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Arnold E. Rinaldi, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 9 1986</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Loyce Stoller</i>

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

*Catholic Burial*



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

"John" Date 1-6-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dwayne L. Matthews @

in a Crematorium Vault Funeral, date, time TUES 1-7-86 - 2:00 P.M.

Church, Chapel, Graveside Graveside; Mathell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 327 Grave Head under marker Row \_\_\_\_\_ Section 5 Division/Block 10

Grave space & Care Fund ..... 215.00

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 108.60

Burial Container ..... Ash Crematorium Vault 42.00

Handling Fees ..... 60.00

Flower vases - Marker setting fee ..... -

Recording and filing fee ..... -

Sales taxes ..... 12.40

**PAID**  
JAN 7 1986  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.  
paid receipt number 3010

426.00  
426.00

*metall  
Bring Ch.*

Balance due 0

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Signature of recorded holder of deed  
Mrs E.S. Matthews owner  
1621 Hotel Side - S.  
S.D. 92108  
E 5638

Work Order # E 5638

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3161

No 33010

Date: Jan 7, 1986

From: Merkley-Mitchell Address: 3655 - 5th Ave - SD - 92103

Four Hundred Twenty Six and 00/100 Dollars (\$ 426.00)

In full Payment of Interment of Remains of Dwayne Louis Keldner

Lot 327 Grave      Row      Section      Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5638

Unpaid Balance after this Payment \_\_\_\_\_

Pre-Need  At Need  On Acct

Ck 3702 Cash

AC-212 (Rev. 9-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**CITY AUDITOR**  
 JAN 10 1986

*[Signature]*

ISSUED BY \_\_\_\_\_

CREDIT	67007		
20% Sales Tax	77184	43	00
80% Sales of Lots	100 77184	172	00
Openings & Service Charges	100 77181	108	60
Burial Containers	100 77182	40	60
Recording fees or misc. service fees	100 77183	60	00
Sales Tax	80101 8020	102	40
<b>TOTAL PAID</b>		<b>426</b>	<b>00</b>



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Dwayne Lewis Kohr</b>		SEX <b>Male</b>	DATE OF BIRTH <b>April 7, 1903</b>	DATE OF DEATH <b>Found 12-26-85</b>
PLACE OF DEATH—CITY OR TOWN <b>Los Angeles</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Los Angeles</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mrs. Imogene Matthews 1621 Hotel Circle South San Diego, CA 92108</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Merkley-Mitchell Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-119</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT 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 <b>Greenwood Crematory San Diego, CA</b>	DATE CREMATED <b>JAN 6 1986</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>Robert Garcia</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery San Diego, CA</b>		COUNTY <b>San Diego</b>
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 <b>\$5.60</b>	DATE PERMIT ISSUED <b>JAN 06 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Cannon, M.D.</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
		<b>JAN 7 1986</b> (ENTER DATE)	

**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

*extra Remains in Vault*



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-06-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Elmo Smith

in a ~~Funeral Home~~ Funeral date, time 1-9-Thu 2:30 PM  
Bellmore Church, Chapel, Graveside Shawville; Cypress Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 263 Grave 2 Row \_\_\_\_\_ Section 5 Division/Block 2

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 100.00 175.00

Handling Fees ..... 145.00 175.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 606.00

Called by  
Jerry Bill Cypress view

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 039325

Acct. # 000419

Work Order # E 5639



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Elmo C. Smith</b>	SEX <b>Male</b>	DATE OF BIRTH <b>April 12, 1888</b>	DATE OF DEATH <b>Jan. 4, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Virginia L. Davidson - Niece 1135 Washington Heights Place El Cajon, CA. 92020</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Cypress View/Bonham Brothers</b>		CALIFORNIA LICENSE NUMBER <b>670</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA. 92102</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 08 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 9 1986</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Ramos, M.D.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

039325 01/16/86 000419 CYPRESS VIEW MORTUARY

*E-5639*

100 072  
100 072  
100 072  
60101

77181 000072  
77182 000072  
77183 000072  
9020

01/31/86 CK 074316

606.00  
320.00  
100.00  
180.00  
6.00

606.00 PAID IN FULL 0.00

NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 1,212.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Muslim Service*

Date *01-03-86*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of *Wm. Lee Bryson, Jr / Salahuddin Ahmad*

in a \_\_\_\_\_ Vault/Liner Funeral, date, time *Fri 01/03/86 2:30*

Church, Chapel, Graveside \_\_\_\_\_ : *Ragdale* Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

*67A* Grave *1* Row \_\_\_\_\_ Section *Muslim* Division/Block \_\_\_\_\_

Grave space & Care Fund ..... *Preneed*

Additional spaces and care fund ..... *350.00*

Opening/Closing & Setup ..... *350.00*

Burial Container ..... *350.00*

Handling Fees ..... *350.00*

Flower vases - Marker setting fee ..... *350.00*

Recording and filing fee ..... *350.00*

Sales taxes ..... *350.00*

Total Due ..... *350.00*

*Bill Muslim Assn.*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # **E 5640**

Invoice # *039323*  
Acct. # *015935*

Muslim Org.

PO Box 261058

AD Ca 921 26

attn Mr. Ayod



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>William Lee Bryson, Jr.</b>	SEX <b>Male</b>	DATE OF BIRTH <b>August 5, 1928</b>	DATE OF DEATH <b>Dec. 31, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Verdelle Bryson - Wife 650 So. Detroit St. #304 San Diego, California 90036</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3851 Market St.; San Diego, California</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>	COUNTY <b>N/A</b>
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 <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <b>[Signature]</b>
		DATE SIGNED <b>[Date]</b>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	DATE PERMIT ISSUED <b>JAN 03 1986</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 5640

039323 01/16/86 015935 MUSLIM ORGANIZATION  
100 072 *Act. Home* 77181 000072 03/20/86 CK 105

*E-5640*

350.00  
350.00

350.00

0.00  
PAID IN FULL



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

NO 37874

Date: \_\_\_\_\_, 19

From: Vendelle Durant Address: P.O. Box 191269, Los Angeles CA

Dollars (\$ 135.00 ) <sup>70019</sup>

In \_\_\_\_\_ Payment of market value of plot

Lot 67 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1111 Division 1111 Block \_\_\_\_\_

CITY AUDITOR

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5640  
 BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	60101	
	76390	
TOTAL PAID	\$	<u>135.00</u>

1399

JUN 02 1989

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-06-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lillian Roberts  
in a Bell Funeral, date, time Wed 1/8/86 9 AM  
~~Church, Chapel, Graveside~~ Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 53 Grave 9 Row \_\_\_\_\_ Section 3 Division/~~Block~~ 5

Grave space & Care Fund ..... Preneed  
Additional spaces and care fund .....  
Opening/Closing & Setup ..... 320.00  
Burial Container ..... 100.00  
Handling Fees ..... 145.00  
Flower vases - Marker setting fee .....  
Recording and filing fee ..... 35.00  
Sales taxes ..... 6.00

**PAID**  
JAN 7 1986  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 606.00  
Paid receipt number 33007 ..... 606.00  
Balance due ..... 0

Called by  
Pat Russell

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Patricia Russell  
Signature of recorded holder of deed

Patricia Russell  
Signature  
1223 Adobe Lane  
Address  
San Diego, Calif 92021  
State Zip Code  
448-1020  
Telephone

Work Order # E 5641  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 33007

Date: 01-07, 1986

From: Terrence B. [unclear] Address: 1513 [unclear] [unclear]  
by [unclear] and [unclear] - Dollars (\$ 606.00)  
 In cash Payment of 2 [unclear] [unclear] [unclear]

Lot 53 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 5

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5641  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

**CITY AUDITOR**  
**JAN 10 1986**

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	<u>300.00</u>	
	77181		
Burial Containers	100	<u>100.00</u>	
	77182		
Recording fees or misc. service fees	100	<u>100.00</u>	
	77183		
Sales Tax	80101	<u>600.00</u>	
	8020		
TOTAL PAID	\$	<u>606.00</u>	

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Lillian Olson Roberts</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Apr 19, 1906</b>	PLACE OF DEATH <b>Found</b> <b>Jan 3, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Patricia A. Russell—Daughter</b> <b>1225 Adobe Lane</b> <b>El Cajon, California 92021</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

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 <b>Mt. Hope Cemetery, 3751 Market Street, San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>			
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶  DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 06 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>JAN 8 1986</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Joseph Stalter</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

*AS*



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan 6 - 1986

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Connie Conner  
in a Double Crypt Vault/Li Funeral, date, time Wed - 1-8 - 11 AM  
Church, Chapel, Graveside Chapel : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 1312 Grave      Row      Section      Division/Block 10

Grave space & Care Fund .....	<u>595.00</u>
Additional spaces and care fund .....	<u>    </u>
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container <u>Double Crypt -</u> .....	<u>330.00</u>
Handling Fees .....	<u>320.00</u>
Flower vases - Marker setting fee .....	<u>    </u>
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>19.80</u>
Total Due .....	<u>1619.80</u>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Euphrosina Green  
Signature 2410 - 56th St  
Address S.D. 92105  
City San Diego Zip Code  
264-9455  
Telephone

Work Order # E 5642

Invoice # 039316  
Acct. # 015930

# NOTE—STRAIGHT

\$ 1619<sup>80</sup>  
-30- San Diego, California, Jan 6- 1986  
days after date, for value received, the undersigned maker(s) promise(s) to pay

Mt. Hope Cemetery or San Diego City Treasurer

\_\_\_\_\_ or order  
at 3751 Market St., San Diego, CA 92102

the sum of Sixteen Hundred nineteen and 00/100 DOLLARS.

with interest from FEB 7, 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 Euphrosina Green

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>CONNIE LEE CONNER</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Dec. 15, 1907</b>	DATE OF DEATH <b>Jan. 4, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Euphrasine Green - Daughter 2410 55th St. San Diego, CA 92105</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT: CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
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 <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE		DATE SIGNED
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	AMOUNT OF FEE PAID <b>\$3.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	DATE PERMIT ISSUED <b>JAN 7 1986</b>
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D.M.M.</i>
	(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 33049

Date: 01-22, 1986

From: Superior Lawn Address: 2410-55th St A.P.A. 9-105  
Eight hundred nineteen and 80/100 = Dollars (\$ 1619.80)  
 In full Payment of Concealment Service

Lot 1312 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. 129216  
 Acct. No. 1159-20  
 W.O. E-5642  
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

1986

CREDIT	67007	
20% Sales Care	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	
	9220	
<b>TOTAL PAID</b>		\$ <u>1619.80</u>

Pre-Need  At Need  On Acct   
 Ck  Cash

ISSUED BY B. Tang



E 5642

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 01/27/86

DATE: 01/27/86  
TIME: 220508  
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
039316	01/16/86	015930	EUPHROZINE GREEN			01/23/86	CK	2387	1,619.80	1,619.80	0.00
			100 072	77181		000072			320.00		
			100 072	77182		000072			330.00		
			100 072	77183		000072			355.00		
			100 072	77184		000072			476.00		
			60101	9020					19.80		
			67007	77184					119.00		
NUMBER OF INVOICES PAID					1						
TOTAL AMOUNT PAID					1,619.80						

E-5642

PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-07-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Cleo Blake  
in a Bell Wood/Liner Funeral, date, time Jan 7/10/86 11 AM  
Church, Chapel, Graveside ; Bagdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 70 Grave 8 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund .....	<u>495<sup>00</sup></u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container .....	<u>100<sup>00</sup></u>
Handling Fees .....	<u>145<sup>00</sup></u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales taxes .....	<u>6<sup>00</sup></u>
Total Due .....	<u>1101<sup>00</sup></u>
Paid receipt number <u>33008</u>	<u>500<sup>00</sup></u>
Balance due	<u>601<sup>00</sup></u>

*30 day note*

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed.  
Joetta Nathan  
Signature of recorded holder of deed

Joetta Nathan  
Signature  
11413 S. Cedar # C  
Address  
Dawthorne, CA 90250  
City  
(313) 671-7663  
Telephone  
(619) 282-0167  
Telephone  
Invoice # 039321  
Acct. # 015934

Work Order # E 5643  
PV-603 (REV. 8-86)



77181 - 3.15 -

77182 1.00

77183 1.80

60101-9020      6  
-----  
601

**NOTE—STRAIGHT**

\$ 601<sup>00</sup> San Diego, California, January 10, 19 86  
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 Six hundred one and no/100 DOLLARS.

with interest from February 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 Golden Nathan

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 264-3151

E 5643  
 No 33008

Date: 11-07, 1986

From: Netta Nathan Address: 11413 S. Cedar St. San Diego, CA 92154  
Three hundred and no/100 Dollars (\$ 300.00)

In cash Payment of Plot Stake Service

Lot 76 Grave 1 Row 1 Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5643

Unpaid Balance after this Payment \$601.00

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  
 JAN 10 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>99.00</u>
80% Sales of Lots	100 77184	<u>396.00</u>
Openings & Service Charge	100 77181	<u>5.00</u>
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 8020	
TOTAL PAID		<u>\$500.00</u>

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Cleo Blake</b>	SEX <b>Female</b>	DATE OF BIRTH <b>May 26, 1922</b>	DATE OF DEATH <b>Jan 6, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Inglewood</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Los Angeles</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Joetta Nathan (daughter) 11413 So. Cedar Avenue Apt C Hawthorne, California 90250</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragadale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	

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 <b>Mt Hope Cemetery 3751 Market St., San Diego, California</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <i>[Signature]</i>	DATE CREMATED <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <i>[Signature]</i>	COUNTY <i>[Signature]</i>
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 <i>[Signature]</i>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <i>[Signature]</i>
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 <b>3.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 7 1986</b> <b>JAN 10 1986</b> (ENTER DATE)	DATE PERMIT ISSUED <b>JAN 7 1986</b>
		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS WERE UTILIZED FOR SCIENTIFIC USE.



E 5643

039321 01/16/86 015934

JOETTA NATHAN

100 072  
100 072  
100 072  
60101

77181 000072 02/04/86 CK 3126  
77182 000072  
77183 000072  
9020

601.00  
315.00  
100.00  
180.00  
6.00

001.00

PAID IN FULL 0.0

NUMBER OF INVOICES PAID  
TOTAL AMOUNT PAID

3  
1,702.00

E-5643

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-07-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Wayna Stroud

in a Bell Funeral, date, time Thurs 1/9/86 1:30

Church, Chapel, Graveside Pac. Bk Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran (DIP)

Lot 9 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 12

Grave space & Care Fund 1st burial Pre need

Additional spaces and care fund 1979

Opening/Closing & Setup \_\_\_\_\_

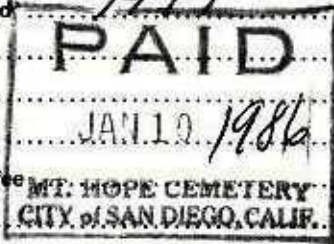
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



*Called by  
Dorothy*

Total Due 3500  
Paid receipt number 33016 3500  
Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 5644

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



*Mt. Hope Cemetery*  
~~EL CAMINO MEMORIAL PARK~~

# INTERMENT ORDER

No. \_\_\_\_\_  
Dated *Jan. 7*, 19*86*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the \_\_\_\_\_ remains of

*Wayma Allison Stroud*

in Grave *8* Lot *9* Lawn *Section 3, Div. 12*  
Niche \_\_\_\_\_

Crypt \_\_\_\_\_  
Relation to Owner *granddaughter* Notation \_\_\_\_\_

I/we hereby certify that I am/we are the \_\_\_\_\_ of the above-named decedent and this is your authority to make disposition of the remains of said decedent as above indicated. I/we hereby certify and represent that I/we have the right to make this authorization, and I/we agree to hold El Camino Memorial Park harmless from any liability on account of said authorization and interment.

I/we hereby certify that I am/we are the owner of the said grave, crypt or niche, and hereby authorize the above interment.

Relative's Name *X Patricia P. Root*  
Address *X 3013 Capps St.*  
*San Diego CA 92104*

(Grave, Crypt or Niche Owner must sign here if not a relative)

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

E5644

No 33016

Date: 11-10, 1986

From: Mount Hope Cemetery Address: 4710 Park St, San Diego 92109

Twenty five and no/100 Dollars (\$ 25.00 )

In full Payment of Wreath Striped Service

Lot 9 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E5644

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**  
**JAN 15 1986**

ISSUED BY B. O'Neil

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	<u>25.00</u>
Sales Tax	80101	
	8020	
<b>TOTAL PAID</b>		<u>25.00</u>



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Wayna Allison Stroud</b>		SEX <b>Male</b>	DATE OF BIRTH <b>FOUND</b> DATE OF DEATH <b>Oct. 26, 1903</b>   <b>Jan. 5, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Patricia Root -gr. daughter</b> <b>3013 Capps St.</b> <b>San Diego, Ca.</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Pacific Beach Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>815</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery-3751 Market St., San Diego, Ca</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶  DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN - 8 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 9 1986</b> <small>(ENTER DATE)</small>		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald L. ...</i>  SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 01-08-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ellen F. Smith  
 in a 15 Vault Funeral, date, time Fri 1/10/86 10 AM  
 Church, Chapel, Grave side Pinckham Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 38 Grave 12 Row \_\_\_\_\_ Section MAS Division/Block T

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 175.00 ~~100.00~~

Handling Fees ..... 170.00 ~~45.00~~

Flower vases - Marker setting fee .....

Recording and filing fee ..... 35.00

Sales taxes ..... 10.50 ~~1.00~~

Total Due ..... 710.50 ~~606.40~~

Paid receipt number 33018 710.50

Balance due 0

*Called by  
Kevin de  
Pinckham*



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5645**



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33018

Date: 1-10-86, 19\_\_

From: Pinkham Mitchell Address: 808-13th St - Imperial Beach 92032

In full Payment of Interest fee for Ellen F Smith, Second Dollars (\$ 710.50 )

Lot 38 Grave 12 Row \_\_\_\_\_ Section MH8 Division Block T

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E5645

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

4986 + 4988  
 AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 00 JAN 15 1986  
33018  
 [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	320 90
	77181	
Burial Containers	100	175 00
	77182	
Recording fees or misc. service fees	100	205 00
	77183	
Sales Tax	80101	10 50
	8020	
TOTAL PAID		\$ 710 50

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ELLEN FRANCES SMITH</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>NOV 10, 1939</b>	DATE OF DEATH <b>JAN 7, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>CORONADO</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>WAYNE E. SMITH, HUSBAND 1287 15TH STREET SAN DIEGO, CA 92154</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>PINKHAM-MITCHELL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-1178</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>MT HOPE CEMETERY, SAN DIEGO, CA</b>		COUNTY <b>SAN DIEGO</b>
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	<i>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</i>		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 <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 08 1986</b> <b>JAN 1 1986</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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 <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-08-86

*Transfer of Property*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

*of from Elmer J. Schamp to*

*Wayne E. Smith* Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 38 Grave 12 Row \_\_\_\_\_ Section MAS Division/Block T

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

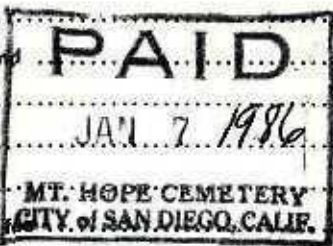
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



Total Due 35.00

Paid receipt number 33011 35.00

Balance due 0

I hereby certify I am the *Power of att* of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

*Elmer J. Schamp*  
Signature

Signature of recorded holder of deed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 5646**

PR-503 (REV. 3-86)

#11243

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 5646  
 No 33011

Date: 1-8-86

From: March Associates Address: 644 Floyd Ave C 17 - 92010

In full Payment of Transfer of Edward Lehman Property to  
Wayne E Smith - One year only

Lot 38 Grave 12 Row \_\_\_\_\_ Section MAS Division Block T

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.D. E-5646

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

# 258

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR  
 JAN 10 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	<u>25 00</u>
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>25 00</u>



August 1, 1984

Warren A. Brekke  
19 Glenmore Rd.  
Pueblo, Colorado, 81001

March Associates  
644 Floyd Avenue  
Chula Vista, Ca., 92010

Sirs:

This is to attest that I am the only living child of  
the marriage of Elmer J. and Ida M. Schamp.

*Warren A. Brekke*  
Warren A. Brekke

# POWER OF ATTORNEY

## SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Warren Brekke, the undersigned (jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint James A. March d.b.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

- (a) To perform and sign in (his/her/their) place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of Cemetery Property described as:

Grave 12  
Lot 38  
Masonic T  
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any time by giving ten days written notice to James A. March, provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 1 day of August, 1984  
Warren A. Brekke

STATE OF ~~CALIFORNIA~~ Colorado }  
COUNTY OF Pueblo } ss.

On this 1 day of August in the year 1984, before me, the undersigned, a Notary Public in and for said State, personally appeared Warren A. Brekke

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name IS subscribed to the within instrument, and acknowledged to me that he executed it.

WITNESS my hand and official seal.  
Christine M. Jones

Notary Public in and for said State  
My Commission expires February 5, 1986  
1816 Yakima Lane  
Pueblo, CO 81001



Mt. Hope Cemetery
The City of San Diego, California
DEED

For and In Consideration of the sum of Seventy no /100 Dollars, receipt whereof is hereby acknowledged, the City of San Diego, through its City Manager, hereby grants to ELMER J SCHAMP

4369 Felton Street
the following described property situate and being in Mt. Hope Cemetery in the City of San Diego, in the County of San Diego, State of California, more particularly described as follows:

Lot Thirtyeight (38) Graves eleven and twelve (11, 12) Masonic T

Space 11 - Cora Belle Schamp - decessed - 8/22/52
according to a map of said cemetery surveyed under the supervision of the City Engineer, San Diego, California

Sp/12 Sold by Transfer 1-8-86
filed in the office of the County Recorder of San Diego County on the day of

and recorded in Book of Maps, Page; to be held for cemetery purposes, subject to the rules and regulations of the Cemetery Division of the Park Department now in force or hereafter to be adopted by said Cemetery Division or by the City Manager of the City of San Diego.

Said lot or parcel of land hereinabove described is granted with the express right in the grantee to perpetual care thereof by and at the expense of the Cemetery Division of The City of San Diego. It is expressly understood, however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, headstone, pavement, vault or other improvement of a like nature that is already, or may hereafter be erected or placed on said lot or plat or parcel of land, but that the said Elmer J. Schamp and his representatives, executors, administrators, heirs and assigns shall at their own expense cause all such repairs to be made when needed and when requested to do so by the Park Director or the City Manager, as the case may be.

If no interment has been made in said lot or parcel of land then the grantee may resell the same subject to the rules and regulations of the Cemetery Division heretofore adopted and now in force, or subject to such rules and regulations which may hereafter be adopted by said Cemetery Division or the City Manager of The City of San Diego; such sales, however, shall be made only with the written consent of the City Manager or the Director of Parks, and upon a re-sale contrary to the provisions of this deed, or the rules and regulations hereinabove mentioned, said lot or parcel of land shall revert to the Cemetery Division of the Park Department of The City of San Diego.

If no interment has been made in said lot or parcel of land, then the same may be disposed of only pursuant to the provisions of the laws of the State of California, and the rules and regulations of the Cemetery Division of the Park Department of The City of San Diego.

In Witness Whereof, The City Manager of The City of San Diego has caused this deed to be executed by the Director of Parks of the said City, this 26th day of September 19 44

Handwritten note: no space left for Bond

THE CITY OF SAN DIEGO,
Park Director.

STATE OF CALIFORNIA, } ss.
County of San Diego,

On this 26th day of September 19 44 before me Percy C. Broell

a Notary Public in and for said County, personally appeared W. Allen Perry known to me to be the Park Director of The City of San Diego, who acknowledged to me that he executed the same. WITNESS my hand and official seal the day and year in this acknowledgment first above written.

Percy C. Broell
Notary Public in and for the County of San Diego, State of California.



July 15, 1998

Warren A. Brekke  
19 Glenmore Rd  
Pueblo, Colorado 81001

Dear Mr. Brekke:

In January 1986, you transferred grave number Lot 38, Grave 12, Section Masonic, Division T to Wayne Smith. (See attached paperwork)  
This grave and grave 11 were originally owned by Elmer Schamp, purchased in 1944. Elmer Schamp interred the remains of Cora Belle Schamp in grave 11, in 1952. At that time he placed an upright monument over grave 11 and grave 12, with both of their names.

When the transfer was done in 1986, for grave 12. The double monument should have been replaced to reflect the one burial.

The family that purchased grave 12 would now like to place a monument on that grave. The double monument will need to be removed. Please contact our office immediately to let us know what you would like to do with the monument removed. I have attached card of monument companies in the area, if you wish to have another monument for Cora Bell Schamp made.

This matter must be taken care of immediately. I can be reached at 619 527-4400.

Thank you for your assistance.

Karyn Baker  
Administrative Aide



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-08-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Joseph A. Gregly  
in a Bell Funeral, date, time Jan 11/86 2:00  
Church, Chapel, Groveside; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 10 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup .....

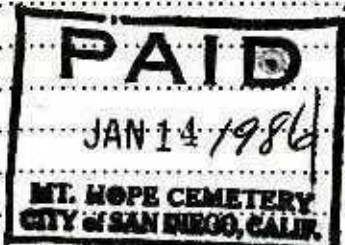
Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....



Total Due ..... 35.00  
Paid receipt number 33027 35.00  
Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
State Zip Code  
\_\_\_\_\_  
Telephone

Work Order # E 5647  
PY-503 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33027

Date: 01-14, 19 76

From: Boggs Mortuary Address: 4094 University Ave. # 92105  
San Diego, CA 92105

In payment of grave A fragility service Dollars (\$ 35.00)

Lot 10 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5647

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 Boggs

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Loss	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fee or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
<b>TOTAL PAID</b>	\$ <u>35.00</u>	



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>JOSEPH ANTHONY FREGLY</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Nov. 2, 1913</b>	DATE OF DEATH <b>Jan. 8, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Teresa Fregly - Wife 3528 Highland Ave. San Diego, CA</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>69</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶  DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>JAN 9 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Ramos, M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 10 1986</b>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	
		(ENTER DATE)		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-08-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ruth H. Reed  
in a Double Crypt Vault/Line Funeral, date, time Fri 1/10/86 12PM  
Church, Chapel, Grave site Lewis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran (DIP)

Lot 5160 Grave Row Section Division/Block 10  
69500

Grave space & Care Fund		<u>69500</u>
Additional spaces and care fund		<del>32000</del>
Opening/Closing & Setup		<u>32000</u>
Burial Container	<u>Double Crypt</u>	<u>33000</u>
Handling Fees	<u>JAN 8 1986</u>	<u>32000</u>
Flower vases - Marker setting fee	<b>MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.</b>	<u>3500</u>
Recording and filing fee		<u>1980</u>
Sales taxes		<u>171980</u>
	Total Due	<u>1719.80</u>
	Paid receipt number <u>33012</u>	<u>1719.80</u>
	Balance due	<u>0</u>

I hereby certify I am the HUSBAND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Paul H. Reed  
Signature  
11302 SEDA PLACE  
Address  
SAN DIEGO, CA 92121  
City  
292-4925  
Telephone Zip Code

Work Order # E 5648

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

E 5648

No 33012

Date: 01-08, 19 86

From: Jane Harashi Address: 5441 Boston Ave #6 A Ca 90631

On Payment, even number nineteen and 80/100 - Dollars (\$ 1719<sup>86</sup>)

In full Payment of Burial & Rest Services  
(Double death Cr. etc)

Lot 5160 Grave 10 Row 1 Section 1 Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5648  
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**CITY AUDITOR**  
 JAN 10 1986  
 ISSUED BY B. J. [Signature]

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

CREDIT	67007	
20% Sales Tax	77194	<u>139.00</u>
80% Sales of Lots	100	<u>556.01</u>
77194		
Openings & Service Charges	100	<u>328.00</u>
77181		
Burial Containers	100	<u>330.00</u>
77182		
Recording fees or misc. service fees	100	<u>355.00</u>
77183		
Sales Tax	80101	<u>19.80</u>
9020		
TOTAL PAID		<u>1719.81</u>

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>RUTH HARUKO REED</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>MARCH 31, 1946</b>	DATE OF DEATH <b>JAN 7, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>PAUL T. REED - husband 11302 Seda Place San Diego, CA 92124</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BENDOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY - 3751 Market St. San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED <b>n/a</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>	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 <b>n/a</b>	
ACKNOWLEDGMENT OF APPLICANT	<p style="font-size: small;">This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT <b>[Signature]</b>
SCIENTIFIC USE		DATE SIGNED
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT AMOUNT OF FEE PAID <b>\$3.00</b> DATE PERMIT ISSUED <b>JAN 10 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 10 1986</b> <small>(ENTER DATE)</small>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan 8 - 1986

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of William Gordon Lerow

in a Top Seal Vault Funeral, date, time Fri - 10 AM - 1-10

Church, Chapel, Graveside Chapel & S. Lewis - Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 2074 Grave      Row      Section      Division/Block 10

Grave space & Care Fund      Pre-Paid     

Additional spaces and care fund      none     

Opening/Closing & Setup      320.00

Burial Container Top Seal Vault 175.00

Handling Fees      170.00

Flower vases - Marker setting fee          

Recording and filing fee      35.00

Sales taxes      10.50

Total Due 710.50

Creditor claim  
Stanley F. Zuehl  
233-1677

Paid receipt number     

Balance due     

I hereby certify I am the Ex of Estate of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signatures of recorded holder of deed

Margaret S. Lerow  
Signature  
449 Louisiana  
Address  
San Diego, CA 92116  
City  
(619) 294-0807  
Telephone  
      
Zip Code

Work Order # E 5649

PY-593 (REV. 9-85)

Invoice # 039320

Acct. # 015933

E5649

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 03/12/86

DATE: 03/12/86  
TIME: 214142  
PAGE: 10

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACIL1	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
039320	01/16/86	015933	ESTATE OF WILLIAM & GERDW		03/06/86	CK	109	710.50	710.50	0.00
			100 072	77181	000072			320.00		
			100 072	77182	000072			175.00		
			100 072	77183	000072			205.00		
			60101	9020				10.50		

E-5649

PAID IN FULL



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>GORDON W. GEROW</b> <b>(aka: WILLIAM GORDON GEROW)</b>	SEX <b>MALE</b>	DATE OF BIRTH <b>MAY 15, 1891</b>	DATE OF DEATH <b>JAN 1, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Stanley Zubei - attorney</b> <b>110 West C St. #805</b> <b>San Diego, CA 92101</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BEMBROUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery/- 3751 Market St. San Diego, CA</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>	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 <b>n/a</b>	
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT ▶
SCIENTIFIC USE		DATE SIGNED
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>	AMOUNT OF FEE PAID <b>\$3.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	DATE PERMIT ISSUED <b>JAN 6 1986</b>
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 10 1986</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald E. Ramos, M.D. M.M.</i>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-08-86

*Preneed lots*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of \_\_\_\_\_

in a \_\_\_\_\_ Vault/Linear \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ 5161 Lot 5162 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund 2 @ \$695 \$1390<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

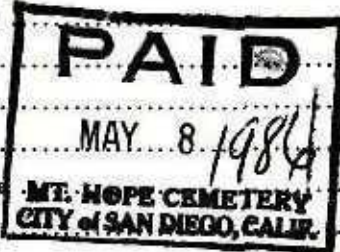
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



Total Due \$1390<sup>00</sup>  
Paid receipt number 33013 250<sup>00</sup>  
Balance due 1140<sup>00</sup>  
33341 1140.00

01-08-86  
05-08-86

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

June Hayashi  
Signature  
15441 BARTON AVE., #6  
Address  
LOS ANGELES, CA 90038  
State  
(213) 467-5045 Zip Code  
Telephone#

Work Order # E 5650  
PY-693 (REV. 9-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

#11268-11269



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33013

Date: 11-08 1986

From: Mrs. Y. A. Yashiki Address: 5441 Canton Ave #6, H. Ln 90031

Three hundred fifty and no/100 Dollars (\$ 350.00)

In Part Payment of fringed lots

Lot 5161 + 5162 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-51650

Unpaid Balance after this Payment \$1140.00

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**  
 JAN 10 1986

ISSUED BY B. Wang

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>250.00</u>
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>250.00</u>

May 6, 1986

Ms. Barbara Lang  
Administrative Aide  
The City of San Diego  
Mount Hope Cemetery  
3751 Market Street  
San Diego, California 92102

Re. Lots 5161 and 5162

Dear Ms. Lang:

Enclosed is a check for \$1,140.00 to cover the  
unpaid balance for the above lots. Thanks for  
your help.

Sincerely,

*June Hayashi*

June Hayashi  
5441 Barton Avenue, Apt. #6  
Los Angeles, California 90038

Enclosure



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33013

From: June Hayashi Address: 5441 Barton Ave #6 L.A. Ca 90032 Date: 01-08  
Two hundred fifty and no/100 Dollars (\$ 250.00)  
 is part Payment of Pruned lots

Lot 5161 + 5162 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 1/2

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5650  
 Unpaid Balance after this Payment \$1140.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

PAID

JUN 8 1986

ISSUED BY B. Lang

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>250.00</u>
Openings & Service Charges	77181	
Burial Containers	100	
Recording fees or misc. service fees	77183	
Sales Tax	80101 8020	
<b>TOTAL PAID</b>		<b>\$ <u>250.00</u></b>

Pre-Need  At Need  On Acct   
 Ck  Cash

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

009919

No 33341

Date: 05-08, 1986

From: June Hayashi Address: 5441 Barton Ave. S.A. Pa. 90038

In full Payment of Delinquent Assessment City and County - Dollars (\$ 1140<sup>00</sup>)

Payment of Delinquent City

Lot 5161 + 5162 Grave Row Section Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-51650

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  
MAY 12 1986

ISSUED BY B. Lang

CREDIT	87007	
20% Sales Tax	77184	278 <sup>00</sup>
80% Sales of Lots	100	862 <sup>00</sup>
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	1140 <sup>00</sup>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-08-86

*Preneed lots*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of \_\_\_\_\_

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 5156 Grave 5157 Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund 2 @ \$695 \$1390.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due \$1390.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

*Post paid sent*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

*[Signature]*  
Address 5436 Del Centro Blvd  
San Diego, Calif. 92120  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone 619-286-0559

Work Order # **E 5651**  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

Kenn  
Brink

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Jan 9 - 86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roberto A. Carrillo

in a Roll Home Vault/Liner Funeral, date, time 1-13-Mon 10 AM

Church, Chapel, Graveside Chapel # 85; Pintham Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 75 Grave 1 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund Pre-head -

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320.00

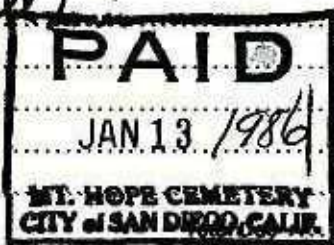
Burial Container Roll Home \_\_\_\_\_ 100.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_ 35.00

Recording and filing fee \_\_\_\_\_ 6.00

Sales taxes \_\_\_\_\_ 606.00



Paid receipt number 33026 606.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot \_\_\_\_\_ hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5652



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3161

E 5652

No 33026

Date: 01-12 1986

From: Genevieve Mitchell Address: 808-15th St San Diego

by number of and no. of Dollars (\$ 606.00)

In check Payment of Funeral Home Service

Lot 75 Grave 111 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.D. E-565

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**  
 JAN 15 1986  
 ISSUED BY B. Lang

CREDIT	57007	
20% Sales Com	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>200.00</u>
	77184	
Burial Containers	100	<u>100.00</u>
	77182	
Recording fees or misc. service fees	100	<u>100.00</u>
	77183	
Sales Tax	60101	<u>10.00</u>
	9020	
<b>TOTAL PAID</b>		<u>606.00</u>

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ROBERTO ANDRADE CARRILLO</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>FEB 16, 1926</b>	DATE OF DEATH <b>JAN 8, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>CHULA VISTA</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>AUREA CARRILLO, WIFE</b> <b>82451 DATE AVENUE, APT 12</b> <b>INDIO, CA <del>92021</del> 92201</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>PINKHAM-MITCHELL MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-1178</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>MOUNT HOPE CEMETERY, SAN DIEGO, CA</b>	COUNTY	<b>SAN DIEGO</b>	
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	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>	SIGNATURE OF APPLICANT ▶		
SCIENTIFIC USE		DATE SIGNED		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 09 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. ...</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	<b>JAN 10 1986</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>	
		(ENTER DATE)		

**COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.**



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Transfer of Property* Date 01-10-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hattie B. Smith to Carrillo,

in a Aurea Carrillo Vault/Liner Funeral date, time Jan 10 1986

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 75 Grave 1 Row \_\_\_\_\_ Section 1 Division Block 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

**PAID**  
JAN 10 1986  
MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF.

35.00

Total Due 35.00

Paid receipt number 33015 35.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

*James Marchal*  
Signature Aurea Carrillo  
Address 82451 Date Ave  
City Indio Zip Code \_\_\_\_\_  
Telephone #12  
Indio, Ca 92201

Work Order # **E 5653**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# POWER OF ATTORNEY

## SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, HATTIE B. Smith  
\_\_\_\_\_, the undersigned  
(jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and  
appoint James A. March d.p.a. March Associates

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for  
principal's use and benefit:

- (a) To perform and sign in (his/her/their) place in all matters  
pertaining to the sale, disposal, use, or to give burial rights  
to any other party or parties to that certain parcel of Cemetery  
Property described as:

Lot 75  
Grave 1,  
Section 1  
Division 8 //  
Mt. Hope Cemetery

This listing and Power of Attorney may be cancelled at any  
time by giving ten days written notice to James A. March,  
provided no sale is in process at that time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act  
and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all  
intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming  
all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 8th day of February, 19 85

X Hattie B. Smith

STATE OF CALIFORNIA

COUNTY OF Siskiyou

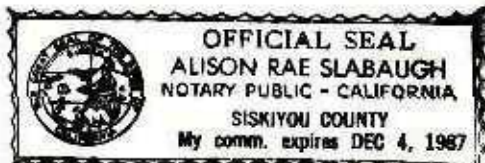
} ss.

On this 8th day of February, in the year 19 85 before me, the undersigned, a Notary Public in  
and for said State, personally appeared Hattie B. Smith

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is \_\_\_\_\_ subscribed  
to the within instrument, and acknowledged to me that She executed it.

WITNESS my hand and official seal.

Alison Rae Slabaugh  
Notary Public in and for said State.







CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

2/23/1973

6668

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Hattie B. Smith for the sum of \$ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 75 Grave 1 Section 1 Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-2742

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

R. W. Dehne  
Cemetery Manager

W. L. MacJordan  
Property Director

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

E 5653

No 33015

Date: 11-10, 1986

From: Marian L. ... Address: 1407 ...  
... Dollars (\$ 35.00 )  
 In ... Payment of ...

Lot 25 Grave 1 Row ... Section 1 Division 11 Block ...

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5653  
 Unpaid Balance after this Payment X

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

**006023, AUDITOR**  
**JAN 15 1986**

ISSUED BY B. ...

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	<u>35.00</u>
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>35.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 01-10-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Zena E. Johnson Erickson  
in a wood Funeral, date, time Tues 1/14/86 2 Pm

Church, Chapel, Graveside \_\_\_\_\_ Mortuary Lewis Rd.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 37 Grave 6 Row \_\_\_\_\_ Section MAS Division/Block T

Grave space & Care Fund \_\_\_\_\_ Preneed

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PAID 100 320.00

Burial Container \_\_\_\_\_ 145 ~~145~~

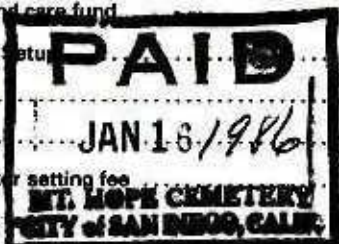
Handling Fees \_\_\_\_\_ 145 ~~145~~

Flower vases - Mark setting fee \_\_\_\_\_

Recording and filing \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 6.00 ~~70.50~~

Called by Don 1/16/86 Total Due 606 ~~500.50~~  
Paid receipt number 33030 606.00  
Balance due 0



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

Don Watson  
Signature \_\_\_\_\_  
Address P.O. Box 8050  
Riverside Ca 92515  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
714-359-5800  
Telephone \_\_\_\_\_

Work Order # E 5654  
PV-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 33030

From: Seventh Day Adventist Date: 01-16, 1986  
So. East 9. Ave. Address: 11330 Piedmont Blvd. Riverside Ca 92505  
Six hundred six and 20/100 Dollars (\$ 606.00)  
 In full Payment of Fina Johnson Jackson

Lot 37 Grave 6 Row \_\_\_\_\_ Section MA Division Block T

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5654  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

NOT VALID FOR PURCHASE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE  
**CITY AUDITOR**  
**JAN 17 1986**  
*[Handwritten signature]*  
 ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	<u>320.00</u>	
	77181		
Burial Containers	100	<u>150.00</u>	
	77182		
Recording fees or misc. service fees	100	<u>180.00</u>	
	77183		
Sales Tax	80101	<u>600.00</u>	
	8020		
TOTAL PAID		<u>606.00</u>	



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ZENA ELIZABETH ERICKSON</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>SEPT 23, 1904</b>	DATE OF DEATH <b>JAN 3, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>ROW WATSON - trustee</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BENBOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>	P.O. Box 8050 <b>Riverside, CA 92515</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery—San Diego, CA (3751 Market St.)</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	<i>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</i>		SIGNATURE OF APPLICANT ▶  DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 7 1986</b>  SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Romero, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 14 1986</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Joey [unclear]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mansoor Abdullah

in a chapel - Funeral, date, time 2 P.M. Mon 1/13  
Vault/Urns So. Ca.

Church, Chapel, Graveside Graveside Mortuary San D. Cemetery & Burial

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran - No - Van Mitchell

To be done later - musliman

Lot 31 - 1 Grave 2 Row 1115 Section 1115 Division/Block

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 350.00

Burial Container ..... Special - Undeveloped 500.00

Handling Fee ..... 50.00

Flower vases - Marker setting fee ..... Date

Recording and filing fee .....

Sales taxes ..... now

Bill Mr. Angel - Total Due ..... 350.00

Paid receipt number .....

Balance due .....

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[Signature]  
Signature  
San A. Salas  
Address

Signature of recorded holder of deed

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 5655

Invoice # 039322

Acct. # 015935



Muslim Org.

PO Box 261058

A.W. Ca 92126

Attn Mr. Azod

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Mansour Abdullah</b>		SEX <b>Male</b>	DATE OF BIRTH <b>April 10, 1908</b>	DATE OF DEATH <b>Jan. 9, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Arnold P. Baynard- Son 11981 Deerfoot Rd. San Diego, CA. 92131</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Southern California Cremation &amp; Burial</b>		CALIFORNIA LICENSE NUMBER <b>F 1357</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 13 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 13 1986</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Arnold P. Baynard</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 TREASURER  
SAN DIEGO

SAN DIEGO  
CITY TREAS.

MAR 21 '86

PAID #13

1649503/21/86	350.00	INVS
1649503/21/86	350.00	INVS
03/21/86 1649 5	700.00-	CH
03/21/86 1649 5	.00	BA

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

E 5655

No. 33203

Date: 3/20/84, 19

From: Muslim Organization Address: P.O. Box 261058 - SD 92126

Seven Hundred and 00/100 Dollars (\$ 700<sup>00</sup>)

In full Payment of 2 - Antecementary fees - Muslim area -

Lot Muslim - A1 + A2 Grave  Row  Section  Division Block

Invoice No. 039322  
039323

Acct. No.

W.O.

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 9-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

1986

ISSUED BY George [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		\$ <u>700<sup>00</sup></u>



E 5655

039322 01/16/86 015935 MUSLIM ORGANIZATION  
E-5655 100 072

*Wtd. Bond*  
77181  
1-100

03/20/86 LK 105  
000072

350.00  
350.00

350.00

0.00  
PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Walter T. Dunn  
in a Ash Vault Funeral, date, time Wed 7:15 AM  
Church, Chapel, Grave/urn Upon Arrival; Requiem Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 28 Grave 3 Row \_\_\_\_\_ Section 4 Division/Block 4

Grave space & Care Fund ..... **PAID** Preneed

Additional spaces and care fund ..... 105.00

Opening/Closing & Setup ..... 100.00

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35.00

Sales taxes ..... 6.00

Total Due ..... 246.00

Paid receipt number 33019 246.00

Balance due 0

Head of grave

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Shirley Jorgensen  
Signature  
100 Alamo St  
Address  
Menlo Park Ca 94025  
City  
415-324-9300  
Telephone

Work Order # E 5656

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



SHIRLEY JORGENSEN  
will call RE:

Disposition of Remains  
OF WALTER DUND

Lot 28 Gr 3 Sec 4 Div 4

Call Neptune for  
Arrangements & Delivery

Quoted

Op	105
Walt	109
Rec	35

---

\*246

JORGENSEN, COSGROVE & SIEGEL  
ATTORNEYS AT LAW  
1100 ALMA STREET  
MENLO PARK, CALIFORNIA 94025  
(415) 324-9300

1-6-86

To: Mt Hope Cemetery  
Re: Walter T. Dunn

I enclose check for \$246<sup>00</sup> re  
above named decedent - Location =  
Lot 28 Grave 3 Sec 4 Div -  
When you receive this please contact  
Neptune & tell them to deliver to you.



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 5656

No 33019

Date: 01-13, 1986

From: Spirey, Gersona Address: 1880 Oak Knoll Lane, Menlo Park  
1000 Piedmont County, CA and no. 100 - 94035  
 Dollars (\$ 246.00 )  
 In full Payment of WALTER T. Spirey Service

Lot 28 Grave 311 Row \_\_\_\_\_ Section 4 Division 4  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.D. E-5656  
 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**  
**JAN 15 1986**

ISSUED BY B. Long

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	115.00
	77181	
Burial Containers	100	100.00
	77182	
Recording fees or misc. service fees	100	25.00
	77183	
Sales Tax	80101	6.00
	8020	
<b>TOTAL PAID</b>		<b>246.00</b>

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Walter Thomas Dunn</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Sept 30, 1887</b>	DATE OF DEATH <b>Dec 29, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Shirley Jorgenson-Executrix 1880 Oak Knoll Ln Menlo Park, Ca 94025</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>NEPTUNE SOCIETY</b>		CALIFORNIA LICENSE NUMBER <b>F-1352</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <p style="text-align: center;">n/a</p>		COUNTY <p style="text-align: center;">n/a</p>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>LENDA INC. EL CAJON, CA</b>	DATE CREMATED <b>1/3/86</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY 	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt Hope Cemetery San Diego, Ca</b>		COUNTY <b>San Diego</b>	
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 <p style="text-align: center;">n/a</p>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <p style="text-align: center;">n/a</p>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>1-2-86</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	
		<b>JAN 15 1986</b>	(ENTER DATE)	

COPY ] 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.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of FANIEL  
Claudia Faniel

in a Bell Liner Vault/Liner Funeral, date, time 1-14 at 2 P.M. TUE

Church, Chapel Graveside Chapel of S.S. Anderson Republic Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran 16

✓ Lot 65 Grave 7 Row \_\_\_\_\_ Section B 2 Division/Block 11

Grave space & Care Fund ..... 300<sup>00</sup>

Additional spaces and care fund ..... None

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... 35<sup>00</sup>

Recording and filing fee ..... 6<sup>00</sup>

Sales taxes ..... 906<sup>00</sup>

Total Due ..... 906<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the Daughter in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Danny J. Faniel  
Signature

3980 60th St #42  
Address

San Diego, CA 92115  
State

287-9655  
Telephone

Zip Code

Telephone

Telephone

Invoice # 039319

Acct. # 015932

Work Order # E 5657

PY-483 (REV. 8-85)

# NOTE—STRAIGHT

\$ 906<sup>00</sup> San Diego, California, January 13, 1986

30 day 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 Six and no/100 DOLLARS.

with interest from Feb 14, 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 see as attorney's fees.

[Signature]

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>CLAUDIA MAE FANIEL</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 7, 1921</b>	DATE OF DEATH <b>Jan. 10, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Bobbie Ray - Daughter</b> <b>3011-38th 38th Street</b> <b>San Diego, California 92105</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JAN 14 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald L. Carras, M.D. C.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>JAN 14 1986</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Ray [Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5657

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 02/20/86

DATE: 02/20/86  
TIME: 22449  
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
039319	01/16/86	015932	MRS. D. FANIEL				02/13/86	CK	1807	906.00	906.00	0.00
			100 072		77181	000072				320.00		
			100 072		77182	000072				100.00		
			100 072		77183	000072				180.00		
			100 072		77184	000072				240.00		
			60101		9020					6.00		
			67007		77184					60.00		

E-5657

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 906.00

PAID IN FULL



Pre need

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Castor Cabottay Torres

in a Bell line Vault/Liner Funeral, date, time

Church, Chapel, Graveside Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW! +2

✓ Lot 94 Grave 2 Row - Section 1 Division/Block 11

Grave space & Care Fund ..... 495<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... \_\_\_\_\_

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... \_\_\_\_\_

Sales taxes ..... \_\_\_\_\_

GI-Refund Possible \$150<sup>00</sup>

See  
**PAID**  
JAN 13 1986  
Total Due  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

495<sup>00</sup>  
495<sup>00</sup>

Paid receipt number 33022 Balance due 0

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_  
Signature James R. Jones  
Address 332 SWEETWOOD ST  
City CALIF. Zip Code 92114  
State 264-1143  
Telephone \_\_\_\_\_

Work Order # E 5658

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

PY-593 (REV. 8-85)

#11233

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E5658

No 33022

Date: 01-13, 1986

From: Concepcion B. Torres Address: 33 1/2 Sweetwood St. San Diego 9-114

Three hundred ninety five and 10/100 Dollars (\$ 495.10)

In full Payment of purchase lot for Conception B. Torres

Lot 94 Grave 212 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E5658

Unpaid Balances 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**  
**JAN 15 1986**

ISSUED BY B. Davis

CREDIT	67007	
20% Sales Tax	77184	<u>99.00</u>
80% Sales of Lots	100 77184	<u>396.10</u>
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
<b>TOTAL PAID</b>		<u>495.10</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Castro Cabottay Jones

In a Bell View Vault/Liner Funeral, date, time \_\_\_\_\_  
Church, Chapel, Graveside \_\_\_\_\_; Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW 1-2

Lot 94 Grave 2 Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 11

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container Bell View ..... 180<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee 12x24 J.I. Brown ..... 130<sup>00</sup>

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

Total Due ..... 736<sup>00</sup>

Paid receipt number 33023 ..... 736<sup>00</sup>

Balance due -0-

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature James R. Jones  
Address 332 SWEETWOOD ST  
CALIF 92114  
City State Zip Code  
Phone 264-1143

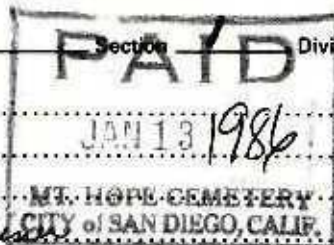
Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 5659**

PY-583 (REV. 8-85)



over

The prices set forth for the above Pre-Need Services (opening & closing of grave, liner or vault, and re-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

No 33023

Date: 01-15, 1986

From: James R. Torres Address: 335 Serrano St. Co 92114

Seven Hundred Twenty Six and 00/100 Dollars (\$ 726.00)

In full Payment of Funeral Service (not guaranteed)  
James R. Torres

Lot 94 Grave 111 Row 1 Section 1 Division 11 Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5659

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS OFFICE  
**AUDITOR**  
**JAN 15 1986**  
 ISSUED BY B. [Signature]

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	<u>200</u>	<u>00</u>
	77181		
Burial Containers	100	<u>100</u>	<u>00</u>
	77182		
Recording fees or misc. service fees	100	<u>210</u>	<u>00</u>
	77183		
Sales Tax	80101	<u>6</u>	<u>00</u>
	8020		
<b>TOTAL PAID</b>		<b>\$</b>	<b><u>726.00</u></b>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-13-86

*In memory of:*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

\* John S. Fox (buried at sea)

in a \_\_\_\_\_ Vault/Linear \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 78 Grave 10 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 595<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup .....

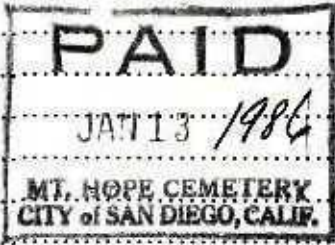
Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....



(See over)

Total Due ..... 595<sup>00</sup>

Paid receipt number 33020 595<sup>00</sup>

Balance due 0

I hereby certify I am the wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Dorothy M. Fox  
Signature  
5658 Easton Ave  
Address  
San Diego 92120  
City, State, Zip Code  
287-4574  
Telephone

Work Order # E 5660  
PY-593 (REV. 8-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

#11234



Lot can be used if  
desired by Dorothy M. Foy  
as needed  
in future

John S. Foy  
Buried at Sea

Date of Death  
3-10-1985

Buried at Sea  
April 5, 1985

age 63

Date of Birth

March 21, 1921

San Diego Naval Hospital

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33020

Date: 01-13, 1986

From: Walter M Fay Address: 5458 Chastan Ave San Diego

Five hundred ninety five and 00/100 Dollars (\$ 595.00)

In full Payment of set up charges in memory of  
Edmund S. Fay - marker to be placed at

Lot 078 Grave 10 Row 2 Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-51660

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 L. J. [Signature]

CREDIT	87007	
20% Sales Tax	77184	119.00
80% Sales of Lots	100 77184	476.00
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
<b>TOTAL PAID</b>		<b>595.00</b>



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 01-13-86

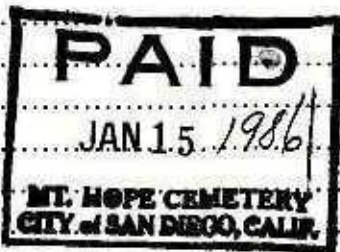
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Oscar Davis  
 in a Bell Funeral, date, time Tues 1/13/86 11AM  
 Church, Chapel, Bereavement ; Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 130 Grave 12 Row \_\_\_\_\_ Section 2 Division/ 11

Grave space & Care Fund .....	<u>250.00</u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>100.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>6.00</u>
	<u>856.00</u>



*Ragdale to bring check*

Total Due ..... 856.00  
 Paid receipt number 33028 856.00  
 Balance due 0

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.  
Earl Hart  
 Signature of recorded holder of deed

Earl Hart  
 Signature# \_\_\_\_\_  
 Address 331 E 83 st  
Los Angeles Calif  
 State Calif Zip Code 90003  
 Telephone# 977-2280

Work Order # **E 5661**  
 PY-583 (REV. 8-86)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

E 5661

No 33028

Date: 01-15, 1986

From: Milwax - Grandale Address: 5050 Grandale Ave. San Diego 92116  
Eight hundred fifty six and 00/100 - Dollars (\$ 856.00)  
 In Cash Payment of Gravestone services

Lot 22 Grave 15 Row 1 Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5661  
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 JAN 17 1986  
 [Signature]

CREDIT	67007	
20% Sales Tax	77184	<u>50.00</u>
80% Sales of Lots	77184	<u>500.00</u>
Openings & Service Charges	77181	<u>21.00</u>
Burial Containers	77182	<u>40.00</u>
Recording fees or misc. service fees	77183	<u>18.00</u>
Sales Tax	80101 8020	<u>6.00</u>
<b>TOTAL PAID</b>		<b>\$ <u>856.00</u></b>

Pre-Need  At Need  On Acct   
 Ck  Cash

ISSUED BY [Signature]



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>OSCAR DAVIS</b>	SEX <b>Male</b>	DATE OF BIRTH <b>Mar. 25, 1899</b>	DATE OF DEATH <b>Jan. 8, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Preston Davis - Nephew 3853 Hemlock Street San Diego, California 92113</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>	CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Mortuary : 3751 Market Street : San Diego, California</b>	COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>	COUNTY <b>N/A</b>
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 <b>N/A</b>	
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT <b>[Signature]</b>
SCIENTIFIC USE		DATE SIGNED
LOCAL REGISTRAR	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	AMOUNT OF FEE PAID <b>3.00</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	DATE PERMIT ISSUED <b>JAN 14 1986</b>
	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 14 1986</b> <small>(ENTER DATE)</small>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>[Signature]</b>
		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OWENS

Trenale Owens

in a \_\_\_\_\_ Funeral, date, time 11Am - Thurs F/16

Vault/Liner \_\_\_\_\_ Church, Chapel, Graveside Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

Lot 959 Grave - Row - Section 1 Division/Block 9

Grave space & Care Fund ..... 100<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 100<sup>00</sup>

Burial Container ..... 2-0 Casket - grandonly

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... \_\_\_\_\_

*line would be 64<sup>00</sup> extra if wanted*

Total Due ..... 235<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Mary Owens  
Signature

5009 LA PARZ DR  
Address

SAN DIEGO 92113  
City

(619) 262-3753  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Invoice # 039318

Acct. # 015931

Work Order # E 5662  
PY-583 (REV. 8-86)



# NOTE-STRAIGHT

\$ 235<sup>00</sup>

San Diego, California,

1-13-86, 19

-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 and 00/100

DOLLARS.

with interest from

Feb 14-86

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.

*Craig J. Owen*

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>TRENELL OWENS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Jan. 11, 1986</b>	DATE OF DEATH <b>Jan. 11, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Troy Owens - Father 5009 LaPaz Drive San Diego, California 92114</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 BURNMENT)
9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JAN 15 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 16 1986</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



039318 01/16/86 015931

TROY P. DWENS

*E-566-*

100 072  
100 072  
100 072  
67007

*Mt Hope*

77181 000072  
77183 000072  
77184 000072  
77184

03/21/86 CK 286

35.00  
14.89  
5.21  
11.91  
2.99

235.00

200.00  
PARTIAL PAYMENT

039318 01/16/86 015931

TROY P. DWENS

*E-566-*

100 072  
100 072  
100 072  
67007

*Mt Hope*

77181 000072  
77183 000072  
77184 000072  
77184

04/01/86 CK 294

200.00  
85.11  
29.79  
68.09  
17.01

235.00

0.00  
PAID IN FULL

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33205

Date: 3/21, 1986

From: RACHELLE OWENS Address: 5009 LA PAR DR S.D. 92113

THIRTY FIVE NO/100 Dollars (\$ 35.00 )

In PART Payment of TRENELL OWENS

Lot 959 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. 039318

Acct. No. 015931

W.O. E-51662

Unpaid Balance after this Payment \$200<sup>00</sup>

Pre-Need  At Need  On Acct

Ck  Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007	
30% Sales Care	77184	
80% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 8020	
TOTAL PAID		<u>35 00</u>



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 01-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Florence Gladney  
 in a Bill Funeral, date, time Sat 1/18/86 10AM  
 Church, Chapel, Graveside Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 137 Grave 2 Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 11

**PAID**  
 JAN 16 1986  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Grave space & Care Fund .....	595 <sup>00</sup>
Additional spaces and care fund .....	320 <sup>00</sup>
Opening/Closing & Setup .....	100 <sup>00</sup>
Burial Container .....	145 <sup>00</sup>
Handling Fees .....	380 <sup>00</sup>
Flower vases - Market setting fee <u>Sat. O.T.</u> .....	35 <sup>00</sup>
Recording and filing fee .....	6 <sup>00</sup>
Sales taxes .....	<del>1581<sup>00</sup></del>

*Called by  
Ragdale*

Total Due \$1581<sup>00</sup>  
 Paid receipt number 33032 1581<sup>00</sup>  
 Balance due 0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Bertha McCray  
 Signature 6215-5th ave  
 Address S.A. Ca 90043  
 State (213) 750-7348 Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # **E 5663**  
 PY-883 (REV. 8-86)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Florence Gladney</b>		SEX <b>Female</b>	DATE OF BIRTH <b>March 15, 1915</b>	DATE OF DEATH <b>Jan. 13, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Bertha Lee McCray - Daughter 6215 Fifth AVE. Los Angeles, CA 90043</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery; 3751 Market St.; San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 15 1986</b> SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald L. Rames, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 18 1986</b> (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

006275  
 No 33032

Date: 1-16- 1986

From: Bertha De M'Cray Address: 6215-57th LA - 90043  
Eighteen Hundred Eighty one Dollars (\$ 1581.00 )  
 In full Payment of Entirement fee for Florence Blalock - du

Lot 137 Grave 2 Row — Section 1 Division Block 11

Invoice No. —  
 Acct. No. —  
 W.O. E-5763  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**AUDITOR**  
 JAN 24 1986

*[Signature]*

ISSUED BY

CREDIT	87007	
20% Sales Tax	77184	119.00
80% Sales of Lots	100 77184	496.00
Openings & Service Charges	100 77181	320.00
Burial Containers	100 77182	100.00
Recording fees or misc. service fees	100 77183	560.00
Sales Tax	80101 8020	6.00
<b>TOTAL PAID</b>		<b>1581.00</b>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-14-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Gordon R. Vert  
in a Bell Funeral, date, time Thurs. 1/16 9AM  
Church, Chapel, Graveside Delivery : Berge Rbts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 38 Grave 6 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... E -1233 Preneed

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 35<sup>00</sup>

*Called by  
Berge - Roberts*

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Pub. Admin  
Signature\*

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone# \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Invoice # 039317

Acct. # 000952

Work Order # E 5664

PY-583 (REV. 8-85)

*Bee Pub. Guardian attn Maggie Smith*



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>GORDON R. VERT</b>		SEX <b>Male</b>	DATE OF BIRTH <b>May 6, 1903</b>	DATE OF DEATH <b>January 14, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>S.D. Public Adm. Office 5201 Ruffin Road San Diego, CA 92123</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>BIRCH-ROBERTS MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>F-284</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶  DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 15 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 16 1986</b> <small>(ENTER DATE)</small>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>[Signature]</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

CITY OF SAN DIEGO  
AUDITOR & COMPTROLLER  
REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
PAID INVOICE REPORT BY DEPARTMENT  
AS OF 02/04/86

DATE: 02/04/86  
TIME: 222858  
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	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
039317	01/16/86	000952	COUNTY OF SAN DIEGO	100	072		77183	000072	01/30/86	CK	135688	35.00 35.00	35.00	0.00 PAID IN FULL

NUMBER OF INVOICES PAID 1  
TOTAL AMOUNT PAID 35.00

*F-5664*



Baby

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Allen

Date 1-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Russell Jerome Black  
in a Baby casket Funeral, date, time Sat 1/18/86 12:00

Church, Chapel, Graveside Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot	Grave	Row	Section	Division/Block	
✓ 783				9	
Grave space & Care Fund					100.00
Additional spaces and care fund					
Opening/Closing & Setup					100.00
Burial Container					104.50
Handling Fees					100.00
Flower vases - Marker setting fee					
Recording and filing fee					35.00
Sales taxes					
Total Due					439.50
Paid receipt number					23034 439.50
Balance due					0

PAID  
JAN 16 1986  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signatures of recorded holder of deed

Signature Kenneth J Black  
Address 1988 RUTHERFORD # 204  
City SAN DIEGO Zip Code 92154  
Telephone 423-8040

Work Order # E 5665  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

Black

Sat 12 Chapel  
S.S. —

Sp	100 <sup>00</sup>
optd	100 <sup>00</sup>
line	104.50
Refu	35.00
coastline	100.00
#	<hr/> 439.50

need cash by Tues  
4 P.M.

Payable to Rush family —



# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>RYAN ALLEN JEROME BLACK</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Oct. 15, 1904</b> <sup>85</sup>	DATE OF DEATH <b>January 14, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Kevin Black - Father 1988 Rinby St. Apt. 204 San Diego, California 92154</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

TYPE OF PERMIT: CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetary: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JAN 17 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Parnell, M.D. CO</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 18 1986</b> (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  
 GOLDENROOD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

006275

No 33034

Date: 01-16, 1986

From: Kevin Black Address: 1988 Rimber 904, La Jolla, Ca 92034  
 In cash Payment of Salary Ryan Allen Jerome Black Dollars (\$ 439.50)

Lot 783 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 7

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5665  
 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  
 JAN 24 1986

ISSUED BY L. Wang

CREDIT	87007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Openings & Service Charges	100 77181	100	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	135	00
Sales Tax	80101 8030	4	50
<b>TOTAL PAID</b>		<b>439</b>	<b>50</b>



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Case # 12236

Date 01-15-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jorge Monges Salazar in a \_\_\_\_\_ Vault/Liner Funeral, date, time Wed 1/22 9 AM

Church, Chapel, Graveside Delivery So. Co. Bur. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 21 Grave 13-14/15 Row \_\_\_\_\_ Section 3 Division/Block 7

Grave space & Care Fund ..... 55

Additional spaces and care fund .....

Opening/Closing & Setup ..... 90

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due \$ 145.00

We select \_\_\_\_\_

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Indigent Burial Signature Pat Williams County \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # 040585

Acct. # 000952

Work Order # E 5666

E5666

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Jorge Nonges Salazar</b>		SEX <b>Male</b>	DATE OF BIRTH <b>April 23, 1948</b>	DATE OF DEATH <b>September 19, 1985</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>San Diego County Public Administrator's Office 5201-A Ruffin Rd. San Diego, CA.</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>SOUTHERN CALIFORNIA CREMATION &amp; BURIAL</b>		CALIFORNIA LICENSE NUMBER <b>F 1357</b>		

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 <b>Mt. Hope Cemetery 3751 Market Street</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <i>[Signature]</i> DATE SIGNED <b>1-16-86</b>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 17 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 22 1986</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE



E5666

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 33335

Date: 05-08, 1986

From: County of S.D. Address: 5201-A Redwood Rd 92123

In full Payment of One hundred forty five and 00/100 - Dollars (\$ 145.00 )

Payment of Judge M. Salazar (misc) Case # 12036

Lot 21 Grave 13-14-15 Row Section 3 Division Block 7

Invoice No. 140585  
Acct. No. 010952  
W.O. E-5666  
Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

1986

ISSUED BY B. [Signature]

CREDIT	67007	
20% Sales Tax	77184	
30% 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

E5666

040585 03/03/80 00092

CITY OF SAN DIEGO  
100 072  
100 072

*Alt. Note*

77181 00007  
77186 00072

03/03/80 CR 009389

145.00  
90.00  
55.00

145.00 PAID IN FULL



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-16-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hildegard Reid  
in a Bell Funeral, date, time Fri 1/17/86 3:30  
Church, Chapel, Graveside Shawnee; PMS Serv. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 73 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 100F Division/Block 11

Grave space & Care Fund Preneed

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee \_\_\_\_\_

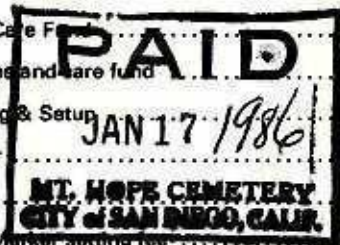
Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 33040 606.00

Balance due 0



Pierson Allen  
Portland, Oregon

I hereby certify I am the Son in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Jeff Williams

James D. Neuman  
Signature  
9521 NE SACRAMENTO ST  
Address  
PORTLAND OR 97220  
State Zip Code  
503-255-9853  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5667  
PY-583 (REV. 8-85)

E 5667

STATE OF OREGON  
DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION

**ALTERNATIVE  
AUTHORIZATION FOR FINAL DISPOSITION**

THIS FORM WHEN SIGNED BELOW BY THE FUNERAL SERVICE LICENSEE AND OR THE COUNTY REGISTRAR SHALL SERVE AS A DISPOSAL/TRANSIT PERMIT FOR THE REMAINS OF THE DECEDENT NAMED HEREON.

DECEASED: Hildegard Reid DATE OF DEATH: January 15, 1986

PLACE OF DEATH: Care Center East FUNERAL HOME: Pearson-Allen

I HAVE CONTACTED DR. Ross AND THE DOCTOR HAS AGREED TO SIGN A CERTIFICATION OF THE CAUSE OF DEATH AS SOON AS POSSIBLE. THIS ALLOWS FINAL DISPOSITION AS PRESCRIBED BY THE FAMILY.

TIME: 9:11 A.M. DATE: January 16, 1986

SIGNATURE: [Signature]  
FUNERAL SERVICE LICENSEE AND OR COUNTY REGISTRAR

FINAL DISPOSITION WILL BE:  CREMATION  SHIP OUT  BURIAL DATE: January 16, 1986

FAMILY MEMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
SIGNATURE (optional)

SEXTON: \_\_\_\_\_  
SIGNATURE

THE FUNERAL DIRECTOR OR CEMETERY/CREMATORY AUTHORITY SHALL RETURN THE ORIGINAL OF THIS FORM TO THE COUNTY REGISTRAR IN THE COUNTY WHERE DEATH OCCURRED AT THE CLOSE OF EACH MONTH.



EE5667

STATE OF OREGON  
DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION

ALTERNATIVE  
AUTHORIZATION FOR FINAL DISPOSITION

THIS FORM WHEN SIGNED BELOW BY THE FUNERAL SERVICE LICENSEE AND OR THE COUNTY REGISTRAR SHALL SERVE AS A DISPOSAL/TRANSIT PERMIT FOR THE REMAINS OF THE DECEDENT NAMED HEREON.

DECEASED: Hildegarde Reid DATE OF DEATH: January 15, 1986

PLACE OF DEATH: Care Center East FUNERAL HOME: Pearson-Allen

I HAVE CONTACTED DR. Ross AND THE DOCTOR HAS AGREED TO SIGN A CERTIFICATION OF THE CAUSE OF DEATH AS SOON AS POSSIBLE. THIS ALLOWS FINAL DISPOSITION AS PRESCRIBED BY THE FAMILY.

TIME: 9:11 A.M. DATE: January 16, 1986

SIGNATURE: *Jeff Williams*  
FUNERAL SERVICE LICENSEE AND OR COUNTY REGISTRAR

FINAL DISPOSITION WILL BE:  CREMATION  SHIP OUT  BURIAL DATE: January 16, 1986

FAMILY MEMBER: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
SIGNATURE (optional)

SEXTON: \_\_\_\_\_  
SIGNATURE

THE FUNERAL DIRECTOR OR CEMETERY/CREMATORY AUTHORITY SHALL RETURN THE ORIGINAL OF THIS FORM TO THE COUNTY REGISTRAR IN THE COUNTY WHERE DEATH OCCURRED AT THE CLOSE OF EACH MONTH.

E5667

REMOVAL DATA

CALL # 1

FOR OFFICE USE ONLY

1 MORTUARY MOUNT HOPE CEMETARY		2 DATE OF CALL 1/17/86		3 REMOVAL FROM SERVICE DELIVER CASKET	
4 NAME OF DECEDENT: HILDEGARDE REID			5 SEX: MALE-FEMALE		6 DATE OF DEATH
8 DECEDENT STREET ADDRESS:			9 CITY		10 STATE
11 SOCIAL SECURITY #		12 MARITAL STATUS M. S. W. D.		13 DATE OF BIRTH	
14 AGE:		15 RELIGION			
16 NEXT OF KIN: NAME		17 STREET ADDRESS:		18 CITY:	
19 STATE:		20 PHONE#:		21 RELATIONSHIP	
22 DOCTOR'S NAME		23 STREET ADDRESS:		24 CITY:	
25 STATE:		26 PHONE #:			
27 DR. LAST SEEN PATIENT		28 REPORT TO CORONERS? YES NO		29 WAIVED BY	
30 PATIENT RELEASED BY:					
31 DENTURES: Upper Lower Own None		32 & 33 JEWELRY (DESCRIBE)		34 MONEY (DESCRIBE)	
35 CLOTHING (DESCRIBE)					
36 PLACE OF DEATH:		37 STREET ADDRESS:		38 CITY:	
39 STATE:					

ADDITIONAL D. C. INFORMATION

40 ETHNICITY:		41 BIRTHPLACE:		42 NAME & BIRTHPLACE OF FATHER		43 MAIDEN NAME & BIRTHPLACE OF MOTHER	
44 CITIZEN OF:		45 OCCUPATION		46 HOW LONG:		47 EMPLOYER	
48 KIND OF INDUSTRY							
49 INFORMANTS NAME:		50 STREET ADDRESS:		51 CITY:		52 STATE:	
53 RELATIONSHIP							
54 WIFE'S MAIDEN NAME		55 RACE		56 AUTOPSY Yes - No		57 EMBALMER'S LIC. NO. & NAME	
57a MORTUARY LIC. NO.							
58 BURIAL - CREMATION:		59 DATE:		60 CREMATORY/CEMETERY: STREET ADDRESS:		61 CITY:	
62 STATE:		63 COUNTY:					
64 HEALTH DEPT. INFORMATION: DATE FILED: / / OFFICE:		# C.C. ORDERED		SENT TO:			

LOCAT 2man T.O.C. \_\_\_\_\_ ATTENDANT(S) Irene Chavez Hector

LONG DIST. \_\_\_\_\_ T.O.R. \_\_\_\_\_ REMARKS: \_\_\_\_\_

HOUSECALL: \_\_\_\_\_ T.C.C. \_\_\_\_\_



E5667

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>HILDEGARDE REID</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>NOV. 18, 1893</b>	DATE OF DEATH <b>JAN. 15, 1986</b>	
PLACE OF DEATH—CITY OR TOWN <b>PORTLAND</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>MULTNOMAH, OREGON</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>MARY JO NEEDHAM - DAUGHTER</b>		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>PROFESSIONAL MORTUARY SERVICES</b>		CALIFORNIA LICENSE NUMBER <b>S-1425</b>	9501 N.E. SACRAMENTO <b>PORTLAND, OREGON 97220</b>		

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 <b>MT. HOPE CEMETERY, SAN DIEGO, CALIFORNIA</b>		COUNTY <b>SAN DIEGO</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED <b>NA</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>NA</b>	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		COUNTY <b>NA</b>	
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 <b>NA</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>NA</b>	
			DATE SIGNED <b>NA</b>	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 17 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 17 1986</b> <small>(ENTER DATE)</small>		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5667

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 33040



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

Date: 1-17-86

From: David C. Neudorfer Address: 9501 N. F. Lane, Bonita, CA 92020

In full Payment of \$606.00  
Interment of David - Dec

Lot 73 Grave Row Section 100F Division Block 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E5667  
Unpaid Balance after this Payment 0

NOT VALID FOR REFUND OR CREDIT UNLESS STAMPED "PAID" IN THIS SPACE

AUDITOR  
JAN 24 1986

Pre-Need  At Need  On Acct   
Ck  Cash

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
77184		
Openings & Service Charges	100	320 00
77181		
Burial Containers	100	100 00
77182		
Recording fees or misc. service fees	100	180 00
77183		
Sales Tax	80101	6 00
8020		
TOTAL PAID		606 00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Preced lot for:*

Date 01-16-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

Ruth Carter

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Vault/Urns

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 2439 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 595<sup>00</sup>

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due ..... 595<sup>00</sup>  
33031 ..... 595<sup>00</sup>

Paid receipt number \_\_\_\_\_

Balance due 0



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

*for*  
Ruth Carter Bell  
Signature  
1600 Palm Sp 55  
Address  
S.D. Ca 92154  
State  
429-3508 Zip Code  
Telephone

Work Order # E 5668

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PY-593 (REV. 9-85)

#11232

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 33031

Date: 01-16, 1986

From: Burial Center Address: 1400 Palm Ave. #55 N 9-154  
Five hundred ninety five and no/100 Dollars (\$ 595.00)  
 In cash Payment of Pre-need lot

Lot 2439 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-56608  
 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**  
**JAN 17 1986**  
 ISSUED BY B. [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>119.00</u>
80% Sales of Lots	77184	<u>476.00</u>
Openings & Service Charges	77181	
Burial Containers	77182	
Recording fees or misc. service fees	77183	
Sales Tax	80101 8020	
<b>TOTAL PAID</b>		<u>595.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-16-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Herbert Clark Sands

in a Bell Line Vault/Liner Funeral, date, time Tues-10AM 1-21

Church, Chapel, Graveside Shanewise; Cornelia Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot - Grave 68 Row 5 Section 7 Division/Block 7

Grave space & Care Fund ..... 595<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... -

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

note Total Due ..... 1201<sup>00</sup>

Paid receipt number 33033 201.00

Balance due 1000<sup>00</sup>

(over)

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Alva M Sands  
Signature

2512 Camino De Las Palmas  
Address

Lemon Grove CA 92045  
State

(619) 460-8279  
Telephone

Zip Code

Invoice # 040580

Acct. # 016361

Work Order # E 5669

2-5-86	33078	1000.00
		<u>200.00</u>
		800.00
3/4/86	33157	<u>200.00</u>
		<u>600.00</u>

~~60007~~ ~~~~~ ~~419~~

100/77184      ~~275~~ 194

77181      320

77182      100

77183      180

60101-9020      6

---

~~1000~~

800



# NOTE—STRAIGHT

\$ 1000<sup>00</sup> 2 San Diego, California, Jan 16, 1986

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 DOLLARS.

with interest from Feb 17, 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 Alonzo Sando  
2542 Camino De las Palmas  
Lemon Grove CA 92045  
Mailing Address

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

*See*

E 5669

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>HERBERT CLARK SANDS</b>		SEX <b>Male</b>	DATE OF BIRTH <b>July 12, 1912</b>	DATE OF DEATH <b>January 15, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Alva M. Sands - Wife</b> <b>2512 Camino de las Palmas</b> <b>Lemon Grove, CA 92045</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Conrad Lemon Grove Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F 941</b>		

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 <b>Mount Hope Cemetery 3751 Market Street San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT  DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 20 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	<b>JAN 21 1986</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald E. Ramirez M.D.M.M.</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>Sean [Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 5669

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

006275  
No 33033

Date: 1-16-86

From: Alvaro Sandoz Address: 2512 Camino Del Palmar - Apt 92045

Two hundred and one and no/100 Dollars (\$ 201.00)

In Part Payment of Interment of Robert Clark Sandoz - dec

Lot --- Grave 69 Row 5 Section 7 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5669

Unpaid Balance after this Payment 1000.00

Pre-Need  At Need  On Acct   
Ck  Cash

AC-312 (Rev. 8-85) 2703

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE  
CITY AUDITOR  
JAN 24 1986  
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>201.00</u>
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>201.00</u>

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

5/15/86  
CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3181

No 33353

From: Alex M. Sant Address: 2512 Camino del Palmar  
1100 Buena Vista Ave, San Diego  
In cash Payment of Herbert C. Sant Dollars (\$ 100.00)

Date: 05-13, 1986

Lot 108 Grave \_\_\_\_\_ Row 5 Section 7 Division Block 7

Invoice No. 140520

Acct. No. 116361

W.O. E-5669

Unpaid Balance after this Payment 0.00

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 9-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

ISSUED BY B. Long

CREDIT	87007	
30% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	0	<u>100.00</u>



040580 03/03/86 016361 ALVA M. SANDS  
 100 072 77181 000072 05/12/86 CK 1066 200.00  
 100 072 77182 000072 50.00 500.00  
 100 072 77183 000072 25.00 PAID IN FULL  
 100 072 77184 000072 45.00  
 60101 9020 48.50  
 1.50

040580 03/03/86 016361 ALVA M. SANDS  
 100 072 77181 000072 04/28/86 CK 1076 200.00  
 100 072 77182 000072 50.00 800.00  
 100 072 77183 000072 25.00 PARTIAL PAYMENT  
 100 072 77184 000072 45.00  
 60101 9020 48.50  
 1.50

NUMBER OF INVOICES PAID 4  
 TOTAL AMOUNT PAID 2,634.05

*net. slope*

040580 03/03/86 016361 ALVA M. SANDS  
 100 072 77181 000072 04/28/86 CK 1076 200.00  
 100 072 77182 000072 50.00 500.00  
 100 072 77183 000072 25.00 PARTIAL PAYMENT  
 100 072 77184 000072 45.00  
 60101 9020 48.50  
 1.50

NUMBER OF INVOICES PAID 4  
 TOTAL AMOUNT PAID 2,634.05

*net. slope*

*net*

ES669

CITY OF SAN DIEGO  
 AUDITOR & COMPTROLLER  
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 03/10/86

DATE: 03/10/86  
 TIME: 231746  
 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/EG	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
040580	03/03/86	016361	ALVA M. SANDS				03/04/86	CK	E-5669	200.00	800.00	600.00
			100 072		77181	000072				80.00		PARTIAL PAYMENT
			100 072		77182	000072				25.00		
			100 072		77183	000072				45.00		
			100 072		77184	000072				46.50		
			60101		9020					1.50		

*E-5669*

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 04/03/86

DATE: 04/03/86  
 TIME: 223104  
 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/EG	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
040580	03/03/86	016361	ALVA M. SANDS				03/31/86	CK	1049	200.00	800.00	400.00
			100 072		77181	000072				80.00		PARTIAL PAYMENT
			100 072		77182	000072				25.00		
			100 072		77183	000072				45.00		
			100 072		77184	000072				46.50		
			60101		9020					1.50		

*E-5669*

NUMBER OF INVOICES PAID 1  
 TOTAL AMOUNT PAID 200.00

*E5669*



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33157

3/10/86

From: Alva M. Sands Address: 2512 Camino de la Palmas  
San Diego, Ca 92145 Date: 03-04, 19 86  
Two hundred and no/100 Dollars (\$ 200.00)  
 In part Payment of Herbert C. Sands Service

Lot 168 Grave \_\_\_\_\_ Row 5 Section 7 Division Block 7

Invoice No. 040580  
 Acct. No. 6116361  
 W.O. E-5669  
 Unpaid Balance after this Payment \$600.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

4 19 86

CREDIT	67007	
20% Sales Tax	77184	
90% 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	
	8030	
TOTAL PAID		<u>200.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash

ISSUED BY R. Tang

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 33078

From: Alva M. Sands Date: 02-05, 1986  
 Address: 512 Camino de las Palmas  
Two hundred and no/100 Dollars (\$ 200<sup>00</sup>)  
 In part Payment of Herbert C. Sands, trustee  
 Lot \_\_\_\_\_ Grave 68 Row 5 Section 7 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5669

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  
 FEB 07 1986

ISSUED BY R. Lang

CREDIT	67007	
20% Sales Tax	77184	<u>119<sup>00</sup></u>
80% Sales of Lots	100	<u>81<sup>00</sup></u>
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8030	
TOTAL PAID		<u>200<sup>00</sup></u>



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 01-16-86

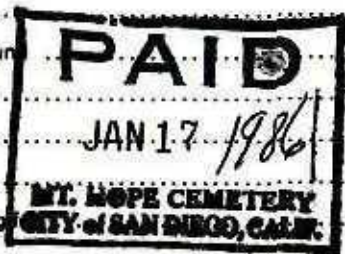
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Clara Johnson  
 in a Bell Funeral, date, time Tues 1/21/86 11AM  
 Church, Chapel, Graveside: Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
 and billed to undersigned. War time veteran \_\_\_\_\_

Lot 54 Grave 8 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund .....		<u>495.00</u>
Additional spaces and care fund .....		<u>320.00</u>
Opening/Closing & Setup .....		<u>100.00</u>
Burial Container .....		<u>145.00</u>
Handling Fees .....		<u>35.00</u>
Flower vases - Marker setting .....		<u>6.00</u>
Recording and filing fee .....		<u>110.15</u>
Sales taxes .....		<u>6.00</u>
	Total Due .....	<u>1101.00</u>
	Paid receipt number <u>33037</u>	<u>1101.00</u>
	Balance due	<u>0</u>



*Reserve  
 Lot 54 Gr 9  
 to Mr.*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[Signature]  
 Signature  
1823 46th San Diego  
 Address  
California 92102  
 State  
263-6829  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 5670**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Clara Mae Johnson</b>		SEX <b>Female</b>	DATE OF BIRTH <b>June 21, 1932</b>	DATE OF DEATH <b>Jan. 15, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lillie Blackman - Daughter</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>6944 Skyline Drive San Diego, CA 92114</b>	

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 <b>Mt. Hope Cemetary; 3751 Market Street; San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 20 1986</b> <b>JAN 21 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald L. Camras, M.D. 4</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



E5670

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 33037

Date: 01-17, 1986

From: Donna Prince Address: 1813-4th St. #210

Received of one and no/100 - Dollars (\$ 111.00)

In full Payment of Final common grave

Lot 54 Grave 1 Row 1 Section 3 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5670

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  
JAN 24 1986

ISSUED BY B. [Signature]

CREDIT	57007	
20% Sales Tax	77184	99.00
80% Sales of Lots	77184	296.00
Openings & Service Charges	77181	320.00
Burial Containers	77182	100.00
Recording fees or misc. service fees	77183	111.00
Sales Tax	80101 8020	
TOTAL PAID		1101.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need

Date 1-16-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Thomas E. Baker, Sr. (St. Sq)

in a \_\_\_\_\_ Vault/Urner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran WW2 - Discharge attached

Lot 114 Grave 9 Row — Section 1 Division Block 11

Grave space & Care Fund ..... 495<sup>00</sup>

Additional spaces and services ..... Can be used Double deep.

PAID  
 Op. / Closing / Setup  
 Burial Container  
 Handling Fee  
 JAN 16  
 Flower vases, Marker, etc. for wife  
**MT. HOPE CEMETERY**  
**1634 PLOVER ST. SAN DIEGO, CALIF.**

Sales taxes ..... Wife - Catherine Augusta

Total Due ..... 495<sup>00</sup>

Paid receipt number 33035 ..... 495<sup>00</sup>

Balance due ..... 0

I hereby certify I am the Wife & Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Thomas E. Baker Sr.  
Catherine A. Baker  
 Signature  
1634 Plover St.  
 Address  
San Diego, Ca. 92114  
 Date  
2/2/10/4 Zip Code  
 Telephone

Signature of recorded holder of deed

Work Order # E 5671

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PY-583 (REV. 8-85)

#11235



# Army of the United States



## Honorable Discharge

*This is to certify that*

THOMAS E BAKER 39 585 391 STAFF SERGEANT

847TH QUARTERMASTER GAS SUPPLY 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  
FORT SAM HOUSTON TEXAS

*Date* 7 JUNE 1946

*L. L. Stewart*  
L. L. STEWART  
MAJOR AGD



# HONORABLE DISCHARGE

E 5671

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>BAKER THOMAS E</b>		2. ARMY SERIAL NO. <b>39 585 391</b>	3. GRADE <b>6/SGT</b>	4. ARM OR SERVICE <b>OMC</b>	5. COMPONENT <b>AUS</b>
6. ORGANIZATION <b>847TH QUARTERMASTER GAS SUPPLY COMPANY</b>		7. DATE OF SEPARATION <b>7 JUNE 46</b>	8. PLACE OF SEPARATION <b>SEPARATION CENTER FORT SAM HOUSTON TEXAS</b>		
9. PERMANENT ADDRESS FOR MAILING PURPOSES <b>164 1/2 W 37TH ST LOS ANGELES LOS ANGELES CO CALIF</b>		10. DATE OF BIRTH <b>2 MARCH 26</b>	11. PLACE OF BIRTH <b>REDLANDS CALIF</b>		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOURCED <b>SEE 9</b>		13. COLOR EYES <b>BROWN</b>	14. COLOR HAIR <b>BLACK</b>	15. HEIGHT <b>5'8"</b>	16. WEIGHT <b>167 LBS.</b>
18. RACE <input checked="" type="checkbox"/> WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify)	19. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> OTHER (specify)	20. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	21. CIVILIAN OCCUPATION AND NO. <b>RIVETER AIRCRAFT 6-95 082</b>		

## MILITARY HISTORY

22. DATE OF INDUCTION <b>9 MAY 44</b>	23. DATE OF ENLISTMENT <b>9 MAY 44</b>	24. DATE OF ENTRY INTO ACTIVE SERVICE <b>9 MAY 44</b>	25. PLACE OF ENTRY INTO SERVICE <b>IND STA FT MAC ARTHUR CALIF</b>
26. REGISTERED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	27. LOCAL S.S. BOARD NO. <b># 163</b>	28. COUNTY AND STATE <b>SAN DIEGO CALIF</b>	29. ADDRESS OF ENTRY INTO SERVICE <b>2833 BOSTON AVE SAN DIEGO SAN DIEGO CALIF</b>
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. <b>MOTOR TRANSPORTATION NCO 014</b>		31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) <b>SHARPSHOOTER RIFLE 15 AUG 44</b>	
32. BATTLES AND CAMPAIGNS <b>CENTRAL EUROPE GO 105 WD 45</b>			

33. DECORATIONS AND CITATIONS <b>EAME CAMPAIGN RIBBON WITH 1 BRONZE STAR GOOD CONDUCT MEDAL VICTORY RIBBON 2 OVERSEAS SERVICE BARS ARMY OF OCCUPATION RIBBON (GERMANY)</b>	
34. WOUNDS RECEIVED IN ACTION <b>NONE</b>	

35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN		
SMALLPOX	TYPHOID	TETANUS	OTHER (specify) <b>INFLUENZA</b>	DATE OF DEPARTURE	DESTINATION	DATE OF ARRIVAL
<b>7 AUG 45</b>	<b>7 MAY 46</b>	<b>6 NOV 44</b>	<b>19 DEC 44</b>	<b>17 DEC 44</b>	<b>EAME</b>	<b>29 DEC 44</b>
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD		
CONTINENTAL SERVICE		FOREIGN SERVICE		<b>S/SGT</b>		
YEARS	MONTHS	YEARS	MONTHS			
<b>0</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>21 MAY 46</b>	<b>US</b>	<b>30 MAY 46</b>

39. PRIOR SERVICE <b>NONE</b>
----------------------------------

40. REASON AND AUTHORITY FOR SEPARATION <b>CONVENIENCE OF THE GOVERNMENT (RR 1-1 DEMOBILIZATION) AR 615-365 15 DEC 44</b>
--

41. SERVICE SCHOOLS ATTENDED <b>AUTOMOBILE MECHANIC</b>	42. EDUCATION (Years) Grammar <b>8</b> High School <b>2</b> College <b>0</b>
--	---

### PAY DATA VOU 5203

43. LONGEVITY FOR PAY PURPOSES	44. MUSTERING OUT PAY	45. SOLDIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
YEARS <b>2</b> MONTHS <b>0</b> DAYS <b>29</b>	TOTAL <b>\$ 300</b> TIME <b>\$ 100</b>	<b>NONE</b>	<b>70.25</b>	<b>\$336.70 B. JEFFREY LT COL FD</b>

### INSURANCE NOTICE

**IMPORTANT** IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE Nat. Serv. <input checked="" type="checkbox"/> U.S. Govt. <input type="checkbox"/> None <input type="checkbox"/>	49. HOW PAID Allotment <input checked="" type="checkbox"/> Direct to V. A. <input type="checkbox"/>	50. Effective Date of Allotment Discontinuance <b>30 JUNE 46</b>	51. Date of Next Premium Due (One month after 50) <b>31 JULY 46</b>	52. PREMIUM DUE EACH MONTH <b>6.40</b>	53. INTENTION OF VETERAN TO Continue <input checked="" type="checkbox"/> Continue Only <input type="checkbox"/> Discontinue <input type="checkbox"/>
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54. REMARKS (This space for completion of above items, or entry of other items specified in W. D. Directives)

**LAPEL BUTTON ISSUED  
ASR SCORE (2 SEP 45) - 30**

RIGHT THUMB PRINT

55. SIGNATURE OF PERSON BEING SEPARATED <i>Thomas E. Baker</i>	57. PERSONNEL OFFICER (Type name, grade and organization - signature) <b>M. L. CLIFTON CWO USA ASS'T MIL PERS OFFICER</b> <i>M. L. Clifton</i>
---	---

WD AGO FORM 53-25  
November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.



OFFICIAL RECEIPT

*Pre need*



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3181

006275

No 33035

Date: *1-16-* 19*86*

From: *Baker Catharine + Thomas Sr* Address: *1634 Plover St - SD - 92114*

In *Four hundred Ninety Five and 00/100* Dollars (\$ *495.00*)

Payment of *full* *grave space Pre need -*  
*Can be used double depth.*

Lot *114* Grave *9* Row *-* Section *-1-* Division Block *11*

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. *E-5671*

Unpaid Balance after this Payment *0*

Pre-Need  At Need  On Acct   
 Ck  Cash

*CR-4266*  
 AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR  
 JAN 24 1986

ISSUED BY *[Signature]*

CREDIT	87007	
20% Sales Care	77184	<i>99.00</i>
80% Sales of Lots	100 77184	<i>396.00</i>
Openings & Service Charges	100 77181	
Burial Containers	100 77182	
Recording fees or misc. service fees	100 77183	
Sales Tax	80101 9020	
TOTAL PAID		<i>495.00</i>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-16-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Thomas Elijah Baker, Jr (HML)

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran Vetram - Discharge data attached

Lot 114 Grave 8 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 495.00

Additional spaces and care fund ..... none

Opening/Cleaning & Setup ..... Can be used

Burial Container ..... double deep

Handling Fees JAN 16 .....

Flower vases - Marker setting fee .....

Records MT. HOPE CEMETERY .....

Sales taxes .....

S Shirley Ann Boykins Baker Total Due 495.00

wife to me Paid receipt number 33036 495.00

Balance due 0

I hereby certify I am the myself of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Thomas E Baker Jr  
Signature  
366 Dunlap Pl  
Address  
San Diego  
City  
CA 92114  
Zip Code  
Telephone

Work Order # E 5672  
PY-523 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

11236







E5672

NOTIFICATION OF PERSONNEL ACTION

EXCEPTION TO SF-50

STANDARD FORM 50-Rev. December 1961  
U.S. Civil Service Commission  
PPM Chap. 295

(EMPLOYEE - See General Information on Reverse)

APPROVED BY NARS AUG  
NAVY OVERPRINT 10  
hmg

(FOR AGENCY USE)

68056

1. NAME (LAST-FIRST-MIDDLE) <b>BAKER, THOMAS E.,</b>		MR. MISS-MRS <b>MR.</b>	2. (FOR AGENCY USE) <b>4</b>	3. BIRTH DATE (Mo., Day, Year) <b>02-02-52</b>	4. SOCIAL SECURITY NO <b>0 570-84-7350</b>
5. VETERAN PREFERENCE <b>2</b>		5A. FOR AGENCY USE <b>10</b>	6. TENURE GROUP <b>1</b>	7. SERVICE COMP DATE <b>11-18-70</b>	
9. FEGLI <b>4</b>		10. RETIREMENT <b>1</b>		11. (FOR CSC USE)	
12. CODE NATURE OF ACTION <b>602 Conv to Career Tenure</b>			13. EFFECTIVE DATE (Mo., Day, Year) <b>11-19-77</b>	14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>CS Reg 315.202</b>	
15. FROM: POSITION TITLE AND NUMBER			16. PAY PLAN AND OCCUPATION CODE	17. (a) GRADE OR LEVEL	(b) STEP OR RATE
18. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER <b>Medical Records Technician PD# 3105</b>		21. PAY PLAN AND OCCUPATION CODE <b>GS 00675</b>	21(a) FUNCT CLASS	22. (a) GRADE OR LEVEL <b>05</b>	(b) STEP OR RATE <b>02</b>	23. SALARY <b>pa \$10,291</b>
24. NAME AND LOCATION OF EMPLOYING OFFICE <b>Bureau of Medicine &amp; Surgery Naval Regional Medical Center San Diego, California 92134</b>						
25. DUTY STATION (City, county, State) <b>San Diego, San Diego, California</b>						
26. LOCATION CODE <b>Code 5632</b>						

27. APPROPRIATION <b>O&amp;M</b>		28. POSITION OCCUPIED 1. COMPETITIVE SERVICE <b>1</b>	29. APPORTIONED POSITION FROM TO STATE
-------------------------------------	--	---	---

30. REMARKS:  
 A SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY OR TRIAL PERIOD COMMENCING **11-19-74 to 11-19-77**  
 B SERVICE CONTINUING TOWARD CAREER OR PERMANENT TENURE  
 C DURING PROBATION

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED, CHECK IF APPLICABLE  
**Non-Exempt FLSA.**

D. RETIRED UNIFORMED SERVICE:  
 UNIFORMED SERVICE DESIGNATION:  DATE OF RETIREMENT FROM UNIFORMED SERVICE:  UNIFORMED SVC PAY GRADE:  UNIFORMED SVC COMPONENT:

E. WORK SCHEDULE:  F. PAY RATE DETERMINANT:  G. SPECIAL PROGRAM ID:

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (or other Authentication) AND TITLE <b>A. S. ALIG Supv Personnel Staffing Specialist</b>	
32. OFFICE MAINTAINING PERSONNEL FOLDER (if different from employing office)		35. DATE <b>11-17-77</b>	
33. CODE EMPLOYING DEPARTMENT OR AGENCY <b>NV181 DEPARTMENT OF THE NAVY</b>		35. SUBMITTING OFFICE NUMBER <b>2257</b>	



OFFICIAL RECEIPT

*Pre need*



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

009775

No 33036

Date: 1-16- 1986

From: Thomas E. Baker, Jr Address: 366 Deanlin Pl - DA - 92114  
Touchendal Northgate #20100 Dollars (\$ 495.00)  
 In full Payment of Pre need grave for Husband + Wife -

Lot 114 Grave 8 Row - Section -1- Division 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5672  
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSES STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 JAN 24 1986  
 1986  
 ISSUED BY Raymond [Signature]

CREDIT	87007	
20% Sales Tax	77184	<u>99.00</u>
90% Sales of Lots	100 77184	<u>396.00</u>
Openings & Service Charges	100 77181	<u>-</u>
Burial Containers	100 77182	<u>-</u>
Recording fees or mic. service fees	100 77183	<u>-</u>
Sales Tax	80101 9020	<u>-</u>
<b>TOTAL PAID</b>		<b>\$ <u>495.00</u></b>

Pre-Need  At Need  On Acct   
 Ck  Cash   
 # 4267  
 AC-212 (Rev. 8-85)

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-17-86

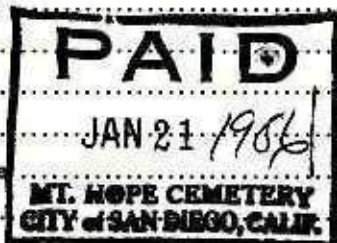
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Fred Douglas ~~and~~ Dixon Jr  
in a Bell Funeral, date, time Tues. 1/21 11:00 AM  
Church, Chapel, Graveside ; Regdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 117 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund .....	<u>250.00</u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container .....	<u>100.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>6.00</u>
Total Due .....	<u>856.00</u>
Paid receipt number <u>33041</u>	<u>856.00</u>
Balance due	<u>0</u>



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Fred D. Dixon Jr  
Address 12092 Bayport  
State CALIF Zip Code 92640  
Telephone 714-7508253

Work Order # E 5673  
PY-003 (REV. 8-86)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E5673

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>FRED D. DIXON, SR.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>2/7/24</b>	DATE OF DEATH <b>1/13/86</b>
PLACE OF DEATH—CITY OR TOWN <b>Pensacola</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Pensacola, Florida</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Larry Dixon-Son 217 Vista Horizon St. San Diego, California 92113</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetary : 3751 Market St.: San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 20 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Cannon, M.D.C.E.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 21 1986</b> (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.

E5673

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 33041

Date: 01-21, 1986

From: Fred O. Piyon, Jr. Address: 209 S. Laurel St. San Diego, CA

21st Annual Budgetary Fund 11100 - Dollars (\$ 256.00)

In cash Payment of Fred O. Piyon, Jr.

Lot 117 Grave 6 Row 2 Section 7 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5673

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  
JAN 24 1986

ISSUED BY \_\_\_\_\_

CREDIT	87007		
20% Sales Care	77184	50	00
80% Sales of Lots	100 77184	200	00
Openings & Service Charges	100 77181	2	00
Burial Containers	100 77182	100	00
Recording fees or misc. service fees	100 77183	100	00
Sales Tax	80101 9020	16	00
TOTAL PAID		256	00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Raymond Hunter

in a Bell Funeral, date, time Wed 1/22 11:30

Church, Chapel, Graveside about 1:00 Laurel-Park Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 17 Grave 5 Row \_\_\_\_\_ Section 100F Division/Block 22

Grave space & Care Fund Priced

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Mark \_\_\_\_\_

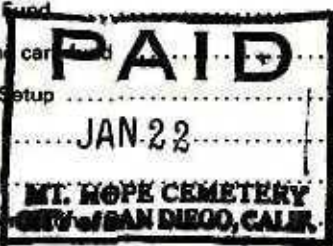
Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 33047 606.00

Balance due 0



Called by  
Penny

I hereby certify I am the Fernand Dr. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature John H. Taylor

Address 2850 W 5th St

City Essex

State Calif Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 5674

PV-593 (REV. 8-85)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E5674

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Raymond Lee Hunter</b>		SEX <b>Male</b>	DATE OF BIRTH <b>January 29, 1895</b>	DATE OF DEATH <b>January 18, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Lake Elsinore</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Riverside</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Rose Hunter - Wife 465 West 7th Street Perris, CA 92370</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Evans-Brown Perris Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F 839</b>		

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 <b>Mt. Hope Cemetery, 3751 Market, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>		
ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>Jan. 21, 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 22 1986</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>#963496</b> ▶ <b>E. J. Gallagher, M.D.</b> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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**  
 254-3151

No 33047

Date: 1-22- 1986

From: Rose L. Hunter Address: 465 W 7th St. Perris Ca 92370

In Full Payment of Interment fees Raymond Hunter - dec Dollars (\$ 606.<sup>00</sup>)

Lot 17 Grave 5 Row \_\_\_\_\_ Section 100F Division Block 22

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5674

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

1168  
 AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CITY AUDITOR  
 JAN 24 1985

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	320	00
	77181		
Burial Containers	100	100	00
	77182		
Recording fees or misc. service fees	100	145	00
	77183		
Sales Tax	80101	35	00
	8020	6	00
<b>TOTAL PAID</b>		<b>606</b>	<b>00</b>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Leila L. Johnston  
in a Bell Urns/Liner Funeral, date, time Wed 1/22 10 AM

Church, Chapel, Graveside Delivery Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 2457 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Prepaid

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee \_\_\_\_\_

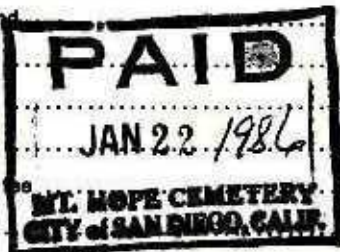
Recording and filing fee 35.00

Sales taxes 6.00

Total Due 606.00

Paid receipt number 33045 606.00

Balance due 0



*Creditor claim  
per Ray*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

LORRAINE McMILLAN  
Signature  
4054 Illinois #3  
Address  
D.O. Ca 92104  
City  
282-7749  
Telephone  
Zip Code

*Daughter to bring check*

Work Order # E 5675

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E 5675

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>LEILA LORAINA JOHNSON- JOHNSTON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>04-13-1893</b>	DATE OF DEATH <b>01-17-1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Lorraine McMillen (Daughter) 4054 Illinois Street #3 San Diego, Ca. 92104</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

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 <b>Mt. Hope Cemetery San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>[Signature]</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 21 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>JAN 22 1986</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ronald E. Powell, M.D. [Signature]</b>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>[Signature]</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5675

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151

No 33045

Date: 11-21, 1985

From: Terrie McMillan Address: 454 Mission St. #3 San Diego, CA 92104

In full Payment of \$666.00 Dollars (\$666.00)

Lot 2457 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5675

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.  
CITY AUDITOR  
JAN 24 1986  
ISSUED BY: B. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	320.00
	77181	
Burial Containers	100	166.00
	77182	
Recording fees or misc. service fees	100	180.00
	77183	
Sales Tax	80101	6.00
	9020	
TOTAL PAID		\$ 666.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-21-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arto Lee

in a TS Vault Funeral, date, time Wed 1/22 2:30

~~Church Chapel~~, Graveside Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 11 Grave \_\_\_\_\_ Row 9 Section I Division/Block CMI

Grave space & Care Fund ..... Preneed

Additional spaces and care fund .....

Opening/Closing & Setup ..... 320.00

Burial Container ..... 175.00

Handling Fees ..... 170.00

Flower vases - Marker setting fee .....

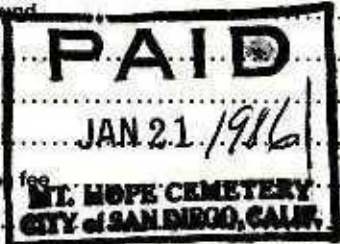
Recording and filing fee ..... 35.00

Sales taxes ..... 10.50

Total Due ..... 710.50

Paid receipt number 33044 710.50

Balance due 0



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

Arto Lee  
Signature  
170 Broadway St. Cajon  
Address  
Ca 92021  
State  
444-9180  
Telephone  
Zip Code

Work Order # E 5676  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E5676

MOUNT HOPE CEMETERY

7 August 1985 19

The undersigned hereby requests and authorizes the interment of the remains of Mrs. Lee Szeto

333 "G" Street, San Diego, CA 92101 in Lot Gr #11 Row #9 Sec. CHINESE

Block (Apt. #204) 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

Mount Hope Cemetery harmless from any and all liability on account of said

authorization and interment.

CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc.

428 Third Avenue, San Diego, CA 92101

*[Handwritten signature]*  
ALBERT WONG, Treas.

Signature of relative or legal representative

Address & relationship to deceased or authority to sign authorization

for CHINESE CONSOLIDATED BENEVOLENT ASSOCIATION, Inc. owners.

Witness

Witness

Recd #0780  
Serial #47684





# 館會華中埠咕姐山國美

## Chinese Consolidated Benevolent Association Inc.

428 Third Avenue

San Diego, Calif. 92101

MT. HOPE CEMETERY FUND  
重修好望崗墳場捐款

RECEIPT No. 0780  
(收據號碼)  
DATED 1 August 1981  
(月 日 年)  
AMOUNT RECEIVED \*140.00  
(共計)

(MRS.)  
NAME (ENGLISH) SZETO, LEE  
(英文) LAST (姓) FIRST (名) MIDDLE

NAME (CHINESE) 李司徒桃 239-1141  
(中文) (姓名)

ADDRESS 333 "G" STREET (APT. #204)  
(住址)

CITY SAN DIEGO CALIFORNIA ZIP CODE 92101  
(埠)

FOR PURCHASE OF PLOT (PLOT No. Row #9  
Plot #11)  
(地段號碼)

DONATION  
(捐款)

REMARKS: Journal #47684  
(附注)

E5676

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>AKA Lee To Szeto Szeto To Lee</b>		SEX <b>Female</b>	DATE OF BIRTH <b>August 27, 1901</b>	DATE OF DEATH <b>January 19, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Kin Lee-Grandson 1131 Marlins Avenue El Cajon, California 92021</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Greenwood Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-843</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

1. BURIAL (INCLUDES ENTOMBMENT)

5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)

8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)

2. CREMATION AND BURIAL (INCLUDES INURNMENT)

6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)

3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY

7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY

9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

4. SCIENTIFIC USE

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mount Hope Cemetery, 3751 Market Street, San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>NA</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>NA</b>		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 <b>NA</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>NA</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 22 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	<b>JAN 22 1986</b> (ENTER DATE)	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Brown, M.D.</i> ▶ SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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

E5676

No 33044

Date: 01-21, 1986

From: Jim Mac... Address: 1705 Valencia, Chula Vista, CA 92011  
born 11/10/10 and 50/100 + Dollars (\$ 711.50)  
 In full Payment of Systemic Service

Lot 11 Grave 8 Row 9 Section I Division Block CHI

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5676

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 24 1986

ISSUED BY D. [Signature]

CREDIT	57007	
20% Sales Care	77184	
50% Sales of Lots	100 77184	
Openings & Service Charges	100 77181	<u>200.00</u>
Burial Containers	100 77182	<u>175.00</u>
Recording fees or misc. service fees	100 77183	<u>205.00</u>
Sales Tax	80101 9020	<u>10.50</u>
TOTAL PAID		<u>711.50</u>

(D.I.P.)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 01-22-86

*Military detail w/chaplain*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of

of William A. Miller Jr.

in a Bellview Final/Last Funeral, date, time Fri 1/24/86 12:00

Church, Chapel, Graveside Graveside; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned: War time veteran WW2 - navy.

✓ Lot 52 Grave 5 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund Paid - PD.

Additional spaces and care fund \_\_\_\_\_

Opening/Opening & Setup Paid

Burial Container PAID 19-2402 Paid

Handling Fees \_\_\_\_\_

Flower vases - Machine setting fee 1986

Recording and filing fee \_\_\_\_\_ 35.00

Sales tax \_\_\_\_\_

**PAID**  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 35.00

Paid receipt number 33046 35.00

Balance due 0

*Set up at Monument*

I hereby certify I am the - wife - of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

x E. Bernadine Miller  
Signature 3436 Udall St  
Address San Diego CA. 92106  
State Zip Code  
222-2347  
Telephone

*Called by Joe at Humphrey's*

Work Order # E 5677

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33046

Date: Jan 22, 1986

From: E. Bernadine Miller Address: 3436 Hill - SD-92106

I put five of \$100 Dollars (\$ 35.00 )

In field Payment of Recording & Entry fees for William A. Miller dec  
Pre Paid lot at \$250.00 - 10

Lot 52 Grave -5- Row - Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5677

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

103  
 AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 JAN 24 1986  
 ISSUED BY Joseph [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fees or misc. service fees	100		
	77183		
			<u>35.00</u>
Sales Tax	80101		
	9020		<u>0 0</u>
TOTAL PAID			<u>35.00</u>

E5677

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>WILLIAM AUGUST MILLER, JR.</b>		SEX <b>Male</b>	DATE OF BIRTH <b>12-12-1911</b>	DATE OF DEATH <b>01-21-1986</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>E. Bernadene Miller (Wife) 3436 Udall Street San Diego, Ca. 92106</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

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

*Veteran*

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery San Diego, Ca.</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 23 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. ...</i>
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 <i>Raymond ...</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 01-22-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Alana-Jehan Colton  
in a Bill Funeral, date, time Wed. 1/22 2:00  
Church/Chapel; Graveside \_\_\_\_\_; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 130 Grave 5 Row \_\_\_\_\_ Section 7 Division/Block 1

Grave space & Care Fund \_\_\_\_\_ Prepaid

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_ 100.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker \_\_\_\_\_

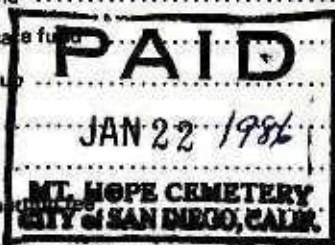
Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 6.00

Total Due \_\_\_\_\_ 286.00

Paid receipt number 33048 286.00

Balance due 0



family OK  
Rogers

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
Zip Code  
\_\_\_\_\_  
Telephone

Work Order # E 5678  
PY-553 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E 5678

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ALANA-JEHAN NNE COLTON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>March 17, 1907</b>	DATE OF DEATH <b>Jan. 18, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>David Colton - Son</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>69</b>	5087 35th St. <b>San Diego, CA 92116</b>	

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 <b>Mt. Hope Cemetery-3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>JAN 21 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos, M.D., M.M.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>David Colton</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 33048

Date: 1-22-86, 19

From: David E. Catton Address: 5087-35th St - 2D - 92116

Two hundred Eighty Six <sup>00</sup>/<sub>100</sub> Dollars (\$ 286<sup>00</sup> )

In full Payment of Settlement of Alaka - Jehan NMN Catton  
Demanded 1/18/86

Lot 130 Grave 5 Row - Section 7 Division Block 1

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 5678  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85) 2803

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 JAN 24 1986  
 ISSUED BY [Signature]

CREDIT	87007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	100 00
	77182	
Recording fees or misc. service fees	100	180 00
	77183	
Sales Tax	80101	6 00
	9020	
<b>TOTAL PAID</b>		<b>286 00</b>

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 1-22-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Arthur King  
in a Double Crypt Vault, Funeral, date, time Mon 1-27 at 2 P.M.  
Church, Chapel, Graveside Church & S.S.; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 5177 Grave - Row - Section - Division/Block 10

Grave space & Care Fund	<u>695<sup>00</sup></u>
Additional spaces and care fund <u>Rev'd up 5176 + 5175 - 30 days</u>	<u>-</u>
Opening/Closing & Setup	<u>320<sup>00</sup></u>
Burial Container <u>Double Crypt</u>	<u>330<sup>00</sup></u>
Handling Fees	<u>320<sup>00</sup></u>
Flower vases - Marker setting fee	<u>-</u>
Recording and filing fee	<u>35.00</u>
Sales taxes	<u>19.80</u>
<b>PAID</b> FEB 3 1986 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	<u>1719.80</u>
Total Due	<u>33650 40000</u>

2-3-86-330667 Balance due 1319.80  
319.80  
Wife

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Arthur King  
Signature  
821 So 30th  
Address  
LA, CA - 92103  
State  
233-1547  
Telephone Zip Code

Work Order # E 5679  
PY-593 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # Ortiz



**NOTE—STRAIGHT**

\$ 1319<sup>80</sup> San Diego, California, January 23, 1986  
-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 Thirteen Hundred Ninety and <sup>80</sup>/<sub>100</sub> DOLLARS.

with interest from Feb-24, 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 Arthur L King  
5030 Lusi Ave S.D.

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

for Arthur King →

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33050

Date: 1-23-86 19

From: Mystle King Address: 821 So 30th St 92113

Four hundred and no 100 Dollars (6 400<sup>00</sup>)

In Part Payment of Deposit on Interment Arthur King - due

Lot 5177 Grave 0 Section 0 Division 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5679  
 Unpaid Balance after this Payment 1319.80

Pre-Need  At Need  On Acct   
 Ck  Cash

NOT VALID FOR PURCHASE STATED UNLESS SIGNED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 JAN 31 1986  
 006504-1986  
 ISSUED BY Proyen [Signature]

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>400</u>	<u>00</u>
77184			
Openings & Service Charges	100		
77181			
Burial Containers	100		
77182			
Recording fees or misc. service fees	100		
77183			
Sales Tax	80101		
9020			
TOTAL PAID		<u>400</u>	<u>00</u>



E 5079

PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ARTHUR KING</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>Dec. 1, 1916</b>	DATE OF DEATH <b>Jan. 20, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Myrtle King - Wife 821 South 30th St. San Diego, CA. 92113</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>MT HOPE CEMETERY: 3751 MARKET ST.: SAN DIEGO, CA.</b>		COUNTY <b>SAN DIEGO</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 23 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Brown, M.D. C.</i>
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 <i>Leoy... ..</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 33066

Date: 02-03, 1986

From: Mettle King Address: 821 So. 30th St. La. 92113

Thirteen hundred nineteen and 80/100 Dollars (\$ 1319<sup>80</sup>)

In full Payment of Arthur King services

Lot 5177 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5679

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  
 FEB 05 1986

ISSUED BY B. Lang

CREDIT	57007	
20% Sales Tax	77184	139 00
80% Sales of Lots	100 77184	156 00
Openings & Service Charges	100 77181	320 00
Barrel Containers	100 77182	330 00
Recording fees or misc. service fees	100 77183	355 00
Sales Tax	80101 9020	19 80
TOTAL PAID		1319 80



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 01-22-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dellasee Bell in a Double Crypt Vault/Urns Funeral, date, time Tuesday 1-28-10AM Church, Chapel, Graveside Church - St. L. ; Regdale Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 154 Grave 8 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund .....	<u>Preneed</u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container <u>Double Crypt -</u> .....	<u>330.00</u>
Handling Fees .....	<u>320.00</u>
Flower vases - Market setting fee .....	
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>19.80</u>
<u>Reserve</u> .....	
<b>PAID</b> JAN 24 1986 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	
Total Due .....	<u>1024.80</u>
.....	<u>330.53</u>
.....	<u>1024.80</u>
Balance due .....	<u>0</u>

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

\* William H. Bell  
Signature  
\* 3338 Imperial ave -  
Address  
San Diego Cal 92102  
State Zip Code

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5680  
PY-553 (REV. 8-85)

850

1024.80  
174.80

**OFFICIAL RECEIPT**



WHITE ..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR  
GOLDENROD..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
264-3151

No 33053

Date: 1-24- 1986

From: William H. Bell Address: 3338 Imperial - SD 92102  
One thousand Two hundred and 80/100 Dollars (\$ 1024.80)  
 In full Payment of Interment of William Bell + Double Crypt -

Lot 154 Grave 80 Row — Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5680

Unpaid Balance after this Payment 0

Pre-Paid  At Need  On Acct

Ck 1741  Cash 25

# 1912  
AC-312 (REV. 9-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THE PRESENCE OF

AUDITOR  
JAN 31 1986

ISSUED BY

*[Handwritten Signature]*

CREDIT	67007	
20% Sales Tax	77184	<u>0</u>
80% Sales of Lots	100	<u>0</u>
77184		
Openings & Service Charges	100	<u>320 00</u>
77181		
Burial Containers	100	<u>330 00</u>
77182		
Recording fees or misc. service fees	100	<u>355 00</u>
77183		
Sales Tax	80101	<u>19 80</u>
8020		
TOTAL PAID		<u>\$ 1024 80</u>



E5680

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>DELLARKE BELL</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>Jan. 19, 1916</b>	DATE OF DEATH <b>Jan. 21, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>SAN DIEGO</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>William H. Bell - Husband 3338 Imperial Ave. San Diego, CA. 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>MT. ROSE CEMETERY: 3751 Market St. San Diego, CA.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 24 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Rames</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Deborah L. ...</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

**MT. HOPE CEMETERY**  
**INTERMENT ORDER**

City of San Diego

Date 1-23-86

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Mrs. Opal M. Coy Ronger

in a none Vault/Liner Funeral, date, time 1-28 10Am - Tue

Church, Chapel, Graveside Graveside : Roger Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 8 Grave 5 Row - Section MAS Division/Block D

Grave space & Care Fund A-3486

Additional spaces and care fund none

Opening/Closing & Setup  105.00

Burial Container none

Handling Fees -

Flower vases - Marker setting fee -

Recording and filing fee 35.00

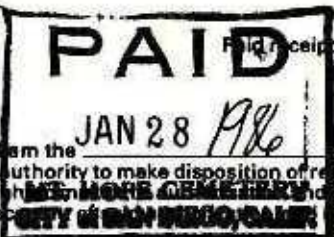
Sales taxes -

Total Due 140.00

Field receipt number 33057 140.00

Balance due 0

*Responsible for*



I hereby certify from the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this interment and agree to hold Mt. Hope Cemetery harmless from any liability on account of the interment. at - lot owned by John \_\_\_\_\_

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Site \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 5681

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33057

Date: 1-28- 1986

From: Jenith Olson Address: 2649-Vistaway #8-Oceanside 92054

In One Hundred forty and 00/100 Dollars (\$ 140<sup>00</sup>)

in full Payment of Interment in Grave of Opal M. Coy-Ranger-

Lot 8 Grave 5 Row \_\_\_\_\_ Section MAS Division Block D

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5781

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

# 232

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 JAN 31 1986  
 [Signature]

CREDIT	87007	
20% Sales Tax	77184	<u>0</u>
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	<u>105 00</u>
	77181	
Serial Containers	100	
	77182	
Recording fees or misc. service fees	100	<u>35 00</u>
	77183	
Sales Tax	80101	
	9020	
TOTAL PAID		<u>140 00</u>

E5681

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>OPAL McCOY RUNGEE</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Aug. 19, 1900</b>	DATE OF DEATH <b>Jan. 21, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Escondido</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Janith Olson - Daughter</b> <b>3595 McIntire Circle</b> <b>Oceanside, CA 92056</b>
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>69</b>		

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 <b>N/A</b>		COUNTY
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Leneda Crematory-14065 Olde Highway 80</b>	DATE CREMATED <b>1/26/86</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>
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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>[Signature]</b> DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 24 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-23-86

*Preneed for:*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Clois B. Ammann

in a Top Seal - Vault/Urns Funeral, date, time Free - 11 AM - 1-28th

Church, Chapel, Graveside Chapel & S. ; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day of an extra charge will be applied and billed to undersigned. War time veteran NO

✓ Lot 1857 Grave      Row      Section      Division/Block 10

Grave space & Care Fund .....	<u>595.00</u>
Additional spaces and care fund .....	
Opening/Closing & Setup .....	<u>320.00</u>
Burial Container <u>Top Seal</u> .....	<u>175.00</u>
Handling Fees .....	<u>170.00</u>
Flower vases - Marker setting fee .....	
Recording and filing fee .....	<u>35.00</u>
Sales taxes .....	<u>10.50</u>
<b>Total Due</b> .....	<u>1305.50</u>
Paid receipt number <u>33052</u>	<u>100.00</u>
<b>Balance due</b>	<u>1205.50</u>

*(See over)*  
300pm

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Robert H. Ammann  
Address 4951 Ant St.  
S.D., Ca. 92115  
Phone 287-6489 Zip Code

Work Order # E 5682

Invoice # 040582  
Acct. # 016363

**LOT OWNER**

E-5682

AMMANN, Robert G., 4951 Art St., SD, CA 92115

NAME

ADDRESS

LOT 1857 GR. \_\_\_\_\_ ROW \_\_\_\_\_ SEC \_\_\_\_\_ BLK \_\_\_\_\_ DIV 10



E5682

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
254-3151

No 33052

Date: 11-23, 1986

From: Robert L. Ammann Address: 4951 W. St. La Jolla Ca 92035

One hundred and no/100 Dollars (\$ 100.00)

In Payment of Pre-paid lot & service fee  
for Robert L. Ammann

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5682

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 31 1986

ISSUED BY \_\_\_\_\_

CREDIT	87007	
20% Sales Tax	77184	20.00
80% Sales of Lots	100	80.00
77184		
Openings & Service Charges	100	
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	
77183		
Sales Tax	80101	
8020		
TOTAL PAID		\$ 100.00

E5682

**CITY TREASURER  
SAN DIEGO, CALIFORNIA**

4950303/28/86		1205.50	INVS
03/28/86 4950	2	1205.50-	CH
03/28/86 4950	3	.00	BA



E.5682

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>ELSIE BETTY AMMANN</b>		SEX <b>female</b>	DATE OF BIRTH <b>Nov 4, 1920</b>	DATE OF DEATH <b>Jan 24, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Robert G. Ammann - husband</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BENBOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>4951 Art St. San Diego, CA 92115</b>	

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 27 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Michael L. Ramirez, M.D.</i>
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 <i>Seay</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

E5682

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

No 33225

Date: 3/28/86, 19

From: Robert J. Ammann Address: 4951 out St - D.D. 92115

Twelve hundred and fifty <sup>50</sup>/<sub>100</sub> Dollars @ 1205<sup>50</sup>/<sub>100</sub>

In full Payment of Interment fees - Invoice - Elsie B. Ammann - Dec

Lot 1857 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. 040582

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

506  
AC-312 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.  
  
*[Signature]*

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77161	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8030	
TOTAL PAID		1205 50



CITY OF SAN DIEGO  
 AUDITOR & COMPTROLLER  
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 04/01/86

DATE: 04/01/86  
 TIME: 233653  
 PAGE: 7

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
040582	03/03/86	016363	ROBERT G. AMMANN			03/28/86	CK	506	1,205.50	1,205.50	0.00
			100 072	77181	000072				320.00		
			100 072	77182	000072				175.00		
			100 072	77183	000072				205.00		
			100 072	77184	000072				396.00		
			60101	9020					10.50		
			67007	77184					99.00		

*E-5682*

PAID IN FULL

*E5682*

MT. HOPE CEMETERY

INTERMENT ORDER

aka. Dorothy Joan Sibriel Jennings City of San Diego

Date 1-27-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy Joan Boykins

in a Bell liner Vault/Liner Funeral, date, time 1-27-Mon-9Am

Church, Chapel, Graveside Mount St Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 90 Grave "7" Row \_\_\_\_\_ Section 15 Division/Block 7

Grave space & Care Fund ..... 495<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container ..... 100<sup>00</sup>

Handling Fees ..... 145<sup>00</sup>

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 6<sup>00</sup>

Total Due ..... 1101<sup>00</sup>

Paid receipt number 33056 1101.00

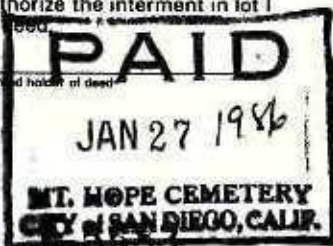
Balance due 0

Phone order

I hereby certify I am the Jessie Dr. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under \_\_\_\_\_

Signature of record holder of deed \_\_\_\_\_



Work Order # 1-8883

PV-593 (REV. 8-85)

E5683

Via Phone  
Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_





30" Steel Drain

Section 5

E5183



OFFICIAL RECEIPT



WRITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33056

Date: Jan 27, 1986

From: Anderson - Ragdale Address: 5050 Federal Blvd - 5th 92102

In full Payment of Instrument of Dorothy Jean Gabriel Roykin due Dollars (\$ 1101.<sup>00</sup>/<sub>100</sub> )

Lot 90 Grave "17" Row \_\_\_\_\_ Section 15 Division Block 7

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E5683  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash   
5824  
 AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS OFFICE  
 CITY AUDITOR  
 JAN 31 1986  
 ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	99 00
80% Sales of Lots	100 77184	396 00
Openings & Service Charges	100 77181	320 00
Burial Containers	100 77182	100 00
Recording fees or mic. service fees	100 77183	180 00
Sales Tax	60101 9030	6 00
<b>TOTAL PAID</b>		<b>1101 00</b>



E 5683

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>AKA Dorothy Joan Gibról Jennings Dorothy Joan Boykins</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 21, 1924</b>	DATE OF DEATH <b>Jan. 22, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>National City</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Georgia M. Haley - Sister 3265 Adams Avenue San Diego, California 92116</b>		
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market Street; San Diego, California</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JAN 24 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald E. Romo M.D.M.M.</i>
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 ▶ <i>Larry Stetter</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Frank Merritt

in a Bell hearse Vault/Liner Funeral, date, time 1-29-Wed-11Am

Church, Chapel, Graveside Graveside Mortuary, Slawson

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran \_\_\_\_\_

Lot 4390 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-nud DIP \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 90.00

Burial Container \_\_\_\_\_ 39.00

Handling Fees \_\_\_\_\_

Flower vase - Marker setting fee 19.80

Recording and filing fee 606

Sales taxes 477

**PAID**  
JAN 29 1986  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.  
606  
477  
29.80

By Phone

Total Due 129.00

Paid receipt number 33059 129.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Via Phone

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5684

PY-593 (REV. 8-85)



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 33059

Date: 1-29-86, 1986

From: Slawson Chapel Address: Grants Pass - Oregon

One Hundred Twenty Nine and 00/100 Dollars (\$ 129.00 )

In full Payment of updating Frank Merritt P-need

Lot 4290 Grave --- Row --- Section --- Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5684

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85) 8595

NOT VALID FOR REFUND UNLESS STAMPED  
 "PAID" IN THIS SPACE  
**CITY AUDITOR**  
 JAN 31 1986  
 ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100		90 00
	77181		
Burial Containers	100		39 00
	77182		
Recording fees or misc. service fees	100		
	77183		
Sales Tax	60101		
	9020		
TOTAL PAID	\$	<u>129</u>	<u>00</u>

E5684

STATE OF OREGON  
DEPARTMENT OF HUMAN RESOURCES  
HEALTH DIVISION

**AUTHORIZATION FOR FINAL DISPOSITION**

THIS FORM WHEN SIGNED BELOW BY THE FUNERAL SERVICE LICENSEE AND OR THE COUNTY REGISTRAR SHALL SERVE AS A DISPOSAL/TRANSIT PERMIT FOR THE REMAINS OF THE DECEDENT NAMED HEREON.

DECEASED: Frank Merritt DATE OF DEATH: Jan. 25, 1986  
200 Lewis Ave. Sp. 82

PLACE OF DEATH: Grants Pass, Ore. FUNERAL HOME: Slawson's Chapel

I HAVE CONTACTED DR. Frank Pirtzer AND THE DOCTOR HAS AGREED TO SIGN A CERTIFICATION OF THE CAUSE OF DEATH AS SOON AS POSSIBLE. THIS ALLOWS FINAL DISPOSITION AS PRESCRIBED BY THE FAMILY.

TIME: Jan. 27, 1986 DATE: 9:10 AM

SIGNATURE: \_\_\_\_\_  
FUNERAL SERVICE LICENSEE AND OR COUNTY REGISTRAR

FINAL DISPOSITION WILL BE:  CREMATION  SHIP OUT  BURIAL Mt. Hope Cemetery, San Diego, Ca.

FAMILY MEMBER: \_\_\_\_\_ RELATIONSHIP: Step Son  
SIGNATURE

THE FUNERAL DIRECTOR OR CEMETERY/CREMATORY AUTHORITY SHALL RETURN THE ORIGINAL OF THIS FORM TO THE COUNTY REGISTRAR IN THE COUNTY WHERE DEATH OCCURRED AT THE CLOSE OF EACH MONTH.



(503) 479-7581

E 5684

**Slawson's Chapel Of The Valley**  
FUNERAL HOME

ROD BARTLETT

2065 UPPER RIVER RD,  
GRANTS PASS, ORE. 97526

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-27-86

You are hereby authorized and instructed, subject to our rules and regulations, to inter the remains

of Joseph Robinson

in a Top Seal Vault/Urns Funeral, date, time Wed - 2 PM - 1-29.

Church, Chapel, Graveside Chapel 4 & S; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 31 Grave 1 Row - Section 3 Division/Block 12

Grave space & Care Fund ..... 395<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 320<sup>00</sup>

Burial Container Top Seal Vault ..... 175<sup>00</sup>

Handling Fees ..... 170<sup>00</sup>

Flower vases - Marker setting fee ..... 35<sup>00</sup>

Recording and filing fee ..... 10.50

Sales taxes ..... 1105.50

30 day open note

2/26/86

Total Due ..... 500<sup>00</sup>

Paid receipt number 33136

Balance due 605<sup>50</sup>

I hereby certify I am the Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Joseph Robinson  
Signature  
3143 E. St  
Address  
SAN DIEGO CA 92102  
City  
39-7863-238-0509  
Telephone  
Zip Code

Work Order # E 5685

Invoice # 040583

Acct. # 016364



77181 - 215  
77182 - 175  
77183 - 205  
60101 - 10.50

31

## OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 33136

Date: 02-26 1986From: Walter J. Miller Address: 214 - 7th St. San Diego, CA 92101Five hundred and no/100 Dollars (\$ 500.00)In part Payment of Gravesite Maintenance ServiceLot 31 Grave 1 Row \_\_\_\_\_ Section 3 Division 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5625Unpaid Balance after this Payment \$615.00

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 9-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

CITY AUDITOR  
 MAR 4 1986

ISSUED BY C. Lang

CREDIT	62007	
30% Sales Tax	77184	<u>179.00</u>
80% Sales of Lots	100	<u>316.00</u>
77184		
Openings & Service Charges	100	<u>105.00</u>
77181		
Burial Containers	100	
77182		
Recording fees or misc. service fees	100	
77183		
Sales Tax	80101	
9020		
TOTAL PAID		<u>500.00</u>



BUS. 238-0809  
RES. 238-7868

E5685



ROBINSON REALTY  
IVAN ROBINSON  
REALTOR  
BUSINESS OPPORTUNITIES  
NOTARY PUBLIC

HOME  
INCOME  
LOTS

3151 F STREET  
SAN DIEGO, CALIF.

040583 03/03/86 016384 IVAN ROBINSON 11/18/85 CA E-5685  
 ✓ E-5685  
 100 072 77181 000072  
 100 072 77182 000072  
 100 072 77183 000072  
 60101 9020

305.50  
 108.48  
 88.29  
 103.43  
 5.30  
 605.50 PARTIAL PAYMENT 300.00

040583 03/03/86 016384 IVAN ROBINSON ✓ 11/18/85 CA 549176  
 E-5685  
 100 072 77181 000072  
 100 072 77182 000072  
 100 072 77183 000072  
 60101 9020

150.00  
 53.25  
 43.35  
 50.73  
 2.61  
 605.50 PARTIAL PAYMENT 150.00

CITY OF SAN DIEGO  
 AUDITOR & COMPTROLLER  
 REPORT NO. C05-102

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 12/04/80

DATE: 12/04/  
 TIME: 234456  
 PAGE: 3

DEPARTMENT 052 CITY TREASURER

GENERAL INV-REF TO TREASURER

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ALCT	J/D	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
040583	03/03/86	016384	IVAN ROBINSON ✓	100	072		77181		12/01/86	CK	9459	150.00	605.50	0.00
				100	072		77182					53.25		
				100	072		77183					43.35		
				100	072		77183					50.78		
				60101			9020					2.61		

E-5685

mt. Hope

E-5685



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33344

Date: 05-08, 1986

From: Ivan Robinson Address: 3143 F St SD Ca 92102

Three hundred five and 50/100 Dollars (\$ 305.50)

In part Payment of Joseph Robinson Service

Lot 31 Grave 1 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. 040583

Acct. No. 016364

W.O. E-5685

Unpaid Balance after this Payment \$ 300.00

Pre-Need  At Need  On Acct   
 Ck  Cash

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

1986

ISSUED BY B. Tang

CREDIT	67007	
20% Sales Care	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	\$	<u>315.50</u>

E5685

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>JOSEPH ROBINSON</b>		SEX <b>Male</b>	DATE OF BIRTH <b>March 12, 1913</b>	DATE OF DEATH <b>Jan. 27, 1986</b> <b>Found</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Ivan Robinson - Brother</b> <b>3143 "F" Street</b> <b>San Diego, CA 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragsdale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market St.: San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 28 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramsey M.D.M.M.</i>
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 <i>Joseph [Signature]</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 1-28-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Walbur Hand ~~☒~~

in a ash vault Vault/Liner Funeral, date, time Fri - 11 Am 1-31

Church, Chapel, Graveside ~~☒~~ - Family - Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

Lot 2182 Grave - Row - Section 3 Division/Block 8

Grave space & Care Fund - Paid - ~~☒~~

Additional spaces and care fund

Opening/Closing & Setup 105<sup>00</sup>

Burial Container ash vault - 40<sup>00</sup>

Handling Fees 60<sup>00</sup>

Flower vases - Marker setting fee

Recording and filing fee 35<sup>00</sup>

Sales taxes 2.40

Total Due 242.40

Level grave 33058 242.40

Will bury cremain Balance due 0



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Cecelia J Hand  
 Signature  
> 1951-474-st Sp 179  
 Address  
> San Diego Ca 92102  
 State  
> 264-5586 Zip Code  
 Telephone

Work Order # E 5686

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

22260  
E5686

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Wilbur Henry Hand</b>		SEX <b>Male</b>	DATE OF BIRTH <b>05-24-1911</b>	DATE OF DEATH <b>01-23-1986</b>
PLACE OF DEATH—CITY OR TOWN <b>La Mesa</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Cecelia Hand (Wife) 1951 47th Street Sp.#179 San Diego, CA 92102</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>THE TELOPHASE SOCIETY</b>		CALIFORNIA LICENSE NUMBER <b>F 1272</b>		

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 <b>N/A</b>		COUNTY <b>N/A</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>CREMAR CREMATORY - ANAHEIM, CA</b>	DATE CREMATED <b>1/30/86</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery 3751 Market St. San Diego</b>		COUNTY <b>San Diego</b>
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 <b>N/A</b>		

ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <i>Cecelia S. Hand</i>
		DATE SIGNED <b>Jan. 27, 1986</b>

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
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LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 29 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>1-31-86</b> (ENTER DATE) <b>E-5686-</b>	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
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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**  
 254-3151

No 33058

Date: 1-28-86, 19

From: C.S. Stend Address: 1951-47th St Sp 179-5D 92102

In full Payment of Interment - Remains of Wilbur Hand - dec 86 Dollars (\$ 242.40)

Lot 2182 Grave — Row — Section 3 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5686

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

NOT VALID FOR PURPOSES UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR

JAN 31 1986

*Joseph [Signature]*

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	105.00
	77181	
Burial Containers	100	40.00
	77182	
Recording fees or misc. service fees	100	95.00
	77183	
Sales Tax	80101	2.40
	8020	
TOTAL PAID		242.40

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-28-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Steven Francis Dollar

in a none Vault/Liner Funeral, date, time Wed 1/29 - 2P.M

Church, Chapel, Graveside Shoreline; Featherhill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 711 Grave - Row - Section 1 Division/Block 9

Grave space & Care Fund ..... 100<sup>00</sup>

Additional spaces and care fund ..... none

Opening/Closing & Setup ..... 105<sup>00</sup>

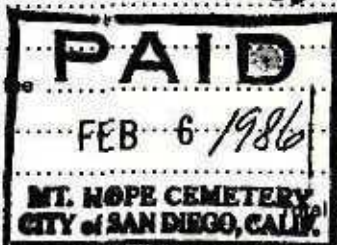
Burial Container ..... none

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 35<sup>00</sup>

Sales taxes ..... 240<sup>00</sup>



Due ..... 240<sup>00</sup>

Paid receipt number 33083 240<sup>00</sup>

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Steven Dollar  
Signature  
900 E. Saturnino Rd #121  
Address  
Palm Springs, Ca. 92262  
State  
(619) 320-9561  
Telephone

Work Order # E 5687

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E5687

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>STEVEN FRANCIS DOLLAR</b>		SEX <b>Male</b>	DATE OF BIRTH <b>Jan. 25, 1986</b>	DATE OF DEATH <b>Jan. 25, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Loma Linda</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Bernardino</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Jerry Dollar, father 900 E. Saturnino Rd., Apt. 121 Palm Springs, Calif.</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Featheringill Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1083</b>		

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 <b>Mt. Hope Cemetery, San Diego, Calif.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>	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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no 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 <b>\$5.60</b>	DATE PERMIT ISSUED <b>JAN 29 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Rosalind L. Conway, M.D.</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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 33083

#121 Date: 10-16, 1986  
 From: Major Dollar Address: 9008 Saturnino Palm Springs  
Two hundred forty and no/100 Dollars (\$ 240.00)  
 In full Payment of Steven F. Dollar Invoice

Lot 711 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5687  
 Unpaid Balance after this Payment \_\_\_\_\_

Pre-Need  At Need  On Acct   
 Ck  Cash

NOT VALID FOR PURPOSES UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**  
 FEB 13 1986  
 1986

ISSUED BY B. Lang

CREDIT	87007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Openings & Service Charges	100 77181	165	00
Burial Containers	100 77182		
Recording fees or misc. service fees	100 77183	25	00
Sales Tax	80101 8030		
<b>TOTAL PAID</b>		<b>240</b>	<b>00</b>



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 33310

From: Sharon Dollar Address: 900 E Saturnia Palm Sp Ca 92108  
 #121 Date: 04-28, 1986  
Fifteen and 90/100 Dollars (\$ 15<sup>90</sup>)  
 In full Payment of Flower vase for Steven Dollar

Lot 711 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-5687  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
**CITY AUDITOR**  
**APR 30 1986**  
 ISSUED BY B. Lang

CREDIT	67007		
30% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		5 00
	77182		
Recording fees or misc. service fees	100		10 60
	77183		
Sales Tax	80101		30
	8020		
TOTAL PAID	\$		15 90

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*See*  
*Work Order E-5749*

Date 1-28-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Suketaro Kamura

in Top Seal Vault Funeral, date, time Sat-10 AM 3/1

Church, Chapel, Graveside Shanside; Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 5233 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Burial -

Additional spaces and care fund - One - -

Opening/Closing & Setup 320<sup>00</sup>

Burial Container Top Seal Vault 175<sup>00</sup>

Handling Fees Sat O.T. 380 - Vat fee 170<sup>00</sup> 550<sup>00</sup>

Flower vases - Marker setting fee -

Recording and filing fee 35<sup>00</sup>

Sales taxes 10.50

*will pay*  
*Sat FEB 4 1986*

**PAID**  
**MT. HOPE CEMETERY**  
**CITY OF SAN DIEGO, CALIF.**

Total Due 1090.50

Paid receipt number 33068 109050

Balance due 0

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Hatsune Muroi  
Signature  
1207 Helix St.  
Address  
Spring Valley CA. 92077  
City  
466-2265  
Telephone  
Zip Code

Signature of recorded holder of deed

420-6345

Work Order # E 5688  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33068

Date: 2-4-86, 1986

From: Hatsune Mukai Address: 1207 Helix St San Diego, CA 92077  
One thousand ninety and 50/100 Dollars (\$ 1090.50)  
 In full Payment of Interment Fees for Subetsu Kamura-dai

Lot 5233 Grave      Row      Section      Division Block 10

Invoice No.       
 Acct. No.       
 W.O. E-5688  
 Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash   
647  
 AC-212 (Rev. 5-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.  
 CITY AUDITOR  
 FEB 05 1986  
 [Signature]

CREDIT	67007		
30% Sales Tax	77184		
80% Sales of Lots	100		
	77184		
Openings & Service Charges	100	320	00
	77181		
Burial Containers	100	175	00
	77182		
Recording fees or misc. service fees	100	550	00
	77183		
		35	00
Sales Tax	80101	10	50
	8020		
<b>TOTAL PAID</b>		<b>1090</b>	<b>50</b>

E5688

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>SUKETARO MNM KAMIURA</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>MARCH 11, 1889</b>	DATE OF DEATH <b>JAN 26, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Chula Vista</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Hatsune Makai - daughter 1207 Helix St. Spring Valley, CA 92077</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BENBOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)            | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          |   |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                     |   |   |

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery - 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶	
			DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 30 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Ronald L. Roman M.D.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON	<b>FEB 1 1986</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Raymond [unclear]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Rhoda Lucille Jackson

in a Bell Union Vault/Liner Funeral, date, time 1-29-11Am

Church, Chapel, Graveside Graveside; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot 45 Grave 4 Row \_\_\_\_\_ Section 2 Division/~~Room~~ 11

Grave space & Care Fund .....	<u>250<sup>00</sup></u>
Additional spaces and care fund .....	<u>None</u>
Opening/Closing & Setup .....	<u>320<sup>00</sup></u>
Burial Container .....	<u>100<sup>00</sup></u>
Handling Fees .....	<u>141<sup>00</sup></u>
Flower vases - Marker setting fee .....	<u>—</u>
Recording and filing fee .....	<u>35<sup>00</sup></u>
Sales tax .....	<u>6<sup>00</sup></u>
<b>PAID</b> JAN 29 1986 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.	Total Due .....
	<u>836<sup>00</sup></u>
	Paid receipt number <u>33060</u>
	<u>836<sup>00</sup></u>
	Balance due <u>0</u>

I hereby authorize \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

By Rhoda Ragsdale - or -  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # **E 5689**  
PY-583 (REV. 8-85)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3181

No 33060

Date: 1-29-86, 19

From: Ragsdale Montway Address: 5050 Federal St 92102

In Full Payment of Interment of Rhoda L. Jackson-Dun Dollars (\$ 856.00 )

Lot 45 Grave 4 Row \_\_\_\_\_ Section 2 Division 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5689

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

**CITY AUDITOR**  
 JAN 31 1986

*[Signature]*

CREDIT	87007	
20% Sales Tax	77184	<u>50.00</u>
80% Sales of Lots	100 77184	<u>200.00</u>
Openings & Service Charges	100 77181	<u>320.00</u>
Burial Containers	100 77182	<u>100.00</u>
Recording fees or misc. service fees	100 77183	<u>180.00</u>
Sales Tax	80101 8020	<u>6.00</u>
<b>TOTAL PAID</b>		<b><u>856.00</u></b>



E5689

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>RHODA LUCILLE JACKSON</b>		SEX <b>FEMALE</b>	DATE OF BIRTH <b>May 14, 1915</b>	DATE OF DEATH <b>Jan. 24, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Rodney O. Jackson - Son 3558 National Avenue San Diego, California 92113</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Anderson-Ragedale Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>1329</b>		

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 <b>Mt. Hope Cemetery: 3751 Market Street: San Diego, California</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>3.00</b>	DATE PERMIT ISSUED <b>JAN 29 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON: _____ (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Donald E. Ramos, M.D.M.M.</i> SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Leslie W. Stebbins</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-29-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Dorothy Louise Nichols

in a Top Seal Vault Funeral, date, time 2 P.M. / 30/86

Church, Chapel, Graveside Shoreline; Louis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran No

Lot 12 Grave 1 Row \_\_\_\_\_ Section 4 Division/Block 5

Grave space & Care Fund Per need

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container Top Seal Vault 175.00

Handling Fees 170.00

Flower vases - Marker setting fee \_\_\_\_\_

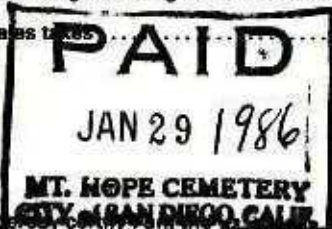
Recording and filing fee 35.00

Sales tax 10.50

Total Due 710.50

Paid receipt number 33061 710.50

Balance due 0



I, Harriet of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_  
Signature Warren M. Nichols  
Address 7506 So. Coast Hwy  
Laguna Beach, CA 92653  
Telephone 714-494-7220

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5690

PR-583 (REV. 8-85)



E5690

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>DOROTHY LOUISE NICHOLS</b>		SEX <b>female</b>	DATE OF BIRTH <b>January 21, 1911</b>	DATE OF DEATH <b>January 28, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>self...by pre-arrangement</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BENBOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>		

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 <b>Mt. Hope Cemetery - 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>JAN 30 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <b>Ronald L. Ramos, M.D.</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>01-30-86</b> (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 33061

Date: 1-29-86

From: Walter M Nichols Address: 4060-32nd St A D 92104

In full Payment of Interment fees for Dorothy Louise Nichols - dec Dollars (\$ 710<sup>50</sup>)

Lot 12 Grave 1 Row - Section 4 Division Block 5

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5690

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR  
 JAN 31 1986

ISSUED BY Raymond [Signature]

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	320 00
	77181	
Burial Containers	100	175 00
	77182	
Recording fees or misc. service fees	100	205 00
	77183	
Sales Tax	80101	10 50
	9020	
<b>TOTAL PAID</b>		<b>710 50</b>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Donation & Property transfer from E. M. Skinner Date 01-30-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

to: Supv Agent Ralph Williams in SD County Funeral, date, time: (see attached)

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

✓ Lot 5 Grave 546 Row \_\_\_\_\_ Section 2 Division/Block 3

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

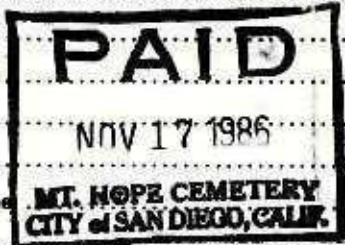
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



35.00

Total Due 35.00

Paid receipt number 33935

Balance due 0

11-17-86

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Patricia L. Johnson  
Address 1149 WHEATON OAKS DR  
WHEATON, IL 60187  
State IL Zip Code \_\_\_\_\_  
Telephone (312)-653-5357

Work Order # E 5691

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PY-593 (REV. 8-85)

#11364 Refund of \$35.00 see attached

# Last Will and Testament

of

RUTH R. PEDLER

I, RUTH R. PEDLER, a resident of Wheaton, Illinois, declare this to be my last Will and Testament and do hereby expressly revoke all former Wills and Codicils thereto, heretofore made by me.

FIRST: I direct my Executrix, hereinafter named, to pay all of my just debts and funeral expenses as soon after my demise as is convenient.

SECOND: I declare that I am widowed and that I was married to SAMEL PEDLER, JR. I declare that I have two children, namely PATRICIA L. JOHNSON and SAMUEL PEDLER, III. I declare that I have six grandchildren, namely, JUDITH ANN ROOT, CAROL JEAN AYLESWORTH, ROBERT SCOTT JOHNSON, MICHAEL STEVEN PEDLER, MATTHEW ERIC PEDLER, and MARTIN PAUL PEDLER.

THIRD: I give, devise and bequeath my interest in the real property located at 2169 National Avenue, San Diego, California to my six grandchildren, in equal parts, to share and share alike.

FOURTH: I give, devise and bequeath the rest, residue and remainder of my estate to my daughter, PATRICIA L. JOHNSON.

FIFTH: I appoint my daughter, PATRICIA L. JOHNSON, to act as Executrix of my estate, to serve without bond.



I, RUTH R. PEDLER, a resident of Wheaton, Illinois, declare this to be my last Will and Testament and do hereby expressly revoke all former Wills and Codicils thereto, heretofore made by me.

FIRST: I direct my Executrix, hereinafter named, to pay all of my just debts and funeral expenses as soon after my demise as is convenient.

SECOND: I declare that I am widowed and that I was married to SAMEL PEDLER, JR. I declare that I have two children, namely PATRICIA L. JOHNSON and SAMUEL PEDLER, III. I declare that I have six grandchildren, namely, JUDITH ANN ROOT, CAROL JEAN AYLESWORTH, ROBERT SCOTT JOHNSON, MICHAEL STEVEN PEDLER, MATTHEW ERIC PEDLER, and MARTIN PAUL PEDLER.

THIRD: I give, devise and bequeath my interest in the real property located at 2169 National Avenue, San Diego, California to my six grandchildren, in equal parts, to share and share alike.

FOURTH: I give, devise and bequeath the rest, residue and remainder of my estate to my daughter, PATRICIA L. JOHNSON.

FIFTH: I appoint my daughter, PATRICIA L. JOHNSON, to act as Executrix of my estate, to serve without bond. I authorize my Executrix to sell at either public or private sale,

R. R. P

with or without notice, any property belonging to my estate, subject only to the confirmation required by law. I further authorize my Executrix to continue the operation of any business belonging to my estate for such time and in such manner as my Executrix may deem advisable and for the best interest of my estate, or to sell or liquidate the business at such time and on such terms as my executor may deem advisable and for the best interest of my estate. Any such operation, sale or liquidation by my Executrix, in good faith, shall be at the risk of my estate and without liability on the part of my Executrix for any resulting losses.

FIFTH: I direct that any and all inheritance, estate, or other death taxes that may by reason of my death be attributable to my probate estate or any portion of it, including any property received by any person as a family allowance or homestead, shall be paid by Executrix out of the residue of my estate disposed of by this Will, without adjustment among the residuary beneficiaries, and shall not be charged against or collected from any beneficiary of my probate estate.

FIFTH: If any devisee, legatee, or beneficiary under this Will, or any legal heir of mine, or person claiming under them shall contest this Will or attack or seek to impair or invalidate any of its provisions, or conspire with or voluntarily assist anyone attempting to do any of those things, in that event I bequeath to each such person the sum of ONE DOLLAR (\$1.00) only, and all other legacies, bequests, devises and interests given under this Will to that person shall be forfeited and shall augment proportionally the shares of my estate going under



estate, or to sell or liquidate the business at such time and on such terms as my executor may deem advisable and for the best interest of my estate. Any such operation, sale or liquidation by my Executrix, in good faith, shall be at the risk of my estate and without liability on the part of my Executrix for any resulting losses.

FIFTH: I direct that any and all inheritance, estate, or other death taxes that may by reason of my death be attributable to my probate estate or any portion of it, including any property received by any person as a family allowance or homestead, shall be paid by Executrix out of the residue of my estate disposed of by this Will, without adjustment among the residuary beneficiaries, and shall not be charged against or collected from any beneficiary of my probate estate.

FIFTH: If any devisee, legatee, or beneficiary under this Will, or any legal heir of mine; or person claiming under them shall contest this Will or attack or seek to impair or invalidate any of its provisions, or conspire with or voluntarily assist anyone attempting to do any of those things, in that event I bequeath to each such person the sum of ONE DOLLAR (\$1.00) only, and all other legacies, bequests, devises and interests given under this Will to that person shall be forfeited and shall augment proportionally the shares of my estate going under

this Will to each of my devisees, legatees or beneficiaries as shall not have participated in such acts or proceedings. If all of my devisees, legatees and beneficiaries shall participate in such proceedings, I give, devise and bequeath the whole of my estate to my heirs at law according to the laws of succession of the State of California then in force excluding all contestants and all persons conspiring with or voluntarily assisting them.

SIXTH: In the event that any provision of this Will is or is adjudged to be, for any reason, unenforceable, the remainder thereof, disregarding such provision, shall be carried into effect.

SEVENTH: No interest shall be paid on any legacy given under this Will or any Codicil to it.

EIGHTH: I appoint Robert T. Dierdorff, 2725 Congress Street, Suite 1D, P.O. Box 81623, San Diego, California, as attorney for my estate.

WHEREFORE, I have hereunto set my hand this 22nd day of October, 1984, at Wheaton, Illinois.

*Ruth R. Pedler*

RUTH R. PEDLER, Testatrix

*Ruth R. Pedler*



On the date last above written, RUTH R. PEDLER declared to us the undersigned that the foregoing instrument, consisting of Four pages (4), including this page, was her Last Will and Testament, and requested us to act as witnesses to her Will. She thereupon signed this Will in our presence, all of us being present at the same time. We now, at her request, and in her presence and in the presence of each other, subscribe our names as witnesses.

We declare under penalty of perjury that the foregoing is true and correct, and that this was executed this 22nd day of October, 1984 at Wheaton, Illinois

Laura S. Nelson residing at 35.066 Mullerway Ln  
Glens Ellyn, Ill 60137

Shelley A. Sundberg residing at 519 W. Prairie Ave  
Wheaton, Ill 60187

John A. Purns residing at 318 Greenfield Ave  
Glens Ellyn, Ill 60137

Donate to County Library System

---

E.M. Skinner lots

~~was~~ inherited by  
Ruth R. Pedler

Patricia L. Johnson daughter  
inherited from Ruth Pedler -



THE CITY OF SAN DIEGO  
~~PARK DEPARTMENT~~—CEMETERY DIVISION

Quitclaim Deed

In consideration of Transfer of Cemetery property

for use as: To Supervising Agent for Real Property for  
San Diego County, Mr. Ralph Weismann or his successors, the  
proceeds of sale of lots to be used to purchase children's books  
I, We Patricia L. Johnson

DO HEREBY REMISE, RELEASE AND QUITCLAIM TO THE CITY OF SAN DIEGO, a Municipal Corpora-  
tion, 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: Lots 5

Graves 5 & 6, Section 2, Division 3

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 7<sup>th</sup> day of November 1986

EXECUTED IN THE PRESENCE OF  
THE FOLLOWING WITNESSES:

Patricia L. Johnson

Judith A. Hales

Cynthia L. MacLeod

Witnesses.

STATE OF CALIFORNIA, }  
COUNTY OF SAN DIEGO. } SS.

On this 4<sup>th</sup> day of November, 1986, before me JOAN E.

Neilsen, a Notary Public in and for said County and State,

residing therein, duly commissioned and sworn, personally appeared Patricia L.

Johnson known to be the person described in and whose

name is subscribed to the above instrument and acknowledged to me that she executed  
the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal at my  
office in said county of San Diego, State of California, on the date first above written.

Joan E. Neilsen

Notary Public in and for said County and State

My Commission expires 11/5/88

you keep on these County Records in memory of  
Patricia Johnson, California 1951 to 1968



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

11/17/1986

*E5691*  
No 11364

# DEED

Agent for Real Property  
San Diego County, OWNERSHIP AND INTERMENT PRIVILEGES  
TO Ralph Weismann or his successor for the sum of \$ 35.00 (DOLLARS)  
LEGAL DESCRIPTION Lot 5 Grave 5 & 6, Section 2 Division 3  
AS DESCRIBED ON PURCHASE ORDER NUMBER E-5691

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

PV-884

*Arthur Zula...*

\_\_\_\_\_  
Property Director



## LOT OWNER

E-5691

WEISMANN, Ralph, Agent for Real Prop 50 County

NAME

ADDRESS

LOT 5 GR. 5&6 ROW \_\_\_\_\_ SEC 2 BLK \_\_\_\_\_ DIV 3

Property transferred to be used for the proceeds  
for children's books (See quitclaim deed with  
WO 5691 11/17/1986)

*1/13/87 Application for refund  
 sent to Mrs. Robt Johnson  
 1149 Wheaton Oak, Wheaton, Ill*

E569

DISTRIBUTION:

PINK, WHITE, BLUE TO AUDITOR, VIA PURCHASING IF PAYMENT FOR MATERIALS OR SUPPLIES, ORIG. DEPT. RETAIN GREEN AND YELLOW.

# REQUEST FOR DIRECT PAYMENT

THE CITY OF SAN DIEGO

DP N20076830

IN PAYMENT OF THE FOLLOWING ITEMS

Refund of payment as per attached Application for Refund

ENCUMBRANCE DOCUMENT NUMBER

COMPLETE

RESPONSIBLE

DEPT. NO.: 072

SORT KEY

STANDARD DESCRIPTION (15 CHARACTERS)

PAYMENT DATE

FUND OVERRIDE

02 / 03 / 87

COMMENTS AND/OR SPECIAL INSTRUCTIONS:

INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)

TACODE

WRT-CK. NUMBER

LINE	VENDOR NUMBER & ALPHA	QTY	PAYEE FORMAT	NAME ADDRESS CITY STATE (2 LETTERS) ZIP CODE	AMOUNT	INVOICE NO. OR DESCRIPTION (MAX. 15 CHARACTERS)	TACODE	WRT-CK. NUMBER
1	1451236 PLJ			Patricia L. Johnson 1149 Wheaton Oaks Dr. Wheaton, ILL 60187	\$35.00			

TOTAL AMOUNT \$ 35.00

DISTRIBUTION OF CHARGES - TO BE COMPLETED BY ORIGINATING DEPARTMENT

ACTG LINE	CY PY	FUND	DEPT	ORG.	ACCOUNT	JOB ORDER	OPER. ACCT.	BENF/ EQUIP.	FACILITY	AMOUNT
1		100	072		77183					\$35.00

AUTHORITY FOR PAYMENT

RES./DOC. NO.

I CERTIFY THE ABOVE CLAIM IS TRUE AND CORRECT AS STATED

DEPT. HEAD OR DESIGNEE

PURCHASING APPROVAL

AGENT

AUDITOR APPROVAL

PREPARED BY

PHONE

DATE

DEPT./DIV. NAME

M.S.

Barbara Lang

264-3151

01/28/87

Prop/Mt. Hope

# 72

DP N20076830



## APPLICATION FOR REFUND

Approved by \_\_\_\_\_

Date \_\_\_\_\_

Charge: \_\_\_\_\_

Fund \_\_\_\_\_ Acct \_\_\_\_\_

X 1-16 1987

E5691

City Auditor and Comptroller:

The undersigned hereby requests refund

of \$ 35.00 paid 11/17 19 86 on Receipt # 33935 NO. \_\_\_\_\_

(NAME OF RECEIPT OR PERMIT)

for following reason(s): Transfer of Cemetery Property not approved by Cemetery  
Manager - not allowable under Cemetery Code.X Signed: Patricia L. Johnson Address: 1149 Wheaton Oaks Dr. 111 60187  
Wheaton,  
CLAIMANT

Claimants copy of original paid receipt or permit must be attached. If claimant is person other than one named in such receipt or permit, he must submit satisfactory evidence that he is entitled to refund payment

USE OF CITY ONLY

I hereby certify that payment to the City of San Diego of the above stated amount was made under mistake of law or fact, that payor has received no consideration from the City for such payment and that refund, subject to lawful limitations, may properly be made under provisions of Ordinance 3911 (NS).

Signed: Shoyen Stetter Title Cemetery mgr Date Jan 29 1987

OFFICIAL RECEIPT

No 33935



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

(60187) Date: 11-17, 1986

From: Patricia Johnson Address: 1149 Wheaton Oak Dr. Wheaton, IL

Spitty nine and no/100 Dollars (\$ 35.00 )

In full Payment of Property transfer to Supv. Agent  
Ralph Weismann, S.D. County

Lot 5 Grave 5+6 Row \_\_\_\_\_ Section 2 Division 3  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 5691

BALANCE DUE 0

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.

**CITY AUDITOR**  
 NOV 18 1986

ISSUED BY B. King

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77183	
Recording & Misc. Fees	100	<u>35.00</u>
Pre-Need Trust	63033	
Sales Tax	80101	
	78380	
<b>TOTAL PAID</b>		<b>\$ <u>35.00</u></b>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Nicole D. Ivy  
in a Ball Room Funeral, date, time Mon-2/3-11Am  
Church, Chapel, Graveside Church; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No.

✓ Lot 97 Grave 3 Row - Section 2 Division/Block 11

Grave space & Care Fund	250 <sup>00</sup>
Additional spaces and care fund	<u>none</u>
Opening/Closing & Setup	320 <sup>00</sup>
Burial Container	100 <sup>00</sup>
Handling Fees	145 <sup>00</sup>
Flower vases - Marker setting fee	-
Recording and filing fee	35 <sup>00</sup>
Sales taxes	6 <sup>00</sup>
<u>interment</u>	
Total Due	856 <sup>00</sup>
Paid receipt number <u>38063</u>	300 <sup>00</sup>
Balance due	556 <sup>00</sup>

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Edward Johnson  
Signature  
249 Republic Dr  
Address  
San Diego CA 92114  
State Zip Code

Telephone

Work Order # E 5692

PY-583 (REV. 8-85)

Invoice # 040625  
Acct. # 016377

# NOTE-STRAIGHT

\$ 556<sup>00</sup> - 90 - San Diego, California, Jan 30, 1986

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 Five Hundred Fifty Six and <sup>00</sup>/<sub>100</sub> DOLLARS.

with interest from June 6, 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 Edward Johnson

MAKE ALL PAYMENTS AT MT. HOPE CEMETERY OFFICE

Mailing Address

150<sup>00</sup> - Mar 3, 1986  
150<sup>00</sup> - Apr 3, 1986  
150<sup>00</sup> - May 3, 1986  
\$100<sup>00</sup> - June 3, 1986



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33063

Date: 1-30-86, 19

From: Shirley A. Johnson Address: 249 Peruvia Dr. ID - 92114  
Three Hundred and no 100 Dollars (\$ 300<sup>00</sup>)  
 In Part Payment of: Interment fees on Nicole D. Joy-dee

Lot 97 Grave 3 Row — Section 2 Division Block 11

Invoice No. —  
 Acct. No. —  
 W.O. E 5692  
 Unpaid Balance after this Payment 556<sup>00</sup>

Pre-Need  At Need  On Acct   
 Ck  Cash   
 CR# 2446  
 AC-212 (Rev. 8-86)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 FEB 05 1986  
 1986  
**006687**  
 ISSUED BY Loyen [Signature]

CREDIT	67007		
20% Sales Tax	77184	<u>50</u>	<u>00</u>
80% Sales of Lots	100 77184	<u>200</u>	<u>00</u>
Openings & Service Charges	100 77181	<u>50</u>	<u>00</u>
Small Containers	100 77182		
Recording fees or misc. service fees	100 77183		
Sales Tax	80101 8030		
<b>TOTAL PAID</b>		<u>300</u>	<u>00</u>

E5692

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>Nicole Denise Ivy</b>		SEX <b>Female</b>	DATE OF BIRTH <b>July 13, 1974</b>	DATE OF DEATH <b>Jan. 28, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Sharon Johnson - Mother</b> <b>249 Rexview Drive</b> <b>San Diego, CA</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>69</b>		

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 <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>JAN 31 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald E. Ramos M.D.M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>FEB 3 1986</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Sean [unclear]</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



040625 03/05/86 016377 EDWARD JOHNSON  
 100 072 77181 000072 04/2 /86 CK 2490  
 100 072 77182 000072  
 100 072 77183 000072  
 60101 9020

*E-561*

*Not Hope*

400.00  
 197.16  
 75.02  
 131.44  
 4.38

556.00 PAID IN FULL 0.00

CITY OF SAN DIEGO  
 AUDITOR & COMPTROLLER  
 REPORT NO. C65-102

ACCOUNTS RECEIVABLE  
 PAID INVOICE REPORT BY DEPARTMENT  
 AS OF 04/16/86

DATE: 04/16/86  
 TIME: 223 753  
 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	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
40625	03/05/86	016377	EDWARD JOHNSON						04/11/86	CK	2484	150.00	556.00	406.00
			100	072			77181	000072				72.84		PARTIAL PAYMENT
			100	072			77182	000072				26.98		
			100	072			77183	000072				48.56		
			60101				9020					1.62		

*E-5692*

NUMBER OF INVOICES PAID 1  
 TOTAL AMOUNT PAID 150.00

*E5692*

Don

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernard M. Haibrecht in a Top Seal Vault Vault/Case Funeral, date, time 2/3 - Mon - 1 P.M. Church, Chapel Graveside Chapel & S.S.; Louis Colonial Mortuary. All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran No

✓ Lot 96 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund Per need - \_\_\_\_\_

Additional spaces and care fund - one - \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 320<sup>00</sup>

Burial Container Top Seal Vault \_\_\_\_\_ 175<sup>00</sup>

Handling Fees \_\_\_\_\_ 170<sup>00</sup>

Flower vases - Marker setting \_\_\_\_\_

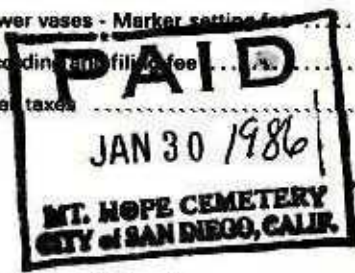
Recording and filing fee \_\_\_\_\_ 35.00

Sales taxes \_\_\_\_\_ 10.50

Total Due \_\_\_\_\_ 710.50

paid receipt number 33064 \_\_\_\_\_ 710.50

Balance due 0



I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Beata M. Haibrecht  
Signature 257 LIZT  
Address Cardiff Ca 92007  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 5693



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3181

No 33064

Date: 1-30-86, 19

From: Shadow Hibrecht Address: 257 Lind<sup>2</sup> - Cardiff 92007

Seven Hundred Ten and 50/100 Dollars (\$ 710<sup>50</sup> )

In full Payment of Interment fees for Bernard Hibrecht - he

Lot 96 Grave --- Row --- Section -1- Division 8

Invoice No. ---

Acct. No. ---

W.O. F-5693

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct   
 Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PROSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 AUDITOR  
 FEB 05 1986  
 0066  
 [Signature]

CREDIT	87007	
20% Sales Com	77184	
80% Sales of Lots	100	
77184		
Openings & Service Charges	100	320 00
77181		
Burial Containers	100	175 00
77182		
Recording fees or misc. service fees	100	205 00
77183		
Sales Tax	80101	10 50
9030		
TOTAL PAID		710 50

E 5693

## PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>BERNARD MATTHEW HATBRECHT</b>		SEX <b>MALE</b>	DATE OF BIRTH <b>AUG 16, 1924</b>	DATE OF DEATH <b>JAN 29, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>ENCINITAS</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>SAN DIEGO</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>LEOTA HATBRECHT - wife 257 Linst Ave. Cardiff by the Sea, CA 92007</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>LEWIS COLONIAL/BEDDOUGH MORTUARY</b>		CALIFORNIA LICENSE NUMBER <b>480</b>		

TYPE OF PERMIT. CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY<br><input type="checkbox"/> 4. SCIENTIFIC USE | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)<br><input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)<br><input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY | <input type="checkbox"/> 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)<br><input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
|--|--|--|

FOR THE PURPOSE OF ISSUING THIS PERMIT, DISINTERMENT IS DEFINED AS THE REMOVAL OF HUMAN REMAINS FROM ONE SPECIFIED PLACE OF DISPOSITION TO ANOTHER SPECIFIED PLACE OF DISPOSITION. COMPLETE EACH ITEM REQUIRED FOR THE TYPE OF PERMIT SPECIFIED ABOVE AND INVALIDATE EACH LINE NOT REQUIRED FOR THE SPECIFIED DISPOSITION.

BURIAL	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>MT. HOPE CEMETERY - 3751 Market St. San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>n/a</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>n/a</b>		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 <b>n/a</b>			
ACKNOWLEDGMENT OF APPLICANT	<p><b>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</b></p>		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>n/a</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>FEB 3 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Harold L. Ramos, M.D., M.M.</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>FEB 3 1986</b> (ENTER DATE)		SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Seamus J. [Signature]</i>	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 1-30-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Clara M. Rentfrow

in a Wilbert Vault Funeral, date, time 3/4 - 2 P.M.

Church, Chapel, Graveside Chapel 4 S.S.; Lewis - Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied  
and billed to undersigned. War time veteran \_\_\_\_\_  
805-643-9999

Lot 127 Grave 1 Row \_\_\_\_\_ Section 7 Division/~~Block~~ 1

Grave space & Care Fund Per need

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 320.00

Burial Container \_\_\_\_\_

Handling Fees They bring Wilbur "La Grande" 175 175.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording a/c filing 35.00

Sales taxes \_\_\_\_\_

**PAID**  
FEB 4 1986  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 530.00

Paid receipt number 23074 530.00

Balance due 0

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 5694

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E5694

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR  
GOLDENROD..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
254-3151

No 33074

Date: 02-04 1986

From: Walter Bentzen Address: 2700 Avenida 165, San Diego, CA

Two hundred thirty and no/100 Dollars (\$ 300.00)

In full Payment of Walter M. Bentzen

Lot 137 Grave 1 Row     Section 4 Division    

Invoice No.    

Acct. No.    

W.O. E-5694

Unpaid Balance after this Payment    

Pre-Need  At Need  On Acct

Ck  Cash

NOT VALID FOR PURPOSES CREATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR  
FEB 07 1986  
0000000000

ISSUED BY L. Wang

CREDIT	57997	
20% Sales Tax	77194	
80% Sales of Lots	100	
Openings & Service Charges	77181	321.00
Burial Containers	100	
Recording fees or misc. service fees	77183	210.00
Sales Tax	89101	
	8020	
TOTAL PAID		531.00



E5694

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>CLARA MABEL RENTFROW</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Oct. 9, 1890</b>	DATE OF DEATH <b>Jan. 29, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Ventura</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Ventura</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Miss Mary Lou Rentfrow - Daughter</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Ted M. Mayr Funeral Home</b>		CALIFORNIA LICENSE NUMBER <b>667</b>	3700 Dean Dr., #1605 <b>Ventura, CA 93003</b>	

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 <b>Mount Hope Cemetery, San Diego, CA</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED <b>N/A</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <b>N/A</b>
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		COUNTY <b>N/A</b>
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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT <b>N/A</b>
			DATE SIGNED <b>N/A</b>
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>2/3/86</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>FEB 4 1986</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Sarah L. Wilson</i>
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <b>N/A</b>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.

55694

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
284-3151

No 33214

From Ms Mary Lou Rontzow Address: 3700 Dean St Apt 405 Venturana  
San Diego City and 90100 Date: 03-26, 1986

In full Payment of 15000 base tree installed  
Rontzow Family Dollars (\$ 25000)

Lot 116-127 Grave 1234-1, 2 Row \_\_\_\_\_ Section 7 Division 1  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-5694

Unpaid Balance after this Payment 0

Pre-Need  At Need  On Acct

Ck  Cash

AC-212 (Rev. 8-85)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE

AUDITOR  
MAR 31 1986

ISSUED BY B. King

CREDIT	67007	
20% Sales Tax	77184	
90% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	<u>25000</u>
Sales Tax	80101	
	8030	
TOTAL PAID		<u>25000</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-3-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Funette Gibson

in a liner Funeral, date, time 3/6 - Thu - 9 AM

Church, Chapel, Graveside Drop off ; Rogers Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave 52 Row 9 Section 6 Division 7

Grave space & Care Fund Pr Paid - (PIP)

Additional spaces and care fund NONE

Opening/Closing & Setup 320.00

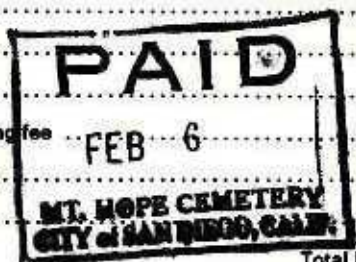
Burial Container 100.00

Handling Fees 145.00

Flower vases - Marker setting fee 35.00

Recording and filing fee 6.00

Sales taxes 606.00



Total Due 606.00

Paid receipt number 33080 606.00

Balance due 0

*Phone order  
Rogers to pay*

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature OK

Address \_\_\_\_\_

State 449-9393 Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Work Order # E 5695

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PY-593 (REV. 8-85)

282-8111

## MOUNT HOPE CEMETERY

E5695

FEB 2

1986

The undersigned hereby requests and authorizes the interment of the remains of

LOUDET GIBSON in Lot 52 Gr          Row 9 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 Betty K. Wade DAUGHTER 10150 LAS PALMITAS

LAKE SIDE CA 92040

Signature of relative or legal  
representative

Address & relationship to lot owner and/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**  
 284-3151

No 33080

Date: 2-6- 1986

From: Kenneth E. Wade Address: 10150 Ramblitos Rd - La Jolla 92034

in full Payment of Interment fees on account Perry Gibson - Dec  
 Dollars \$ 606.00

Lot --- Grave 52 Row 9 Section 6 Division 7

Invoice No. ---  
 Acct. No. ---  
 W.O. E-5695  
 Unpaid Balance after this Payment 0

Pre-Paid  At Need  On Acct   
 Ck  Cash

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CITY AUDITOR  
 FEB 07 1986

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
90% Sales of Lots	100	
	77184	
Openings & Service Charges	100	320.00
	77181	
Burial Containers	100	100.00
	77182	
Recording fees or misc. service fees	100	180.00
	77183	
Sales Tax	60101	6.00
	8020	
<b>TOTAL PAID</b>		<b>606.00</b>

E 5695

# PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>LOUDET PERCY GIBSON</b>		SEX <b>Female</b>	DATE OF BIRTH <b>March 10, 1902</b>	DATE OF DEATH <b>Feb. 1, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>El Cajon</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Betty Wade - Daughter 10150 Ranchitos Rd. Lakeside, CA</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Rogers Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>69</b>		

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 <b>Mt. Hope Cemetery - 3751 Market St. - San Diego, CA</b>		COUNTY <b>San Diego</b>	
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>			
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT ▶ DATE SIGNED	
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>			
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>FEB 5 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ <i>Arnold L. Ramos M.D. MM</i>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON		<b>FEB 6 1986</b> (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ <i>Joseph Stettin</i>

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-3-86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stella A. Sparks

in a Bellini Vault/Liner Funeral, date, time 2/4-Tues - 11 AM

Church, Chapel, Graveside Seaside Mortuary, Humphreys CV

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran -

✓ Lot 70 Grave 7 Row - Section 1 Division/~~Block~~ 1

Grave space & Care Fund P.N.

Additional spaces and care fund

Opening/Closing & Setup P.N.

Burial Container P.N.

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 35.00

Sales taxes

Telephone order from F.D.

Total Due 35.00

Paid receipt number

Balance due

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature#  
Address  
State Zip Code  
Telephone#

Work Order # E 5696  
PY-583 (REV. 8-85)

Invoice # 040626  
Acct. # 016378

E5696

MOUNT HOPE CEMETERY

February 23, 1956.

The undersigned hereby requests and authorizes the interment of the remains of

Scott Arnold Sparks in Lot 70 Gr 7 Row \_\_\_\_\_ Sec. 1  
Block \_\_\_\_\_

Division 1 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Grandson of John

J M McConaughy McConaughy, dec'd 444 28th St. Oakland 9 Cal  
3692 Vermont St., San Diego 3. Maternal grandson of

Charles E Arnold John McConaughy, deceased.

Signature of relative or legal representative      Address & relationship to deceased or authority to sign authorization

Leroy H. Arnold 551 S. 35th St., San Diego. - Maternal grandson of John McConaughy, deceased.

Witness

Mrs. Stella Arnold Weston, 3942 Park Blvd., San Diego 3.  
Grand daughter of John McConaughy, deceased.

Mrs. Stella Arnold Weston

Witness



E 5696

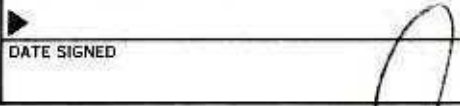


### PERMIT FOR DISPOSITION OF HUMAN REMAINS

NAME OF DECEDENT <b>STELLA BURGETTE SPARKS</b>		SEX <b>Female</b>	DATE OF BIRTH <b>08-30-1902</b>	DATE OF DEATH <b>01-31-1986</b>
PLACE OF DEATH—CITY OR TOWN <b>San Diego</b>	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>San Diego</b>		NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>Mary R. Deatricks (Daughter) 6582 Eldridge Street San Diego, Ca. 92120</b>	
NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Humphrey Chula Vista Mortuary</b>		CALIFORNIA LICENSE NUMBER <b>F-964</b>		

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 <b>Mt. Hope Cemetery San Diego, Ca.</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>N/A</b>	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY
INTERMENT AFTER CREMATION	NAME AND ADDRESS OF CEMETERY WHERE REMAINS ARE TO BE INTERRED <b>N/A</b>		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 <b>N/A</b>		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT 
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>		
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID <b>\$3.00</b>	DATE PERMIT ISSUED <b>FEB 04 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON <b>FEB 4 1986</b> (ENTER DATE)		SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
			SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF 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-5696

040626 03/05/86 016378 MARY R. DEATRICK  
100 072

77183 000072 03/07/86 CK 640

35.00  
35.00

35.00 PAID IN FULL 0.0

NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 745.50

E-5696



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Pre-need

Date 12-13-86

You are hereby authorized and instructed, subject to your rules and regulations, to ~~inter the remains~~

of lots for Muslim Org. of S.D.

In a 13 16 19 23 Funeral, date, time

Church, Chapel, Graveside 26 27 29 66 67 Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied

and billed to undersigned. War time veteran 8.57 Spain

Muslim Section  
 Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund - Pre-need - 3000<sup>00</sup>

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

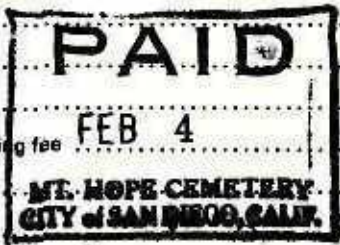
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



Total Due 3000<sup>00</sup>

Paid receipt number 33067 3000-

Balance due 0

CR# 126  
1-27-86

Inuit

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # E 5697  
 PY-593 (REV. 8-86)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 254-3151

No 33067

Date: 2-4-86, 19

From: Muslim Org of SD Address: PO Box 261058 - SD, 92126  
Three thousand and no/100 Dollars (\$ 3000<sup>00</sup>)  
 In \_\_\_\_\_ Payment of 8.57 Grave Space - Muslim Area

Loc Muslim Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E5697  
 Unpaid Balance after this Payment \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE  
 CITY AUDITOR  
 FEB 05 1986  
 0066  
 1986  
 ISSUED BY [Signature]  
 C.M.

CREDIT	87007		
20% Sales Tax	77184	600	00
80% Sales of Lots	100	2400	00
	77184		
Openings & Service Charges	100		
	77181		
Burial Containers	100		
	77182		
Recording fee or misc. service fees	100		
	77183		
Sales Tax	80101		
	8020		
TOTAL PAID		3000	00

Pre-Paid  At Need  On Acct   
 Ck  Cash   
 #126-127/86  
 AC-212 (Rev. 8-85)





بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

E5697

P.O. BOX 261058, SAN DIEGO, CA 92126

(619) 672-2646  
~~(714) 555-9486~~

Feb. 29, 86

To,  
Mt. Hope Cemetery,  
San Diego, Ca.

Dear George,

I am herewith enclosing a cheque for \$3,000/- as part of the final payment which please acknowledge.

I would request you once again to please complete your part of the contract in fencing, hedging, seeding of the lawn etc. which has been lagging for the last three months.

Also please accept our thanks for the arrangements in this month of burying of a deceased. I have received your bill of \$350. for co. but I was under the impression it was going to be much lower. We were supposed to be given a discount. Please do the needful. And also for about the balance 3000/-

Sincerely yours,

M.O.S.D.  
P.O. #261058  
San Diego, CA 92126

USA  
22



George Stalter, Mgr.  
Mt. Hope Cemetery,  
3751 Market St.,  
San Diego, Co. 92102.

MUSLIM ORGANIZATION OF SAN DIEGO  
(BURIAL ACCOUNT)  
P. O. BOX 261058  
SAN DIEGO, CA 92126

126

16-66/1220

PAY TO THE ORDER OF

*Mt. Hope Cemetery*

*100.00*

DOLLARS

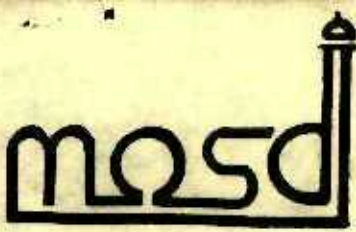
**BANK OF AMERICA**<sup>TM</sup>  
POWAY BRANCH 1172  
12724 POWAY ROAD  
P. O. BOX 773  
POWAY, CA 92064

*Mary E. Simpson*  
*Supv. A.*

⑆ 1 2 2 0 0 0 6 6 1 1 0 1 2 6 ⑆ 1 1 7 2 7 ⑆ 0 0 2 9 3 ⑆

POSTW





بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

E5697

P.O. BOX 261058, SAN DIEGO, CA 92126

(619) 672-2646.  
(714) 566-0486

Feb. 29, 86

To,  
Mt. Hope Cemetery,  
San Diego, Ca.

Dear George,

I am herewith enclosing a cheque for \$3,000/-  
as part of the final payment which please ack-  
nowledge.

I would request you once again to please  
complete your part of the contract in fencing,  
hedging, seeding of the lawn etc. which has been  
lagging for the last three months.

Also please accept our thanks for the arrangements  
in this month of burying of a deceased. I have  
received your bill of \$350/- for co. but I was  
under the impression it was going to be much lower.  
We were supposed to be given a discount. Please  
do the needful. And also ~~for~~ about the botching 3000/-.

Sincerely yours,

E5697

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
264-3151



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR  
GOLDENROD ..... RETAIN

No 33067

Date: 2-4-86, 19

From: Muslim Org of S.D. Address: PO Box 261058 - S.D. 92126

Three thousand and no/100 Dollars (\$ 3000<sup>00</sup>/<sub>100</sub>)

In Payment of 8.57 Grave Space - Muslim Area

Lot Muslim Grave Row Section Division Block

Invoice No.  
Acct. No.  
W.O. E5697  
Unpaid Balance after this Payment

PAID FEB 4 1986  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.  
ISSUED BY: [Signature]

CREDIT	67007	600	00
20% Sales Tax	77184		
80% Sales of Lots	100	2400	00
77184			
Openings & Service Charges	100		
77181			
Burial Containers	100		
77182			
Recording fees or misc. service fees	100		
77183			
Sales Tax	60101		
9020			
TOTAL PAID		3000	00

Pre-Need  At Need  On Acct   
Ck  Cash   
#126-1/27/86  
AC-212 (Rev 8-80)

MUSLIM ORGANIZATION OF SAN DIEGO  
(BURIAL ACCOUNT)  
P. O. BOX 261058  
SAN DIEGO, CA 92126

126  
Jan 27<sup>th</sup> 1986  
15-66/1220

PAY TO THE ORDER OF MT. HOPE CEMETERY \$3000/=

THREE THOUSAND and 00/100 DOLLARS

BANK OF AMERICA  
POWAY BRANCH 1172  
12724 POWAY ROAD  
P. O. BOX 773  
POWAY, CA 92084

[Signature: Andy E. Simon]

cut# 33067

⑆12200066⑆⑆0126⑆⑆11727⑆⑆00293⑆



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 02/03/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of \_\_\_\_\_

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Mortuary \_\_\_\_\_

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee ..for..January..1986..... 660.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

(OVER)

Total Due ..... 660.00

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

SEAMAN-POE MONUMENT CO.

Signature 3893 Imperial Avenue

Address San Diego, CA 92113

State 264-1933 Zip Code

Telephone F-40258

Invoice # 040058

Acct. # 000253

Work Order # E 5698

1/3/86	\$125	2x1	Webeter, Wanda
4	125	2x1	Mowry, Eliz. J.
4	125	2x1	Draughan, Lela
16	125	2x1	Fuller, Ruby C.
28	<u>160</u>	Fnd	Tefft, Dorothy/Chester

\$660.



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

3/5/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 284-3151

No 33154

Date: 03-03, 1986

From: Seaman-Pac Man Co. Address: 3893 Imperial Ave # 9-115  
San Diego, CA 92115

In full Payment of marker installation Dollars (\$ 660.00)

January 1986

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 040058  
 Acct. No. 000253  
 W.O. E-5698  
 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	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	6	<u>660.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 02/03/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of \_\_\_\_\_

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_  
Vault/Liner

Church, Chapel, Graveside \_\_\_\_\_; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund .....

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee ..... for January 1986 \$250.00

Recording and filing fee .....

Sales taxes .....

Total Due ..... \$250.00

1/15/86 \$125 - Creba Paid receipt number \_\_\_\_\_

1/21/86 125 - Gerow \_\_\_\_\_

\$250.

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

**CONTI & SON MONUMENT**

Signature \_\_\_\_\_

Address PO Box 94

San Diego, CA 92112

State 264-3161 Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

FH-25603192

Invoice # 040056

Acct. # 004821

Work Order # **E 5699**

PY-593 (REV. 8-86)



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

2/28/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33126

Date: 02-20, 1986

From: Conti & Son Address: P4 Box 94, La Ca 92113

Two hundred fifty and no/100 Dollars (\$ 250.00 )

In full Payment of marker installations for  
January 1986

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 141056  
 Acct. No. 004821  
 W.O. E-5699  
 Unpaid Balance after this Payment \$

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

1986

CREDIT	87007	
30% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	<u>250.00</u>
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID	\$	<u>250.00</u>

Pre-Need  At Need  On Acct.   
 Ck  Cash

ISSUED BY B. King

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 02/03/86

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of \_\_\_\_\_

in a \_\_\_\_\_ Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ ; \_\_\_\_\_ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge will be applied and billed to undersigned. War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee for January 1986 \$250.

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

1/7/86 \$125. 2x1 Alexander Total Due ..... \$250.

1/21/86 125 3x1 Cotner Paid receipt number \_\_\_\_\_

\$250

Balance due \_\_\_\_\_

I hereby certify I am the \_\_\_\_\_ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

\_\_\_\_\_  
Signature of recorded holder of deed

CLEMENS GRANITE Co.

Signature 10527 Prospect Ave.

Address Sanree, CA 92071

State 449-0670 Zip Code

Telephone F-91479

Invoice # 040057

Acct. # 006490

Work Order #

**E 5700**



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR  
 GOLDENROD ..... RETAIN

4/17/86  
 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 264-3151

No 33269

Date: 04-14, 1986

From: Clement Granite Address: 1457 Prospect Ave. Santa Fe, N.M.  
400 hundred thirty and no/100 Dollars (\$ 251.00)

In full Payment of marker install charge. 1986

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. 040057  
 Acct. No. 006490  
 W.O. E-5700  
 Unpaid Balance after this Payment 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY B. Tang

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	
	77184	
Openings & Service Charges	100	
	77181	
Burial Containers	100	
	77182	
Recording fees or misc. service fees	100	
	77183	
Sales Tax	80101	
	8020	
TOTAL PAID		<u>250.00</u>

Pre-Need  At Need  On Acct   
 Ck  Cash